

## ALIMENTARY TRACT AND METABOLISM

### ACIDIFYING AGENTS

#### Potassium Phosphate, Dibasic/Potassium Phosphate, Monobasic

Solution for injection Potassium Phosphate, Dibasic 236 mg/1 mL —Potassium Phosphate, Monobasic 224 mg/1 mL :: Generic

#### Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic

Solution for injection Sodium Phosphate, Dibasic 142 mg/1 mL —Sodium Phosphate, Monobasic 276 mg/1 mL :: Generic

**Notes: Restriction:** Enema- Bowel Preps or Spinal Patients on Bowel Program Use Only

**Restriction:** Saliva Substitute- Inpatient and Group Home Use Only

## AGENTS FOR FUNCTIONAL GASTROINTESTINAL DISORDER

### AGENTS FOR FUNCTIONAL BOWEL DISORDER

#### OTHER AGENTS FOR FUNCTIONAL BOWEL DISORDERS

##### Simethicone

Chewable tablet Simethicone 80 mg :: Sunmark Gas Relief (Restricted)

Oral drops, suspension Simethicone 20 mg/0.3mL :: Gas Relief Infant Drops (Restricted)

**Notes: Restriction:** Tablets - Inpatient and Group Home Use Only; Drops - General Surgery (single use only in the OR for colonoscopy)

## ANTICHOLINERGIC GASTROINTESTINAL ANTISPASMODICS

#### Dicyclomine Hydrochloride

Oral capsule Dicyclomine Hydrochloride 10 mg :: Generic

#### Glycopyrrolate

Oral tablet Glycopyrrolate 1 mg :: Robinul

Solution for injection Glycopyrrolate 0.2 mg/1 mL :: Generic

**DEA class: schedule V;**

## BELLADONNA AND DERIVATIVE GASTROINTESTINAL ANTISPASMODICS

#### Hyoscyamine Sulfate

Sublingual tablet Hyoscyamine Sulfate 0.125 mg :: Generic

## PROPULSIVES

#### Metoclopramide Hydrochloride

Oral solution Metoclopramide Hydrochloride 5 mg/5 mL :: Generic

Oral tablet Metoclopramide Hydrochloride 10 mg :: Generic

Solution for injection Metoclopramide Hydrochloride 5 mg/1 mL :: Generic

## ALKALINIZING AGENTS

#### Citric Acid Monohydrate/Sodium Citrate Dihydrate

Oral solution Citric Acid Monohydrate 334 mg/5 mL —Sodium Citrate Dihydrate 500 mg/5 mL :: Generic

#### Potassium Citrate

Oral tablet, extended release Potassium Citrate 10 mEq :: Urocit K

#### Sodium Acetate, Anhydrous

Solution for injection Sodium Acetate, Anhydrous 2 mEq/1 mL :: Generic

#### Sodium Bicarbonate

Oral tablet Sodium Bicarbonate 650 mg :: Generic (Restricted)

Solution for injection Sodium Bicarbonate 4.2 % :: Generic

Sodium Bicarbonate 8.4 % :: Generic



**medication and then annually after that. They also need to have annual kidney function testing. Please check the labs as described.**

**INCRETIN MIMETICS ANTIDIABETICS  
GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS**

**Liraglutide**

Solution for injection                      Liraglutide 6 mg/1 mL :: Victoza

**Notes:** Restricted: for use in treatment of Type 2 DM in pediatric patients greater than or equal to 10 years of age (P&T 3/15/2022)

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

**Empagliflozin**

Oral tablet                                      Empagliflozin 10 mg :: JARDIANCE  
Empagliflozin 25 mg :: Jardiance

**SULFONYLUREA ANTIDIABETICS  
SECOND GENERATION SULFONYLUREA ANTIDIABETICS**

**glipiZIDE**

Oral tablet                                      Glipizide 5 mg :: Generic  
Glipizide 10 mg :: Generic

Oral tablet, extended release  
Glipizide 2.5 mg :: Generic  
Glipizide 5 mg :: Generic  
Glipizide 10 mg :: Generic

**glyBURIDE**

Oral tablet                                      Glyburide 5 mg :: Generic (Restricted)

**Notes: Restricted:** new prescriptions for OB/GYN only. Existing prescriptions for non-OB/GYN patients will be honored until the refills run out. (P&T Sept 2020)

**THIAZOLIDINEDIONE (GLITAZONE) ANTIDIABETICS**

**Pioglitazone Hydrochloride**

Oral tablet                                      Pioglitazone Hydrochloride 30 mg :: Generic (Restricted)  
Pioglitazone Hydrochloride 45 mg :: Generic (Restricted)

**Notes: Restriction:**?30 mg- Metformin and sulfonylurea must be tried first unless contraindicated. Pts currently on pioglitazone and achieved target A1c less than 8 may continue.

**Restriction:**?45 mg- Patients on 45 mg for 6 months or more and A1c greater than 9 will be d/c. Call providers prior to d/c.

**INSULINS AND ANALOGS  
CONCENTRATED INSULINS WITH SHORT AND INTERMEDIATE ACTIONS**

**Insulin Regular (Recombinant)**

Concentrate for solution for injection    Insulin Regular (recombinant) 500 units/1 mL :: Humulin R U-500  
KwikPen (Restricted)

**Notes:**

- Restrictions on U-500 concentrated insulin:
  - only for outpatient use (NOT inpatient use)
  - only for patients on a total daily insulin dose of > 200 units
  - not for IV or IM use (only subQ)
  - all other insulins must be discontinued

## INTERMEDIATE-ACTING AND SHORT-ACTING HUMAN INSULINS AND ANALOGS COMBINATIONS

### Insulin Isophane (NPH) (Recombinant)/Insulin Regular (Recombinant)

Suspension for injection      Insulin Isophane (nph) (recombinant) 70 units/1 mL —Insulin Regular (recombinant) 30 units/1 mL :: Novolin

## INTERMEDIATE-ACTING HUMAN INSULINS AND ANALOGS

### Insulin Suspension Isophane (NPH) (Recombinant)

Suspension for injection      Insulin Suspension Isophane (nph) (recombinant) 100 units/1 mL :: Novolin N

## LONG-ACTING HUMAN INSULINS AND ANALOGS

### Insulin Detemir (Recombinant)

Solution for injection      Insulin Detemir (recombinant) 100 units/1 mL :: Levemir, Levemir FlexPen (Restricted)

**Notes:** FlexPen approved for outpatient use only (P1/19/17)

### Insulin Glargine

Solution for injection      Insulin Glargine 100 units/1 mL :: Semglee (Restricted)

**Notes: Lantus --> Semglee:** : insulin glargine has an approved biosimilar called Semglee. They have been A/B rated by the FDA, meaning they are considered equivalent and directly substitutable. Any current or future Lantus prescriptions may be changed without contacting the provider. PATIENTS MUST BE EDUCATED ABOUT THIS SWITCH, as they will not recognize Semglee as being the same thing as Lantus.

## RAPID-ACTING HUMAN INSULINS AND ANALOGS

### Insulin Aspart (Recombinant)

Solution for injection      Insulin Aspart (recombinant) 100 units/1 mL :: Novolog (Restricted), Novolog Flexpen Prefilled Syringe (Restricted)

**Notes: Restriction:** FlexPen Syringes are approved for outpatient use only. Vials are to be used for inpatient areas and ED. (P&T Sept 2020)

## SHORT-ACTING HUMAN INSULINS AND ANALOGS

### Insulin Regular (Recombinant)

Solution for injection      Insulin Regular (recombinant) 100 units/1 mL :: Novolin R

**Notes:**

Restrictions on U-500 concentrated insulin:

- only for outpatient use (NOT inpatient use)
- only for patients on a total daily insulin dose of > 200 units
- not for IV or IM use (only subQ)
- all other insulins must be discontinued

## ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORIES/ANTIINFECTIVE AGENTS

### ANTIPROPULSIVES

#### Atropine Sulfate/Diphenoxylate Hydrochloride

Oral tablet      Atropine Sulfate 0.025 mg —Diphenoxylate Hydrochloride 2.5 mg :: Vi-Atro (Restricted)

**DEA class: schedule V;**

**Notes: Restriction:** NOT for use with simple diarrhea

**Loperamide Hydrochloride**

Oral capsule

Loperamide Hydrochloride 2 mg :: Generic (Restricted)

**Notes: Restriction:** Inpatient Use Only**ELECTROLYTES WITH CARBOHYDRATES****ORAL REHYDRATION SALT FORMULATIONS****Chloride/Dextrose/Potassium/Sodium**

Popsicle

Chloride 35 mEq/1 L —Dextrose 25 grams/1gramsL —Potassium 20 mEq/1 L —  
Sodium 45 mEq/1 L :: Generic**INTESTINAL ADSORBENTS****BISMUTH PRODUCTS****Bismuth Subsalicylate**

Chewable tablet

Bismuth Subsalicylate 262 mg :: RITE AID Stomach Relief (Restricted)

**Notes:****INTESTINAL ANTIINFECTIVES****INTESTINAL ANTIBIOTICS****Fidaxomicin**

Oral tablet

Fidaxomicin 200 mg :: DIFICID (Restricted)

**Notes: Restriction:** For recurrence of C. difficile infection within 6 months of treatment with vancomycin. If longer than 6 months may be retreated with vancomycin, may not be used for initial treatment**rifAXIMin**

Oral tablet

Rifaximin 550 mg :: Xifaxan (Restricted)

**Notes:** Restricted: to patients who have had an adequate trial of lactulose and failed, either due to tolerance or efficacy (P&T 3/15/2022). It is usually used in combination with lactulose and that is preferred, but not required as long as patient has legitimately tried lactulose and failed.**PROBIOTICS****Lactobacillus Acidophilus**

Oral capsule

Lactobacillus Acidophilus (Unspecified Strength) :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Discharge Use ONLY. No refills will be given.**ANTIEMETICS AND ANTINAUSEANTS****ANTIEMETIC AND ANTINAUSEANT COMBINATIONS****MISCELLANEOUS ANTIEMETIC AND ANTINAUSEANT COMBINATIONS****Doxylamine Succinate/Vitamin B6 (Pyridoxine hydrochloride)**

Oral tablet, gastro-resistant

Doxylamine Succinate 10 mg —Vitamin B6 (pyridoxine Hydrochloride) 10 mg ::  
Diclegis (Restricted)**Notes: RESTRICTED** - 2nd line after treatment failure with vitamin B6**MISCELLANEOUS ANTIEMETICS AND ANTINAUSEANTS****Droperidol**

Solution for injection

Droperidol 2.5 mg/1 mL :: Generic

**MOTION SICKNESS AND VERTIGO ANTIEMETICS****Meclizine Hydrochloride**

Oral tablet

Meclizine Hydrochloride 25 mg :: RITE AID Motion Sickness Relief

## Scopolamine

Transdermal patch - 72 Hour Scopolamine 1 mg/72 hr :: Transderm Scop (Restricted)

**Notes: Restriction:** to anesthesia (P1/21/2016); for postoperative nausea and vomiting restricted to anesthesia only. If another service has a patient they'd like to use it on, they must get the written order from anesthesia. **It will NOT be in Omnicell;** they will need to send the order to pharmacy. It is preferable to **prescribe this before the day of surgery so the patient can apply it the night before, but it can be ordered same day if necessary.**

## PHENOTHIAZINE ANTIEMETICS

### chlorproMAZINE hydrochloride

**Notes:** Removed from formulary 5/11/2021 (patients who already have rxs may continue to receive)

#### Prochlorperazine

Rectal suppository Prochlorperazine 25 mg :: Compro

#### Prochlorperazine Edisylate

Solution for injection Prochlorperazine Edisylate 5 mg/1 mL :: Generic

#### Prochlorperazine Maleate

Oral tablet Prochlorperazine Maleate 5 mg :: Generic

#### Promethazine Hydrochloride

Oral tablet Promethazine Hydrochloride 25 mg :: Generic

Rectal suppository Promethazine Hydrochloride 25 mg :: Generic

Solution for injection Promethazine Hydrochloride 25 mg/1 mL :: Generic

## SEROTONIN/5HT3 ANTAGONIST ANTIEMETICS/ANTINAUSEANTS

### Ondansetron

Oral disintegrating tablet Ondansetron 4 mg :: Zofran ODT, Generic

Ondansetron 8 mg :: Generic

### Ondansetron Hydrochloride

Oral tablet Ondansetron Hydrochloride 4 mg :: Generic

Ondansetron Hydrochloride 8 mg :: Generic

Solution for injection

Ondansetron Hydrochloride 2 mg/1 mL :: Generic

### Palonosetron Hydrochloride

Solution for injection Palonosetron Hydrochloride 0.25 mg/2 mL :: Generic (Restricted)

**Notes:** Restricted: Oncology use only

## ANTIHEMORRHOIDAL AGENTS

### TOPICAL ANTI-HEMORRHOIDALS WITH CORTICOSTEROIDS

#### Hydrocortisone

Topical cream Hydrocortisone 1 % :: Generic (Restricted)

Hydrocortisone 2.5 % :: Generic

**Notes: Restriction:** 1% topical cream and ointment- Peds Eczema/Atopic Dermatitis Use Only

#### Hydrocortisone Acetate

Rectal suppository Hydrocortisone Acetate 25 mg :: GRx HiCort

## APPETITE STIMULANTS

### APPETITE STIMULANTS, OTHER

#### Megestrol Acetate

Oral suspension Megestrol Acetate 40 mg/1 mL :: Generic

## BILE AND LIVER THERAPY



**Amoxicillin Trihydrate**

Oral capsule	Amoxicillin Trihydrate 500 mg :: Generic
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**H2 ANTAGONISTS****Famotidine**

Oral tablet	Famotidine 20 mg :: Generic
Powder for oral suspension	Famotidine 40 mg/5 mL :: Generic
Solution for injection	Famotidine 10 mg/1 mL :: Generic

**OTHER AGENTS FOR PEPTIC ULCER AND GASTRO-ESOPHAGEAL REFLUX DISEASE/GERD****Bismuth Subsalicylate**

Chewable tablet	Bismuth Subsalicylate 262 mg :: RITE AID Stomach Relief (Restricted)
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**Notes:****Sucralfate**

Oral suspension	Sucralfate 1 grams/10 mL :: Carafate
Oral tablet	Sucralfate 1 grams :: Generic

**PROSTAGLANDIN ANTIULCERANTS****miSOPROStol**

Oral tablet	Misoprostol 200 mcg :: Generic
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**PROTON PUMP INHIBITORS/PPIS****Omeprazole**

Oral capsule, gastro-resistant sprinkles	Omeprazole 20 mg :: Generic (Restricted)
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**Notes: Restriction:** New prescriptions of omeprazole are RESTRICTED to patients who have failed an adequate trial of famotidine. Providers believing patients should not first be tried on famotidine must indicate reasoning when making an initial prescription of omeprazole. Treatment for H.Pylori is acceptable use of Omeprazole.per P&T Committee 7/15/2021

**Pantoprazole Sodium**

Oral tablet, gastro-resistant	Pantoprazole Sodium 20 mg :: Generic
	Pantoprazole Sodium 40 mg :: Generic
Powder for solution for injection	Pantoprazole Sodium 40 mg :: Generic (Restricted)

**Notes: Restriction:** 40 mg Powder for Injection- Active GI bleed Use Only, tablets added 11/17/16

**LAXATIVES****BULK PRODUCERS****Psyllium**

Powder for oral suspension	Psyllium 3.4 grams :: CVS Natural Daily Fiber Smooth Dissolving Sugar-Free Powder for Suspension (Berry) (Restricted)
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**Notes: Restriction:** Restricted use in Spinal Patients on a Bowel program. Group Home, Inpatient use is unrestricted.

**CONTACT/STIMULANT LAXATIVES****Bisacodyl**

Oral tablet, gastro-resistant	Bisacodyl 5 mg :: RITE AID Laxative (Restricted)
Rectal suppository	Bisacodyl 10 mg :: Generic (Restricted)

**Notes: Restriction:** Bowel Preps or Spinal Patients on Bowel Program Use Only



**ENEMAS FOR CONSTIPATION**

**Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic**

Rectal enema, solution      Sodium Phosphate, Dibasic 7 grams/118 mL —Sodium Phosphate, Monobasic 19 grams/118 mL :: RITE AID Ready To Use Laxative Saline Enema

**Notes: Restriction:** Enema- Bowel Preps or Spinal Patients on Bowel Program Use Only

**Restriction:** Saliva Substitute- Inpatient and Group Home Use Only

**OSMOTICALLY-ACTING LAXATIVES**

**Glycerin**

Rectal suppository      Glycerin 1.2 grams :: CVS Child Glycerin Laxative Rectal Suppository (Restricted)  
Glycerin 2.1 grams :: Publix Glycerin Adult Laxative Rectal Suppository (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**Lactulose**

Oral solution      Lactulose 10 grams/15 mL :: Generic

**Magnesium Citrate**

Oral solution      Magnesium Citrate 1.745 grams/30 mL :: Generic (Restricted)

**Notes: Restriction:** Bowel Preps or for spinal patients on bowel program OR Outpatient pediatrics with documented Obstipation/Encopretic Use Only

**OTHER AGENTS FOR CONSTIPATION**

**Mineral Oil**

Oral solution      Mineral Oil 100 % :: Today's Health Mineral Oil Solution (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**SOFTENERS, EMOLLIENTS**

**Docusate Sodium**

Oral capsule      Docusate Sodium 100 mg :: DOK (Restricted)

Oral solution

Docusate Sodium 10 mg/1 mL :: Silace Liquid (Restricted)

**Notes: Restriction:** Hospital Discharges, post-operative patients, active bleeding hemorrhoids, or spinal patients on bowel program. Also restricted for ENT use

**MINERAL SUPPLEMENTS**

**CALCIUM SUPPLEMENTS PLAIN AND COMBINATION**

**CALCIUM SUPPLEMENTS**

**Calcium**

Oral tablet      Calcium 500 mg :: Generic (Restricted)

**Calcium Carbonate**

**Notes: Restriction:** Osteoporosis, Osteopenia or Metabolic Disorders causing Hypocalcemia, and High School Clinic Patients on Depo-Provera Use Only.

**Calcium Chloride**

Solution for injection      Calcium Chloride 10 % :: Generic

**Calcium Gluconate**

Solution for injection Calcium Gluconate 100 mg/1 mL :: Generic

## MAGNESIUM SUPPLEMENTS

### Magnesium

Oral tablet Magnesium 241.3 mg :: Generic

### Magnesium Citrate

Oral solution Magnesium Citrate 1.745 grams/30 mL :: Generic (Restricted)

**Notes: Restriction:** Bowel Preps or for spinal patients on bowel program OR  
Outpatient pediatrics with documented Obstipation/Encopretic Use Only

### Magnesium Hydroxide

Oral suspension Magnesium Hydroxide 400 mg/5 mL :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

### Magnesium Oxide

Oral tablet Magnesium Oxide 420 mg :: Generic

**Therapeutic Interchange: Autoswitch:** Magnesium Oxide 400 mg

### Magnesium Sulfate

Solution for injection Magnesium Sulfate 40 mg/1 mL :: Generic

## PHOSPHOROUS SUPPLEMENTS

### Potassium Phosphate, Monobasic/Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic

Oral tablet Potassium Phosphate, Monobasic 155 mg —Sodium Phosphate, Dibasic 852 mg  
—Sodium Phosphate, Monobasic 130 mg :: K-Phos Neutral Tablet

## POTASSIUM SUPPLEMENTS

### Potassium Chloride

Oral tablet, Micro-dispersible Potassium Chloride 20 mEq :: Generic

Oral tablet, Wax matrix

Potassium Chloride 8 mEq :: Generic

Powder for oral solution

Potassium Chloride 20 mEq :: Generic

Solution for injection

Potassium Chloride 2 mEq/1 mL :: Generic

Potassium Chloride 10 mEq/50 mL :: Generic

Potassium Chloride 20 mEq/100 mL :: Generic

### Potassium Citrate

Oral tablet, extended release Potassium Citrate 10 mEq :: Urocit K

## TRACE ELEMENT SUPPLEMENTS

### ZINC SUPPLEMENTS

#### Zinc

Oral capsule Zinc 50 mg :: Generic (Restricted)

#### Zinc Gluconate

Oral lozenge Zinc Gluconate 13.3 mg :: Walgreens Cold Remedy Zinc Lozenge (Cherry)  
(Restricted)

#### Zinc Sulfate

**Notes: Restriction:** Inpatient and Group Home Use Only

## STOMATOLOGICAL AGENTS

### ANTIINFECTIVES AND ANTISEPTICS FOR LOCAL ORAL TREATMENT

#### Chlorhexidine Gluconate

Dental solution Chlorhexidine Gluconate 0.12 % :: Periogard

## CARIES PROPHYLACTIC AGENTS

### Sodium Fluoride

Dental paste Sodium Fluoride 1.1 % :: PreviDent (Restricted), Sodium Fluoride (Restricted)

**Notes: Restriction:** To Dental

## **CORTICOSTEROIDS FOR LOCAL ORAL TREATMENT**

### **Triamcinolone Acetonide**

Dental paste                      Triamcinolone Acetonide 0.1 %    :: Generic

**Notes: Restriction:** 40 mg/mL- Restricted to Ophthalmology - Dr. Shelton.

#### **Therapeutic Interchange:**

1) Dr. DeCapite's patients - either triamcinolone 0.5% ointment or fluocinonide 0.05% cream, depending on the patient's preference for a cream vs. ointment. If the patient has no preference or you cannot contact him/her, please use triamcinolone 0.5% ointment.

2) ALL other patients - switch to triamcinolone 0.5% ointment.

## **OTHER AGENTS FOR LOCAL ORAL TREATMENT**

### **Benzocaine**

Oromucosal solution              Benzocaine 20 %    :: Oral Pain Relief (Restricted)

**Notes: Restriction:** 20% mucosal spray and 15 mg lozenge- In-Hospital Use Only

### **Lidocaine Hydrochloride**

Oromucosal solution              Lidocaine Hydrochloride 2 %    :: Generic

### **Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic**

Gargle solution                      Sodium Phosphate, Dibasic 0.032 % —Sodium Phosphate, Monobasic 0.009 %  
:: Caphosol (Restricted)

**Notes: Restriction:** Enema- Bowel Preps or Spinal Patients on Bowel Program Use Only

**Restriction:** Saliva Substitute- Inpatient and Group Home Use Only

## **Stomatological Agents**

Stomatological Agents    :: biotene with Xylitol Moisturizing Mouth Spray (Mint)  
(Restricted)

**Notes: Restriction:** Initial prescription restricted to oncology and dental for scleroderma, Sjogrens, and radiation oncology patients; may be refilled by primary care providers.

## **VITAMIN SUPPLEMENTS**

### **ASCORBIC ACID/VITAMIN C SUPPLEMENTS PLAIN AND COMBINATIONS**

#### **ASCORBIC ACID/VITAMIN C SUPPLEMENTS**

##### **Vitamin C (Ascorbic Acid)**

Oral tablet                              Vitamin C (ascorbic Acid) 500 mg    :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

## **PYRIDOXINE/VITAMIN B6 SUPPLEMENTS**

### **Vitamin B6 (Pyridoxine)**

Oral tablet                              Vitamin B6 (pyridoxine) 50 mg    :: Generic  
Solution for injection

Vitamin B6 (pyridoxine) 100 mg/1 mL :: Generic

## THIAMINE/VITAMIN B1 SUPPLEMENTS PLAIN AND IN COMBINATION

### THIAMINE/VITAMIN B1 SUPPLEMENTS

#### Vitamin B1 (Thiamine Hydrochloride)

Solution for injection      Vitamin B1 (thiamine Hydrochloride) 100 mg/1 mL :: Generic

**Notes: Restriction:** 100 mg oral tablet- Inpatient and Group Home Use Only

#### Vitamin B1 (Thiamine)

Oral tablet      Vitamin B1 (thiamine) 100 mg :: Generic (Restricted)

**Notes:** Restriction: Inpatient and Group Home Use Only

## VITAMIN A AND D SUPPLEMENTS PLAIN AND COMBINATIONS

### VITAMIN A SUPPLEMENTS

#### Vitamin A

Oral capsule, liquid filled      Vitamin A 10000 units :: Generic (Restricted)

### VITAMIN D SUPPLEMENTS

#### Calcitriol

Oral capsule, liquid filled      Calcitriol 0.25 mcg :: Generic

Oral solution

Calcitriol 1 mcg/1 mL :: Generic

#### Iron/Vitamin D (Cholecalciferol)

Oral solution      Iron 125 mg/5 mL —Vitamin D (cholecalciferol) 100 units/5 mL :: NovaFerrum

**Notes:** polysaccharide iron complex = 125mg elemental iron /5 mL

**Ferrous Sulfate scripts can be automatically filled with Novaferrum as per PPeds Rep**

#### Vitamin D (Cholecalciferol)

Oral capsule      Vitamin D (cholecalciferol) 5000 units :: Generic

Oral tablet

Vitamin D (cholecalciferol) 400 units :: Generic (Restricted)

**Notes: Restriction:** Vitamin D 800 units OR 400 units (dosed as 800 daily or 400 BID) or 5000 units ONCE DAILY for osteoporosis, osteopenia, Vitamin D deficiency maintenance therapy.

#### Vitamin D (Ergocalciferol)

Oral capsule      Vitamin D (ergocalciferol) 50000 units :: Generic

**Notes:** Ergocalciferol 50,000 units: Vitamin D Deficiency

## VITAMIN E SUPPLEMENTS

### Vitamin E

Oral capsule, liquid filled      Vitamin E 400 units :: Generic (Restricted)

**Notes:** Restriction: for use in dementia only

#### Vitamin E (D-Alpha Tocopheryl Acetate)

Oral capsule, liquid filled      Vitamin E (d-Alpha Tocopheryl Acetate) 1000 units :: Generic (Restricted)

**Notes:** Restriction: for use in dementia only

To convert from IU to mg: 1 IU of the natural form is equivalent to 0.67 mg of alpha-tocopherol. 1 IU of the synthetic form is equivalent to 0.45 mg of alpha-tocopherol.



**Notes: Restriction:** New start requires Rheumatology or Dermatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic or dermatologic consultation (phone consults are accepted). Approved for Rheumatology and Dermatology use.

### **Etanercept**

Lyophilisate for solution for injection    Etanercept 25 mg    :: Enbrel (Restricted)  
Solution for injection

Etanercept 50 mg/1 mL    :: Enbrel (Restricted)

**Notes: Restriction:** New start requires Rheumatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic consultation (phone consults are accepted). As a reminder, our Adult Rheumatology Clinic is now fully operational.

### **inFLIXimab**

Powder for solution for injection    Infliximab 100 mg    :: RENFLEXIS

## **ANTINEOPLASTICS**

### **ANTIMETABOLITE ANTINEOPLASTIC AGENTS**

#### **FOLIC ACID ANALOGS**

#### **Methotrexate Sodium**

Oral tablet    Methotrexate Sodium 2.5 mg    :: Generic

Solution for injection

Methotrexate Sodium 25 mg/1 mL    :: Generic (Restricted)

**Notes: Restriction:** 25 mg/mL - MUST have CBC WITHIN 3 MONTHS OF medication fill. Provider MUST be CONTACTED if no Labs available.

### **OTHER ANTIMETABOLITES ANTINEOPLASTIC AGENTS**

#### **Hydroxyurea**

Oral capsule    Hydroxyurea 500 mg    :: Generic

**Notes:**

HAZAROUS DRUG: use appropriate PPE  
LOOK ALIKE/SOUND ALIKE = hydrOXYzine  
Added 10/2019

### **ANTINEOPLASTIC MONOCLONAL ANTIBODIES**

#### **ANTINEOPLASTIC MONOCLONAL ANTIBODIES TARGETING CLUSTER OF DIFFERENTIATION (CD) ANTIGENS**

#### **ANTINEOPLASTIC MONOCLONAL ANTIBODIES TARGETING CD20**

#### **riTUXimab (murine)**

Solution for injection    Rituximab (murine) 10 mg/1 mL    :: RUXIENCE

**Notes:** added to formulary 6/8/2021 for new starts and autoswitches. Any patient who had been using Rituximab and did better on it (as determined by the prescriber) may switch back

### **ANTINEOPLASTIC MONOCLONAL ANTIBODIES TARGETING GROWTH FACTOR RECEPTORS AND THEIR LIGANDS**

#### **ANTINEOPLASTIC MONOCLONAL ANTIBODIES TARGETING VEGF**

#### **Bevacizumab**

Solution for injection    Bevacizumab 25 mg/1 mL    :: Avastin (Restricted)

**Locations:** Refrigerator

**Notes:**

Approved (P&T 15DEC2016) for use by ophthalmology only for diabetic retinopathy and macular degeneration for use in ophthalmology clinic (**NOT** OR). PCCs with medication order will be sent to Inpatient Pharmacy to be filled.



**Notes:** Restricted: new starts by Dr. Susan Andrew (Allergist) only. PCPs may continue existing prescriptions. (P&T 12/15/2022)

**Timothy Grass Pollen Extract**

Sublingual tablet Timothy Grass Pollen Extract 2800 BAU :: GRASTEK (Restricted)

**Notes:** Restricted: new starts by Dr. Susan Andrew (Allergist) only. PCPs may continue existing prescriptions. (P&T 12/15/2022)

**IMMUNOSTIMULATING AGENTS  
COLONY-STIMULATING FACTORS**

**Filgrastim (E. coli)**

Solution for injection Filgrastim (e. Coli) 300 mcg/1 mL :: Neupogen  
Filgrastim (e. Coli) 480 mcg/1.6 mL :: Neupogen

**Pegfilgrastim (E. coli)**

Solution for injection Pegfilgrastim (e. Coli) 6 mg/0.6mL :: Neulasta Onpro Kit (Restricted)

**Notes:**

**Restricted: Oncology use only**  
added 3/21/19

**BLOOD AND BLOOD FORMING ORGANS  
ALL OTHER HEMATOLOGICAL AGENTS  
HYALURONIDASE**

**Hyaluronidase (Human recombinant)**

Solution for injection Hyaluronidase (human Recombinant) 150 units/1 mL :: Hylenex (Human recombinant) (Restricted)

**ANTI-ANEMIC AGENTS  
CYANOCOBALAMIN/VITAMIN B12 AND ANALOG SUPPLEMENTS**

**Hydroxocobalamin**

Powder for solution for injection Hydroxocobalamin 5 grams :: CYANOKIT

**Vitamin B12 (Cyanocobalamin)**

Oral tablet Vitamin B12 (cyanocobalamin) 1000 mcg :: CVS Energy Support Vitamin B-12

Solution for injection Vitamin B12 (cyanocobalamin) 1000 mcg/1 mL :: Generic

**ERYTHROPOIETIN AGENTS**

**Epoetin Alfa**

Solution for injection Epoetin Alfa 10000 units/1 mL :: Retacrit  
Epoetin Alfa 20000 units/1 mL :: Retacrit

**Notes:** patients previously on Procrit who don't do well with Retacrit may switch back at the provider's discretion

**FOLIC ACID AND DERIVATIVE SUPPLEMENTS**

**Folic Acid**

Oral tablet Folic Acid 1 mg :: Generic

Solution for injection Folic Acid 5 mg/1 mL :: Generic (Restricted)

**Notes: Restriction:** 5 mg/mL Injectable- Do NOT use in banana bags. Recommend po formulation

**IRON SUPPLEMENTS PLAIN AND IN COMBINATION**

**IRON SUPPLEMENTS**

**Ferrous Gluconate**



**Notes: Restriction:** Inpatient and Group Home Use Only

### **Ferrous Sulfate**

**Notes:** Iron sulfate 325mg tablets = 65mg elemental iron

### **Iron**

Oral tablet	Iron 65 mg	:: Generic
Solution for injection	Iron 12.5 mg/1 mL	:: Ferrlecit

**Notes:** polysaccharide iron complex = 125mg elemental iron /5 mL  
**Ferrous Sulfate scripts can be automatically filled with Novaferum as per PPeds Rep**

### **Iron Dextran**

Solution for injection	Iron Dextran 50 mg/1 mL	:: INFED
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### **Iron Sucrose**

Solution for injection	Iron Sucrose (Unspecified Strength)	:: Venofer
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**Notes:**

for use in FDA-approved indications, and for iron-deficiency anemia (P&T 6/20/19)

## **ANTIHEMORRHAGICS**

### **ANTIFIBRINOLYTICS**

#### **SYNTHETIC ANTIFIBRINOLYTICS**

#### **Aminocaproic Acid**

Oral tablet	Aminocaproic Acid 1000 mg	:: Amicar
Solution for injection	Aminocaproic Acid 250 mg/1 mL	:: Generic

#### **Tranexamic Acid**

Solution for injection	Tranexamic Acid 100 mg/1 mL	:: Generic
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## **HEMOSTATICS**

### **BLOOD COAGULATION FACTORS**

**Coagulation Factor IX (Pooled Human Plasma), High Purity/Coagulation Factor VII (Pooled Human Plasma)/Coagulation Factor X (Pooled Human Plasma)/Protein C Concentrate (Human)/Protein S Concentrate (Human)/Prothrombin**

Lyophilisate for solution for injection	Coagulation Factor Ix (pooled Human Plasma), High Purity (Unspecified Strength) —Coagulation Factor Vii (pooled Human Plasma) (Unspecified Strength) —Coagulation Factor X (pooled Human Plasma) (Unspecified Strength) —Protein C Concentrate (human) (Unspecified Strength) —Protein S Concentrate (human) (Unspecified Strength) —Prothrombin (Unspecified Strength)	:: Kcentra (Restricted)
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**Notes:**

**Restriction:**

Eligible patients for 4F-PCC must present with following:

? Adults > 18 years of age on warfarin therapy

? Pre-treatment (i.e.  $\leq$  3 hours prior to 4F-PCC infusion) INR  $\geq$  2

? Acute major bleed OR need urgent (within 12 hours) surgical/invasive procedure requiring warfarin reversal

## **TISSUE SEALING AGENTS**

### **Sodium Tetradecyl Sulfate**

Solution for injection	Sodium Tetradecyl Sulfate 3 %	:: Sotradecol
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## **VITAMIN K PRODUCTS**

### **Vitamin K (Phytonadione)**

Emulsion for injection	Vitamin K (phytonadione) 1 mg/0.5mL	:: Generic
	Vitamin K (phytonadione) 10 mg/1 mL	:: Generic

Oral tablet

Vitamin K (phytonadione) 5 mg :: Mephyton

## ANTITHROMBOTIC AGENTS DIRECT THROMBIN INHIBITORS

### Argatroban

Solution for injection Argatroban 100 mg/1 mL :: Generic (Restricted)

**Notes:** Restriction: Heparin-induced thrombocytopenia only (April 2015); use per TCRHCC argatroban protocol

## FACTOR XA INHIBITORS

### Apixaban

Oral tablet Apixaban 2.5 mg :: Eliquis  
Apixaban 5 mg :: Eliquis

### Rivaroxaban

Oral tablet Rivaroxaban 10 mg :: Xarelto (Restricted)  
Rivaroxaban 15 mg :: Xarelto (Restricted)  
Rivaroxaban 20 mg :: Xarelto (Restricted)

**Notes:** RESTRICTION: for post-hip/knee replacement VTE prophylaxis and treatment (August 2016)

## FIBRINOLYTICS

### CATHETER OCCLUSION MANAGEMENT FIBRINOLYTICS

#### Alteplase

Lyophilisate for solution for injection Alteplase 2.2 mg :: Cathflo Activase

### VASCULAR OCCLUSION MANAGEMENT FIBRINOLYTICS

Alteplase 100 mg :: Activase

#### Tenecteplase

Lyophilisate for solution for injection Tenecteplase 50 mg :: TNKase (Restricted)

**Notes: Restriction:** Emergency Dept Use Only

## HEPARINS

### FRACTIONATED HEPARINS (LMWHS)

#### Enoxaparin Sodium (Porcine)

Solution for injection Enoxaparin Sodium (porcine) 30 mg/0.3mL :: Lovenox  
Enoxaparin Sodium (porcine) 40 mg/0.4mL :: Lovenox  
Enoxaparin Sodium (porcine) 60 mg/0.6mL :: Lovenox  
Enoxaparin Sodium (porcine) 80 mg/0.8mL :: Lovenox  
Enoxaparin Sodium (porcine) 100 mg/1 mL :: Lovenox  
Enoxaparin Sodium (porcine) 120 mg/0.8mL :: Lovenox

### HEPARINS FOR FLUSHING

#### Heparin Sodium (Porcine)

Solution for injection Heparin Sodium (porcine) 10 units/1 mL :: Hep-Lock  
Heparin Sodium (porcine) 100 units/1 mL :: Hep-Lock

### UNFRACTIONATED HEPARINS

Heparin Sodium (porcine) 10 units/1 mL :: Hep-Lock  
Heparin Sodium (porcine) 100 units/1 mL :: Hep-Lock  
Heparin Sodium (porcine) 1000 units/1 mL :: Generic

#### Heparin Sodium (Porcine)/Sodium Chloride

Solution for injection Heparin Sodium (porcine) 100 units/1 mL —Sodium Chloride 0.45 % :: Generic

## PLATELET AGGREGATION INHIBITORS

### CYCLO-OXYGENASE INHIBITOR PLATELET AGGREGATION INHIBITORS

#### Aspirin

Chewable tablet                      Aspirin 81 mg :: Generic  
Oral tablet, gastro-resistant                      Aspirin 81 mg :: Generic  
Aspirin 325 mg :: Generic

**PLATELET AGGREGATION INHIBITORS, COMBINATIONS**

**Clopidogrel Bisulfate**

Oral tablet                      Clopidogrel Bisulfate 75 mg :: Generic

**VITAMIN K ANTAGONISTS**

**Warfarin Sodium**

Oral tablet                      Warfarin Sodium 1 mg :: Coumadin  
Warfarin Sodium 2 mg :: Coumadin  
Warfarin Sodium 2.5 mg :: Coumadin  
Warfarin Sodium 3 mg :: Coumadin  
Warfarin Sodium 4 mg :: Coumadin  
Warfarin Sodium 5 mg :: Coumadin  
Warfarin Sodium 6 mg :: Coumadin  
Warfarin Sodium 7.5 mg :: Coumadin  
Warfarin Sodium 10 mg :: Coumadin

**CARDIOVASCULAR SYSTEM**

**ANTIHYPERTENSIVES**

**AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM (RAS)**

**ANGIOTENSIN CONVERTING ENZYME INHIBITORS/ACEIS PLAIN AND IN COMBINATION**

**ANGIOTENSIN CONVERTING ENZYME INHIBITORS/ACEIS**

**Enalaprilat**

Solution for injection                      Enalaprilat 1.25 mg/1 mL :: Generic

**Lisinopril**

Oral tablet                      Lisinopril 5 mg :: Generic  
Lisinopril 10 mg :: Generic  
Lisinopril 20 mg :: Generic  
Lisinopril 40 mg :: Generic

**ANGIOTENSIN-II RECEPTOR BLOCKERS/ARBs PLAIN AND IN COMBINATION**

**ANGIOTENSIN-II RECEPTOR BLOCKER/ARBs AND NEPRILYSIN INHIBITOR COMBINATIONS**

**Sacubitril/Valsartan**

Oral tablet                      Sacubitril 24 mg—Valsartan 26 mg :: Entresto  
Sacubitril 49 mg—Valsartan 51 mg :: Entresto  
Sacubitril 97 mg—Valsartan 103 mg :: Entresto

**Notes:** all strengths added to formulary 6/8/2021; CONTRAINDICATED WITH ACE INHIBITORS - allow a 36-hour washout when starting or stopping an ACE

**ANGIOTENSIN-II RECEPTOR BLOCKERS/ARBs**

**Losartan Potassium**

Oral tablet                      Losartan Potassium 25 mg :: Generic  
Losartan Potassium 50 mg :: Generic  
Losartan Potassium 100 mg :: Generic

**BETA-BLOCKING AGENTS PLAIN AND IN COMBINATION**

**BETA-BLOCKERS WITH ALPHA BLOCKADE**

**Carvedilol**

Oral tablet                      Carvedilol 3.125 mg :: Generic  
Carvedilol 6.25 mg :: Generic  
Carvedilol 12.5 mg :: Generic  
Carvedilol 25 mg :: Generic

**Labetalol Hydrochloride**

Oral tablet                      Labetalol Hydrochloride 200 mg :: Generic  
Solution for injection                      Labetalol Hydrochloride 5 mg/1 mL :: Generic

## NON-SELECTIVE BETA-BLOCKERS

### Propranolol Hydrochloride

Oral solution	Propranolol Hydrochloride 20 mg/5 mL :: Generic
Oral tablet	Propranolol Hydrochloride 10 mg :: Generic
	Propranolol Hydrochloride 20 mg :: Generic
	Propranolol Hydrochloride 40 mg :: Generic
Solution for injection	Propranolol Hydrochloride 1 mg/1 mL :: Generic

## SELECTIVE BETA-BLOCKERS

### Atenolol

Oral tablet	Atenolol 25 mg :: Generic
	Atenolol 50 mg :: Generic

### Esmolol Hydrochloride

Solution for injection	Esmolol Hydrochloride 10 mg/1 mL :: Generic
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### Metoprolol Succinate

Oral tablet, extended release	Metoprolol Succinate 25 mg :: Generic
	Metoprolol Succinate 50 mg :: Generic
	Metoprolol Succinate 100 mg :: Generic

### Metoprolol Tartrate

Oral tablet	Metoprolol Tartrate 50 mg :: Generic
Solution for injection	Metoprolol Tartrate 1 mg/1 mL :: Generic

## CALCIUM CHANNEL BLOCKERS

### BENZOTHAZEPINE CALCIUM-CHANNEL BLOCKERS

#### diltiazem hydrochloride

Oral capsule, extended release 24 hour	Diltiazem Hydrochloride 180 mg :: Generic
	Diltiazem Hydrochloride 240 mg :: Generic
Oral capsule, extended release pellets 24 hour	
	Diltiazem Hydrochloride 120 mg :: Generic
Oral tablet	Diltiazem Hydrochloride 30 mg :: Generic

### DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

#### amlodipine besylate

Oral tablet	Amlodipine Besylate 5 mg :: Generic
	Amlodipine Besylate 10 mg :: Generic

#### nicardipine hydrochloride

Solution for injection	Nicardipine Hydrochloride 0.2 mg/1 mL :: Cardene I.V. (Restricted)
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**Notes: Restriction:** Mayo Clinic telestroke program Use Only

#### Nifedipine

Oral capsule	Nifedipine 10 mg :: Procardia
Oral tablet, extended release	Nifedipine 30 mg :: Generic

### PHENYLALKYLAMINE CALCIUM CHANNEL BLOCKERS

#### Verapamil Hydrochloride

Oral tablet	Verapamil Hydrochloride 80 mg :: Generic
Oral tablet, extended release	Verapamil Hydrochloride 120 mg :: Generic
	Verapamil Hydrochloride 180 mg :: Generic
	Verapamil Hydrochloride 240 mg :: Generic

## CENTRALLY ACTING ANTIADRENERGICS

### CENTRALLY ACTING ALPHA AGONISTS

#### clonidine

Transdermal patch - Weekly	Clonidine 0.1 mg/24 hr :: Generic
	Clonidine 0.2 mg/24 hr :: Generic

**clonidine hydrochloride**

Oral tablet Clonidine Hydrochloride 0.1 mg :: Generic  
 Oral tablet Clonidine Hydrochloride 0.2 mg :: Generic

**Notes: Restriction:** IV Clonidine for O.R. Use Only

**guanfacine hydrochloride**

Oral tablet Guanfacine Hydrochloride 1 mg :: Generic (Restricted)

**Notes: Restriction:** Mental Health Use Only

**Methyldopa**

Oral tablet Methyldopa 250 mg :: Generic  
 Oral tablet Methyldopa 500 mg :: Generic

**DIURETICS****CARBONIC ANHYDRASE INHIBITORS****acetazolamide**

Oral capsule, extended release Acetazolamide 500 mg :: Diamox Sequels  
 Oral tablet Acetazolamide 250 mg :: Generic

**acetazolamide sodium**

Lyophilisate for solution for injection Acetazolamide Sodium 500 mg :: Generic

**LOOP DIURETICS****Furosemide**

Oral tablet Furosemide 20 mg :: Generic  
 Oral tablet Furosemide 40 mg :: Generic  
 Solution for injection Furosemide 10 mg/1 mL :: Generic

**LOW CEILING DIURETICS****LOW CEILING DIURETICS, EXCLUDING THIAZIDES****Chlorthalidone**

Oral tablet Chlorthalidone 25 mg :: Generic

**metolazone**

Oral tablet Metolazone 2.5 mg :: Generic

**THIAZIDE DIURETICS****hydrochlorothiazide**

Oral tablet Hydrochlorothiazide 25 mg :: Generic  
 Oral tablet Hydrochlorothiazide 50 mg :: Generic

**OSMOTIC DIURETICS****Mannitol**

Solution for injection Mannitol 20 % :: Generic

**POTASSIUM-SPARING DIURETICS PLAIN AND COMBINATIONS****ALDOSTERONE ANTAGONISTS****Spirolactone**

Oral tablet Spirolactone 25 mg :: Generic  
 Oral tablet Spirolactone 100 mg :: Generic

**PERIPHERAL VASODILATORS****PERIPHERAL VASODILATORS, PLAIN****hydralazine hydrochloride**

Oral tablet Hydralazine Hydrochloride 25 mg :: Generic  
 Solution for injection Hydralazine Hydrochloride 20 mg/1 mL :: Generic

**Nitroglycerin**

Solution for injection Nitroglycerin 5 mg/1 mL :: Tridil

**Sodium Nitroprusside**

Solution for injection Sodium Nitroprusside 25 mg/1 mL :: Nitropress

**PERIPHERALLY ACTING ANTIADRENERGICS**

**ALPHA ADRENORECEPTOR ANTAGONISTS/ALPHA BLOCKERS**

**Prazosin Hydrochloride**

Oral capsule Prazosin Hydrochloride 1 mg :: Generic  
Prazosin Hydrochloride 2 mg :: Generic  
Prazosin Hydrochloride 5 mg :: Generic

**Terazosin Hydrochloride**

Oral capsule Terazosin Hydrochloride 1 mg :: Generic  
Terazosin Hydrochloride 2 mg :: Generic  
Terazosin Hydrochloride 5 mg :: Generic  
Terazosin Hydrochloride 10 mg :: Generic

**CARDIAC THERAPY**

**ANTI-ANGINAL AGENTS**

**ANTI-ANGINAL AGENTS, OTHER**

**diltiazem hydrochloride**

Oral tablet Diltiazem Hydrochloride 30 mg :: Generic

**Verapamil Hydrochloride**

Oral tablet Verapamil Hydrochloride 80 mg :: Generic  
Oral tablet, extended release Verapamil Hydrochloride 120 mg :: Generic  
Verapamil Hydrochloride 180 mg :: Generic  
Verapamil Hydrochloride 240 mg :: Generic

**NITRITES AND NITRATES**

**NITRITES AND NITRATES, PLAIN**

**Isosorbide Dinitrate**

Oral tablet Isosorbide Dinitrate 10 mg :: Generic  
Isosorbide Dinitrate 20 mg :: Generic

**Isosorbide Mononitrate**

Oral tablet, extended release Isosorbide Mononitrate 30 mg :: Generic  
Isosorbide Mononitrate 60 mg :: Generic  
Isosorbide Mononitrate 120 mg :: Generic

**Notes:** mononitrate added 11/17/16

**Nitroglycerin**

Solution for injection Nitroglycerin 5 mg/1 mL :: Tridil  
Sublingual tablet Nitroglycerin 0.4 mg :: Nitrostat  
Topical ointment Nitroglycerin 2 % :: Nitro Bid

**ANTI-ARRHYTHMICS**

**ANTI-ARRHYTHMICS, CLASS I-A**

**Procainamide Hydrochloride**

Solution for injection Procainamide Hydrochloride 100 mg/1 mL :: Generic

**ANTI-ARRHYTHMICS, CLASS I-B**

**Dextrose/Lidocaine Hydrochloride**

Solution for injection Dextrose 5 % —Lidocaine Hydrochloride 0.4 % :: Generic

**Lidocaine Hydrochloride**

Solution for injection Lidocaine Hydrochloride 1 % :: Xylocaine MPF, Generic  
Lidocaine Hydrochloride 2 % :: Xylocaine MPF, Generic

**ANTI-ARRHYTHMICS, CLASS II**

**Atenolol**

Oral tablet Atenolol 25 mg :: Generic  
Atenolol 50 mg :: Generic

**Carvedilol**

Oral tablet Carvedilol 3.125 mg :: Generic  
Carvedilol 6.25 mg :: Generic

Carvedilol 12.5 mg :: Generic  
Carvedilol 25 mg :: Generic

**Esmolol Hydrochloride**

Solution for injection Esmolol Hydrochloride 10 mg/1 mL :: Generic

**Metoprolol Succinate**

Oral tablet, extended release Metoprolol Succinate 25 mg :: Generic  
Metoprolol Succinate 50 mg :: Generic  
Metoprolol Succinate 100 mg :: Generic

**Metoprolol Tartrate**

Oral tablet Metoprolol Tartrate 50 mg :: Generic

Solution for injection

Metoprolol Tartrate 1 mg/1 mL :: Generic

**Propranolol Hydrochloride**

Oral solution

Oral tablet

Propranolol Hydrochloride 20 mg/5 mL :: Generic

Propranolol Hydrochloride 10 mg :: Generic

Propranolol Hydrochloride 20 mg :: Generic

Propranolol Hydrochloride 40 mg :: Generic

Solution for injection

Propranolol Hydrochloride 1 mg/1 mL :: Generic

**ANTI-ARRHYTHMICS, CLASS III**

**Amiodarone Hydrochloride**

Oral tablet

Solution for injection

Amiodarone Hydrochloride 200 mg :: Generic

Amiodarone Hydrochloride 50 mg/1 mL :: Generic

**ANTI-ARRHYTHMICS, CLASS IV**

**diltiazem hydrochloride**

Oral tablet

Solution for injection

Diltiazem Hydrochloride 30 mg :: Generic

Diltiazem Hydrochloride 5 mg/1 mL :: Generic

**Verapamil Hydrochloride**

Oral tablet

Oral tablet, extended release

Verapamil Hydrochloride 80 mg :: Generic

Verapamil Hydrochloride 120 mg :: Generic

Verapamil Hydrochloride 180 mg :: Generic

Verapamil Hydrochloride 240 mg :: Generic

Solution for injection

Verapamil Hydrochloride 2.5 mg/1 mL :: Generic

**ANTI-ARRHYTHMICS, MISCELLANEOUS**

**Adenosine**

Solution for injection

Adenosine 3 mg/1 mL :: Adenocard

**ANTICHOLINERGICS FOR CARDIAC CONDITIONS**

**Atropine Sulfate**

Solution for injection

Atropine Sulfate 1 mg/1 mL :: Generic

**CARDIAC GLYCOSIDES AND COMBINATIONS**

**PLAIN CARDIAC GLYCOSIDES**

**Digoxin**

Oral solution

Oral tablet

Digoxin 0.05 mg/1 mL :: Generic

Digoxin 0.125 mg :: Lanoxin

Digoxin 0.25 mg :: Lanoxin

Solution for injection

Digoxin 0.25 mg/1 mL :: Lanoxin

**CARDIAC STIMULANTS EXCLUDING CARDIAC GLYCOSIDES**

**CARDIAC DOPAMINERGIC AGENTS**

**Dextrose/DOBUtamine hydrochloride**

Solution for injection

Dextrose 5 % —Dobutamine Hydrochloride 250 mg/250 mL :: Generic

	Dextrose 5 % —Dobutamine Hydrochloride 500 mg/250 mL	:: Generic
<b>Dextrose/DOPamine hydrochloride</b>		
Solution for injection	Dextrose 5 % —Dopamine Hydrochloride 400 mg/250 mL	:: Generic
<b>DOBUamine hydrochloride</b>		
Solution for injection	Dobutamine Hydrochloride 12.5 mg/1 mL	:: Generic
<b>DOPamine hydrochloride</b>		
Solution for injection	Dopamine Hydrochloride 400 mg/10 mL	:: Generic

**CARDIAC STIMULANTS EXCLUDING DOPAMINERGIC AGENTS**

<b>EPINEPHrine</b>		
Solution for injection	Epinephrine 0.15 mg/1dose	:: Epipen Jr Auto-Injector
	Epinephrine 0.3 mg/1dose	:: Epipen
<b>EPINEPHrine hydrochloride</b>		
Solution for injection	Epinephrine Hydrochloride 0.1 mg/1 mL	:: Generic
<b>Norepinephrine Bitartrate</b>		
Solution for injection	Norepinephrine Bitartrate 1 mg/1 mL	:: Levophed
<b>Phenylephrine Hydrochloride</b>		
Solution for injection	Phenylephrine Hydrochloride 10 mg/1 mL	:: Generic

**Notes: Restriction:** Inpatient and Group Home Use Only

**DUCTUS ARTERIOSUS AGENTS  
AGENTS USED FOR MAINTAINING A PATENT DUCTUS ARTERIOSUS**

<b>Alprostadil</b>		
Solution for injection	Alprostadil 500 mcg/1 mL	:: Prostin VR Pediatric

**POSITIVE INOTROPIC AGENTS**

<b>Isoproterenol Hydrochloride</b>		
Solution for injection	Isoproterenol Hydrochloride 0.2 mg/1 mL	:: Isuprel

**LIPID MODIFYING AGENTS/ANTILIPEMICS  
BILE ACID SEQUESTRANTS AND ION-EXCHANGE RESINS**

<b>Colestipol Hydrochloride</b>		
Granules for oral suspension	Colestipol Hydrochloride 5 grams	:: Colestid

**FIBRIC ACID DERIVATIVES/FIBRATES**

<b>Fenofibrate</b>		
Oral tablet	Fenofibrate 54 mg	:: Generic
	Fenofibrate 160 mg	:: Generic
<b>Gemfibrozil</b>		
Oral tablet	Gemfibrozil 600 mg	:: Generic

**HMG-COA REDUCTASE INHIBITORS (STATINS)**

<b>Atorvastatin Calcium</b>		
Oral tablet	Atorvastatin Calcium 20 mg	:: Generic
	Atorvastatin Calcium 40 mg	:: Generic
	Atorvastatin Calcium 80 mg	:: Generic

**Therapeutic Interchange:**

The dose conversion from rosuvastatin to atorvastatin is as follows:

10mg = 20mg

20mg = 40mg

<b>Lovastatin</b>		
Oral tablet	Lovastatin 20 mg	:: Generic
	Lovastatin 40 mg	:: Generic

<b>Rosuvastatin Calcium</b>		
Oral tablet	Rosuvastatin Calcium 20 mg	:: Crestor (Restricted)
	Rosuvastatin Calcium 40 mg	:: Crestor (Restricted)

**Notes: Restriction:** For NEW statins starts, Atorvastatin has been added as a



formulary statin in addition to simvastatin. Rosuvastatin will be filled for existing prescriptions only. Rosuvastatin will be considered non-formulary for new starts and should follow the non-formulary request process.

**Therapeutic Interchange:**

The dose conversion from rosuvastatin to atorvastatin is as follows:

10mg = 20mg

20mg = 40mg

**Simvastatin**

Oral tablet	Simvastatin 10 mg :: Generic
	Simvastatin 20 mg :: Generic
	Simvastatin 40 mg :: Generic
	Simvastatin 80 mg :: Generic

**OMEGA-3 DYSLIPIDEMIC AGENTS**

**Icosapent ethyl**

Oral capsule, liquid filled	Icosapent Ethyl 0.5 grams :: Vascepa (Restricted)
	Icosapent Ethyl 1 grams :: VASCEPA (Restricted)

**Notes:** Restricted: cardiologist prescriptions(P&T 3/19/2020)

**Omega-3 Fatty Acids**

Oral capsule, liquid filled	Omega-3 Fatty Acids 1 grams :: Generic (Restricted)
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**Notes:** For use in triglycerides > 500

**STEROL TRANSPORTER INHIBITORS**

**Ezetimibe**

Oral tablet	Ezetimibe 10 mg :: Generic
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**Notes:** approved at P&T 6/20/19

**OTHER CARDIOVASCULAR AGENTS**

**Phentolamine Mesylate**

Lyophilisate for solution for injection	Phentolamine Mesylate 5 mg :: Generic
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**Notes:** Note: to be drawn & diluted by pharmacy based on a patient-specific order. Will not be stocked on the units (P&T 3/16/2023)

**VASOPRESSORS**

**ePHEDrine sulfate**

Solution for injection	Ephedrine Sulfate 50 mg/1 mL :: Generic
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**EPINEPHrine hydrochloride**

Solution for injection	Epinephrine Hydrochloride 0.1 mg/1 mL :: Generic
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**Midodrine Hydrochloride**

Oral tablet	Midodrine Hydrochloride 5 mg :: Generic
	Midodrine Hydrochloride 10 mg :: Generic

**Vasopressin**

Solution for injection	Vasopressin 20 units/1 mL :: Vasostrict
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**CENTRAL NERVOUS SYSTEM**

**ANALGESICS**

**ANALGESICS WITH ANTIPYRETIC ACTIVITY**

**Acetaminophen**

Chewable tablet	Acetaminophen 80 mg :: Generic (Restricted)
Oral solution	

Acetaminophen 160 mg/5 mL :: M-PAP (Restricted), Generic (Restricted)

Oral tablet	
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**SUMatriptan**

Nasal spray, solution Sumatriptan 20 mg/1 actuation :: Generic

**SUMatriptan succinate**

Oral tablet Sumatriptan Succinate 25 mg :: Generic

Sumatriptan Succinate 50 mg :: Generic

Solution for injection

Sumatriptan Succinate 6 mg/0.5mL :: Imitrex Statdose System, Generic

**NEUROPATHIC PAIN AND PERIPHERAL NEUROPATHY AGENTS****DULoxetine**

Oral capsule, gastro-resistant pellets Duloxetine 20 mg :: Cymbalta

Duloxetine 30 mg :: Cymbalta

Duloxetine 60 mg :: Generic

**Gabapentin**

Oral capsule Gabapentin 100 mg :: Generic

Gabapentin 300 mg :: Generic

Oral tablet

Gabapentin 300 mg :: Gabarone

Gabapentin 600 mg :: Generic

**OPIATE AGONISTS AND RELATED AGENTS****MIXED OPIATE AGONIST-ANTAGONIST****Buprenorphine Hydrochloride**

Sublingual tablet Buprenorphine Hydrochloride 2 mg :: Generic (Restricted)

**DEA class: schedule III;****Notes:** Restricted: pregnant patients only (P&T October 2022)**Butorphanol Tartrate**

Solution for injection Butorphanol Tartrate 2 mg/1 mL :: Generic

**DEA class: schedule IV;****Notes:** added 3/19/2020P&T**Nalbuphine Hydrochloride**

Solution for injection Nalbuphine Hydrochloride 10 mg/1 mL :: Generic

**OPIOID AGONISTS****Codeine Sulfate**

Oral tablet Codeine Sulfate 30 mg :: Generic

**DEA class: schedule II;****fentaNYL**

Transdermal patch - 72 Hour Fentanyl 25 mcg/1 h :: Generic

Fentanyl 50 mcg/1 h :: Generic

Fentanyl 100 mcg/1 h :: Generic

**DEA class: schedule II;****fentaNYL citrate**

Solution for injection Fentanyl Citrate 50 mcg/1 mL :: Generic

**DEA class: schedule II;****HYDROMorphone hydrochloride**

Oral tablet Hydromorphone Hydrochloride 2 mg :: Dilaudid

Hydromorphone Hydrochloride 4 mg :: Generic

Solution for injection

Hydromorphone Hydrochloride 2 mg/1 mL :: Generic

**DEA class: schedule II;****Meperidine Hydrochloride**

Solution for injection Meperidine Hydrochloride 10 mg/1 mL :: Generic

Meperidine Hydrochloride 25 mg/1 mL :: Demerol

Meperidine Hydrochloride 75 mg/1 mL :: Demerol

**DEA class: schedule II;****Morphine Sulfate**

Oral solution Morphine Sulfate 10 mg/5 mL :: Generic

Oral tablet

	Morphine Sulfate 15 mg :: MSIR
	Morphine Sulfate 30 mg :: MSIR, Generic
Oral tablet, extended release	
	Morphine Sulfate 15 mg :: Generic
	Morphine Sulfate 30 mg :: Generic
Solution for injection	
	Morphine Sulfate 2 mg/1 mL :: Generic
	Morphine Sulfate 10 mg/1 mL :: Generic
<b>DEA class: schedule II; traMADol hydrochloride</b>	
Oral tablet	Tramadol Hydrochloride 50 mg :: Generic (Restricted)
<b>DEA class: schedule IV;</b>	

**Notes: Drug Alert:** not for use in children younger than 12 years of age.

## OPIOID AGONISTS AND OTHER DRUG COMBINATIONS

### Acetaminophen/Codeine Phosphate

Oral solution	Acetaminophen 120 mg/5 mL —Codeine Phosphate 12 mg/5 mL :: Generic (Restricted)
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Oral tablet

Acetaminophen 300 mg —Codeine Phosphate 30 mg :: Generic (Restricted)
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**DEA class: schedule III; schedule V; See complete listings for details.**

**Notes: Drug Alert:** Codeine should not be used to treat pain or cough in children younger than 12 years of age.

### Acetaminophen/HYDROcodone bitartrate

Oral solution	Acetaminophen 325 mg/15 mL —Hydrocodone Bitartrate 7.5 mg/15 mL :: Generic
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Oral tablet

Acetaminophen 325 mg —Hydrocodone Bitartrate 5 mg :: Lorcet
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**DEA class: schedule II;**

### Acetaminophen/oxyCODONE hydrochloride

Oral tablet	Acetaminophen 325 mg —Oxycodone Hydrochloride 5 mg :: Generic
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**DEA class: schedule II;**

## OTHER ANALGESICS

### clonIDine hydrochloride

Solution for injection	Clonidine Hydrochloride 100 mcg/1 mL :: Generic (Restricted)
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**Notes: Restriction:** IV Clonidine for O.R. Use Only

## ANESTHETICS

### GENERAL ANESTHETICS

#### BENZODIAZEPINE ANESTHETICS

##### Midazolam Hydrochloride

Solution for injection	Midazolam Hydrochloride 1 mg/1 mL :: Generic
	Midazolam Hydrochloride 5 mg/1 mL :: Generic

**DEA class: schedule IV;**

#### INHALATION GENERAL ANESTHETICS

##### Desflurane

Inhalation vapour, liquid	Desflurane 99.9 % :: Suprane
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##### Sevoflurane

Inhalation vapour, liquid	Sevoflurane 100 % :: Ultane
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#### OPIATE ANESTHETICS

##### fentaNYL citrate

Solution for injection	Fentanyl Citrate 50 mcg/1 mL :: Generic
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**DEA class: schedule II;**

##### Remifentanil Hydrochloride

**Notes:** restricted to anesthesia, added 11/17/16

## **OTHER GENERAL ANESTHETICS**

### **Etomidate**

Solution for injection                      Etomidate 2 mg/1 mL :: Amidate

### **Ketamine Hydrochloride**

Solution for injection                      Ketamine Hydrochloride 10 mg/1 mL :: Ketalar (Restricted)

**DEA class: schedule III;**

#### **Notes:**

Restricted: ICU, ER, anesthesia use only. Only ER may stock 100mg/mL (this strength added 4/19/2022).

### **Propofol**

Emulsion for injection                      Propofol 10 mg/1 mL :: Generic (Restricted)

#### **Notes:**

**Restriction:** Anesthesia Use Only

## **LOCAL ANESTHETICS**

### **AMIDE LOCAL ANESTHETICS**

#### **Bupivacaine Hydrochloride**

Solution for injection                      Bupivacaine Hydrochloride 0.25 % :: Marcaine

Bupivacaine Hydrochloride 0.5 % :: Marcaine

Bupivacaine Hydrochloride 0.75 % :: Marcaine

#### **Bupivacaine Hydrochloride/Dextrose**

Solution for injection                      Bupivacaine Hydrochloride 0.75 % —Dextrose 8.25 % :: Marcaine Spinal

#### **Dextrose/Lidocaine Hydrochloride**

Solution for injection                      Dextrose 7.5 % —Lidocaine Hydrochloride 5 % :: Generic

#### **Lidocaine Hydrochloride**

Solution for injection                      Lidocaine Hydrochloride 0.5 % :: Xylocaine, Xylocaine MPF

Lidocaine Hydrochloride 1 % :: Xylocaine MPF

Lidocaine Hydrochloride 2 % :: Xylocaine MPF

#### **Ropivacaine Hydrochloride Monohydrate**

Solution for injection                      Ropivacaine Hydrochloride Monohydrate 0.2 % :: Naropin

Ropivacaine Hydrochloride Monohydrate 0.5 % :: Naropin

Ropivacaine Hydrochloride Monohydrate 1 % :: Naropin

### **ESTER LOCAL ANESTHETICS**

#### **Chlorprocaine Hydrochloride**

Solution for injection                      Chlorprocaine Hydrochloride 2 % :: Generic (Restricted)

**Notes: Restriction:** Anesthesia Use Only

## **LOCAL ANESTHETICS IN COMBINATION WITH VASOCONSTRICTORS**

#### **Bupivacaine Hydrochloride/EPINEPHRINE bitartrate**

Solution for injection                      Bupivacaine Hydrochloride 0.5 % —Epinephrine Bitartrate (Unspecified Strength)  
:: Marcaine

#### **EPINEPHRINE/Lidocaine Hydrochloride**

Solution for injection                      Epinephrine (Unspecified Strength) —Lidocaine Hydrochloride 1 % :: Generic  
Epinephrine (Unspecified Strength) —Lidocaine Hydrochloride 1 % :: Xylocaine  
MPF with Epinephrine  
Epinephrine (Unspecified Strength) —Lidocaine Hydrochloride 2 % :: Generic  
Epinephrine (Unspecified Strength) —Lidocaine Hydrochloride 2 % :: Xylocaine  
MPF with Epinephrine

## **ANTI-ALZHEIMER AGENTS**

### **ANTI-ALZHEIMERAGENTS, CHOLINESTERASE INHIBITORS**

**Donepezil Hydrochloride**

Oral tablet Donepezil Hydrochloride 5 mg :: Generic  
Donepezil Hydrochloride 10 mg :: Generic

**Notes:** Restricted for Dementia use only.

#### **ANTI-ALZHEIMERAGENTS, NMDA RECEPTOR ANTAGONISTS**

##### **Memantine**

Oral tablet Memantine 5 mg :: Generic (Restricted)  
Memantine 10 mg :: Generic (Restricted)

**Notes:** Restricted: moderate to severe dementia

#### **ANTI-PARKINSON AGENTS**

##### **ANTI-PARKINSON AGENTS, ANTICHOLINERGIC**

##### **Benzotropine Mesylate**

Oral tablet Benzotropine Mesylate 2 mg :: Generic

##### **ANTI-PARKINSON AGENTS, DOPAMINE AGONISTS**

##### **Pramipexole Dihydrochloride**

Oral tablet Pramipexole Dihydrochloride 0.25 mg :: Generic  
Pramipexole Dihydrochloride 1 mg :: Generic  
Pramipexole Dihydrochloride 1.5 mg :: Generic

##### **ANTI-PARKINSON AGENTS, DOPAMINE PRECURSORS**

##### **Carbidopa/Levodopa**

Oral tablet Carbidopa 10 mg —Levodopa 100 mg :: Generic  
Carbidopa 25 mg —Levodopa 100 mg :: Generic  
Carbidopa 25 mg —Levodopa 250 mg :: Generic

Oral tablet, extended release

Carbidopa 50 mg —Levodopa 200 mg :: Generic

##### **ANTI-PARKINSON AGENTS, NMDA RECEPTOR ANTAGONISTS**

##### **Amantadine Hydrochloride**

Oral capsule Amantadine Hydrochloride 100 mg :: Generic

Oral solution

Amantadine Hydrochloride 50 mg/5 mL :: Generic

#### **ANTICONSULSANTS**

##### **ANTICONSULSANTS, BARBITURATES**

##### **PHENobarbital**

Oral tablet Phenobarbital 30 mg :: Generic

Phenobarbital 60 mg :: Generic

**DEA class: schedule IV;**

##### **PHENobarbital sodium**

Solution for injection Phenobarbital Sodium 130 mg/1 mL :: Generic

**DEA class: schedule IV;**

##### **ANTICONSULSANTS, BENZODIAZEPINES**

##### **clonazepam**

Oral disintegrating tablet Clonazepam 0.125 mg :: Generic (Restricted)

Oral tablet

Clonazepam 0.5 mg :: Generic

Clonazepam 1 mg :: Generic

**DEA class: schedule IV;**

**Notes: Clonazepam ODT Restricted for Seizure D/O only.**

##### **diazepam**

Solution for injection Diazepam 5 mg/1 mL :: Generic

**DEA class: schedule IV;**

##### **LORazepam**

Solution for injection Lorazepam 2 mg/1 mL :: Generic  
**DEA class: schedule IV;**

#### ANTICONVULSANTS, GABAPENTINOIDS

##### Gabapentin

Oral capsule Gabapentin 100 mg :: Generic  
Gabapentin 300 mg :: Generic  
Oral tablet Gabapentin 300 mg :: Gabarone  
Gabapentin 600 mg :: Generic

#### ANTICONVULSANTS, HYDANTOINS

##### Fosphenytoin Sodium

Solution for injection Fosphenytoin Sodium 100 PE/2ml :: Cerebyx

##### **Therapeutic Interchange:**

Phenytoin injectable solution 50 mg/mL will be therapeutically interchanged with Fosphenytoin (Cerebyx).

##### Phenytoin

Chewable tablet Phenytoin 50 mg :: Dilantin Infatabs  
Oral suspension Phenytoin 125 mg/5 mL :: Generic

##### Phenytoin Sodium

Oral capsule, extended release Phenytoin Sodium 100 mg :: Dilantin

##### **Therapeutic Interchange:**

Phenytoin injectable solution 50 mg/mL will be therapeutically interchanged with Fosphenytoin (Cerebyx).

#### ANTICONVULSANTS, MAGNESIUM

##### Dextrose/Magnesium Sulfate

Solution for injection Dextrose 5 % —Magnesium Sulfate 1 grams/100 mL :: Generic

#### ANTICONVULSANTS, MISCELLANEOUS

##### lamoTRigine

Oral tablet Lamotrigine 25 mg :: Generic  
Lamotrigine 100 mg :: Generic  
Lamotrigine 200 mg :: Generic

##### Topiramate

Oral tablet Topiramate 25 mg :: Generic  
Topiramate 100 mg :: Generic  
Topiramate 200 mg :: Generic

##### **Notes:**

##### **Topamax (Topiramate) 25 mg Titration:**

Week 1: Take 1 tablet by mouth at bedtime for 7 days.

Week 2: Take 1 tablet by mouth twice daily (every 12 hours) for 7 days.

Week 3: Take 1 tablet by mouth every morning and 2 tablets by mouth at night for 7 days.

Week 4: Take 2 tablets by mouth twice daily (every 12 hours).

Quantity: 70 tablets

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If refills are listed for the initial titration, please fill an additional script and place on hold as shown below:

Topamax (Topiramate) 50 mg  
Take 1 tablet by mouth twice daily (every 12 hours)





**Naloxone Hydrochloride**

Nasal spray, solution Naloxone Hydrochloride 4 mg/0.1mL :: Generic

Solution for injection

Naloxone Hydrochloride 0.4 mg/1 mL :: Generic

**AGENTS FOR OPIOID WITHDRAWAL****Buprenorphine Hydrochloride**

Sublingual tablet Buprenorphine Hydrochloride 2 mg :: Generic (Restricted)

**DEA class: schedule III;****Notes:** Restricted: pregnant patients only (P&T October 2022)**Buprenorphine Hydrochloride/Naloxone Hydrochloride**Oral Dissolving film Buprenorphine Hydrochloride 2 mg —Naloxone Hydrochloride 0.5 mg ::  
Generic

Buprenorphine Hydrochloride 4 mg —Naloxone Hydrochloride 1 mg :: Generic

Buprenorphine Hydrochloride 8 mg —Naloxone Hydrochloride 2 mg :: Generic

**DEA class: schedule III;****Notes:** 4mg/1mg added 8/17/2021; 8mg/2mg added 4/19/22, 2mg/0.5mg added 11/17/22**clonidine hydrochloride**

Oral tablet Clonidine Hydrochloride 0.1 mg :: Generic

Clonidine Hydrochloride 0.2 mg :: Generic

**Notes: Restriction:** IV Clonidine for O.R. Use Only**AGENTS USED IN ALCOHOL DEPENDENCE****Disulfiram**

Oral tablet Disulfiram 250 mg :: Antabuse

**Naltrexone**Powder for suspension for injection, Extended Release  
Naltrexone 380 mg :: Vivitrol (Restricted)**Locations:** Refrigerator**Notes:** Restricted: for use in Mental Health and primary care adult clinics; to be given only by a nurse Approved by P&T Committee 7/15/2021**Naltrexone Hydrochloride**

Oral tablet Naltrexone Hydrochloride 50 mg :: Depade

**ANTISMOKING AGENTS****buPROPion hydrochloride**

Oral tablet, extended release 12 hour Bupropion Hydrochloride 150 mg :: Generic

**Nicotine**

Transdermal patch - 24 Hour Nicotine 7 mg/24 hr :: Generic (Restricted)

Nicotine 14 mg/24 hr :: Generic (Restricted)

Nicotine 21 mg/24 hr :: Generic (Restricted)

**Notes: Restriction:** Inpatient use, and inpatient discharge x 30 days supply only (P&T 6/20/19)**ANTIVERTIGO AGENTS****Meclizine Hydrochloride**

Oral tablet Meclizine Hydrochloride 25 mg :: RITE AID Motion Sickness Relief

**Scopolamine**

Transdermal patch - 72 Hour Scopolamine 1 mg/72 hr :: Transderm Scop (Restricted)

**Notes: Restriction:** to anesthesia (P1/21/2016); for postoperative nausea and vomiting restricted to anesthesia only. If another service has a patient they'd like to

use it on, they must get the written order from anesthesia. **It will NOT be in Omnicell**; they will need to send the order to pharmacy. It is preferable to **prescribe this before the day of surgery so the patient can apply it the night before, but it can be ordered same day if necessary.**

## PSYCHOANALEPTICS EXCLUDING ANTI-OBESITY AGENTS

### ADHD AGENTS

#### ADHD AGENTS, STIMULANT, AND OTHER PSYCHOSTIMULANTS

#### PSYCHOSTIMULANTS, AMPHETAMINES

##### Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Saccharate/Dextroamphetamine

##### Sulfate

Oral capsule, extended release      Amphetamine Aspartate 2.5 mg —Amphetamine Sulfate 2.5 mg —  
Dextroamphetamine Saccharate 2.5 mg —Dextroamphetamine Sulfate 2.5 mg  
:: Generic  
Amphetamine Aspartate 3.75 mg —Amphetamine Sulfate 3.75 mg —  
Dextroamphetamine Saccharate 3.75 mg —Dextroamphetamine Sulfate 3.75 mg  
:: Generic

Oral tablet

Amphetamine Aspartate 1.25 mg —Amphetamine Sulfate 1.25 mg —  
Dextroamphetamine Saccharate 1.25 mg —Dextroamphetamine Sulfate 1.25 mg  
:: Generic

##### DEA class: schedule II;

##### Dextroamphetamine Sulfate

Oral capsule, extended release      Dextroamphetamine Sulfate 15 mg :: Dexedrine  
Oral tablet

Dextroamphetamine Sulfate 5 mg :: Dextrostat

##### DEA class: schedule II;

## PSYCHOSTIMULANTS, METHYLPHENIDATE DERIVATIVES

### Methylphenidate Hydrochloride

Oral tablet      Methylphenidate Hydrochloride 5 mg :: Generic  
Methylphenidate Hydrochloride 10 mg :: Generic

Oral tablet, extended release

Methylphenidate Hydrochloride 18 mg :: Concerta  
Methylphenidate Hydrochloride 20 mg :: Generic  
Methylphenidate Hydrochloride 36 mg :: Concerta  
Methylphenidate Hydrochloride 54 mg :: Concerta

##### DEA class: schedule II;

## ANTI-DEPRESSANTS AND MOOD STABILIZERS

### ANTIDEPRESSANT AUGMENTATION AGENTS

#### ARIPiprazole

Oral tablet      Aripiprazole 2 mg :: Generic (Restricted)  
Aripiprazole 5 mg :: Generic (Restricted)  
Aripiprazole 15 mg :: Generic (Restricted)  
Aripiprazole 20 mg :: Generic (Restricted)  
Aripiprazole 30 mg :: Generic (Restricted)

**Notes: Restriction: Mental Health Dept. Use Only**

#### Lithium Carbonate

Oral capsule      Lithium Carbonate 300 mg :: Generic

#### OLANZapine

Oral tablet      Olanzapine 5 mg :: Generic  
Olanzapine 10 mg :: Generic

## CYCLIC ANTIDEPRESSANTS

### TETRACYCLIC ANTIDEPRESSANTS

#### Mirtazapine

Oral tablet      Mirtazapine 15 mg :: Generic  
Mirtazapine 30 mg :: Generic

## TRICYCLIC ANTIDEPRESSANTS

### Amitriptyline Hydrochloride

Oral tablet Amitriptyline Hydrochloride 10 mg :: Generic  
Amitriptyline Hydrochloride 25 mg :: Generic  
Amitriptyline Hydrochloride 50 mg :: Generic

### clomiPRAMINE hydrochloride

Oral capsule Clomipramine Hydrochloride 25 mg :: Generic  
Clomipramine Hydrochloride 50 mg :: Generic

### Doxepin Hydrochloride

Oral capsule Doxepin Hydrochloride 10 mg :: Generic  
Doxepin Hydrochloride 25 mg :: Generic  
Doxepin Hydrochloride 50 mg :: Generic

### Imipramine Hydrochloride

Oral tablet Imipramine Hydrochloride 10 mg :: Generic  
Imipramine Hydrochloride 25 mg :: Generic

### Nortriptyline Hydrochloride

Oral capsule Nortriptyline Hydrochloride 10 mg :: Generic  
Nortriptyline Hydrochloride 25 mg :: Generic

## MISCELLANEOUS ANTIDEPRESSANTS

### buPROPion hydrochloride

Oral tablet Bupropion Hydrochloride 75 mg :: Generic  
Oral tablet, extended release 24 hour  
Bupropion Hydrochloride 150 mg :: Wellbutrin XL  
Bupropion Hydrochloride 300 mg :: Generic

### traZODone hydrochloride

Oral tablet Trazodone Hydrochloride 50 mg :: Generic  
Trazodone Hydrochloride 100 mg :: Generic

## MOOD STABILIZERS

### Divalproex Sodium

Coated particles in capsules Divalproex Sodium 125 mg :: Depakote Sprinkle  
Delayed-Release tablets  
Divalproex Sodium 250 mg :: Depakote  
Divalproex Sodium 500 mg :: Generic

### lamoTRigine

Oral tablet Lamotrigine 25 mg :: Generic  
Lamotrigine 100 mg :: Generic  
Lamotrigine 200 mg :: Generic

### Lithium Carbonate

Oral capsule Lithium Carbonate 300 mg :: Generic

## SELECTIVE SEROTONIN REUPTAKE INHIBITOR ANTIDEPRESSANTS, SSRIS

### Escitalopram

Oral tablet Escitalopram 10 mg :: Generic  
Escitalopram 20 mg :: Generic

### FLUoxetine hydrochloride

Oral capsule Fluoxetine Hydrochloride 10 mg :: Selfemra  
Fluoxetine Hydrochloride 20 mg :: Selfemra  
Oral capsule, gastro-resistant pellets, weekly  
Fluoxetine Hydrochloride 90 mg :: Prozac Weekly

### PARoxetine hydrochloride

Oral tablet Paroxetine Hydrochloride 20 mg :: Generic

### Sertraline Hydrochloride

Oral tablet Sertraline Hydrochloride 50 mg :: Generic  
Sertraline Hydrochloride 100 mg :: Generic

## SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR ANTIDEPRESSANTS, SNRIS

### DULoxetine

Oral capsule, gastro-resistant pellets Duloxetine 20 mg :: Cymbalta  
Duloxetine 30 mg :: Cymbalta  
Duloxetine 60 mg :: Generic

**Venlafaxine Hydrochloride**

Oral capsule, extended release Venlafaxine Hydrochloride 75 mg :: Generic  
 Venlafaxine Hydrochloride 150 mg :: Generic

**NARCOLEPSY AGENTS****STIMULANT NARCOLEPSY AGENTS****Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Saccharate/Dextroamphetamine****Sulfate**

Oral tablet Amphetamine Aspartate 1.25 mg —Amphetamine Sulfate 1.25 mg —  
 Dextroamphetamine Saccharate 1.25 mg —Dextroamphetamine Sulfate 1.25 mg  
 :: Generic

**DEA class: schedule II;****Dextroamphetamine Sulfate**

Oral tablet Dextroamphetamine Sulfate 5 mg :: Dextrostat

**DEA class: schedule II;****Methylphenidate Hydrochloride**

Oral tablet Methylphenidate Hydrochloride 5 mg :: Generic  
 Methylphenidate Hydrochloride 10 mg :: Generic

Oral tablet, extended release Methylphenidate Hydrochloride 20 mg :: Generic

**DEA class: schedule II;****PSYCHOLEPTICS****ANTIPSYCHOTICS****FIRST GENERATION ANTIPSYCHOTICS****chlorproMAZINE hydrochloride**

**Notes:** Removed from formulary 5/11/2021 (patients who already have rxs may continue to receive)

**Haloperidol**

Oral tablet Haloperidol 1 mg :: Generic  
 Haloperidol 2 mg :: Generic  
 Haloperidol 5 mg :: Generic

**Haloperidol Decanoate**

Suspension for injection Haloperidol Decanoate 100 mg/1 mL :: Generic

**Haloperidol Lactate**

Solution for injection Haloperidol Lactate 5 mg/1 mL :: Generic

**Prochlorperazine Edisylate**

Solution for injection Prochlorperazine Edisylate 5 mg/1 mL :: Generic

**Prochlorperazine Maleate**

Oral tablet Prochlorperazine Maleate 5 mg :: Generic

**SECOND GENERATION ANTIPSYCHOTICS****MULTI-ACTING RECEPTOR-TARGETED ANTIPSYCHOTICS (MARTA)****cloZAPine**

Oral tablet Clozapine 25 mg :: Generic  
 Clozapine 100 mg :: Generic

**OLANZapine**

Oral tablet Olanzapine 5 mg :: Generic  
 Olanzapine 10 mg :: Generic

**QUetiapine fumarate**

Oral tablet Quetiapine Fumarate 25 mg :: Generic  
 Quetiapine Fumarate 50 mg :: Generic  
 Quetiapine Fumarate 100 mg :: Generic  
 Quetiapine Fumarate 200 mg :: Generic

**PARTIAL DOPAMINE RECEPTOR AGONIST ANTIPSYCHOTICS****ARIPiprazole**

Oral tablet Aripiprazole 2 mg :: Generic (Restricted)  
 Aripiprazole 5 mg :: Generic (Restricted)  
 Aripiprazole 15 mg :: Generic (Restricted)  
 Aripiprazole 20 mg :: Generic (Restricted)

Aripiprazole 30 mg :: Generic (Restricted)

**Notes: Restriction:** Mental Health Dept. Use Only

## SEROTONIN-DOPAMINE ANTAGONIST (SDA) ANTIPSYCHOTICS

### Lurasidone Hydrochloride

Oral tablet                      Lurasidone Hydrochloride 20 mg :: Latuda  
Lurasidone Hydrochloride 40 mg :: Latuda  
Lurasidone Hydrochloride 60 mg :: Latuda

**Notes:** "adults only" prescribing restriction removed by P&T 7/15/2021.

### risperiDONE

Oral tablet                      Risperidone 0.5 mg :: Generic  
Risperidone 1 mg :: Generic  
Risperidone 2 mg :: Generic  
Risperidone 3 mg :: Generic  
Risperidone 4 mg :: Generic

Powder for suspension for injection, Extended Release

Risperidone 25 mg :: Risperdal Consta Long-Acting  
Risperidone 37.5 mg :: Risperdal Consta Long-Acting  
Risperidone 50 mg :: Risperdal Consta Long-Acting

### Ziprasidone Hydrochloride

Oral capsule                      Ziprasidone Hydrochloride 20 mg :: Generic  
Ziprasidone Hydrochloride 40 mg :: Generic  
Ziprasidone Hydrochloride 60 mg :: Generic  
Ziprasidone Hydrochloride 80 mg :: Generic

### Ziprasidone Mesylate

Powder for solution for injection      Ziprasidone Mesylate 20 mg :: Geodon

**Notes:** Restricted - agitated psychosis in the ED

## ANXIOLYTICS

### ANXIOLYTICS, BENZODIAZEPINES

#### ALPRAZolam

Oral tablet                      Alprazolam 0.25 mg :: Generic  
Alprazolam 0.5 mg :: Generic

#### DEA class: schedule IV;

#### chlordiazePOXIDE hydrochloride

Oral capsule                      Chlordiazepoxide Hydrochloride 25 mg :: Generic

#### DEA class: schedule IV;

#### clonazePAM

Oral disintegrating tablet      Clonazepam 0.125 mg :: Generic (Restricted)  
Oral tablet

Clonazepam 0.5 mg :: Generic  
Clonazepam 1 mg :: Generic

#### DEA class: schedule IV;

**Notes: Clonazepam ODT Restricted for Seizure D/O only.**

#### Clorazepate Dipotassium

Oral tablet                      Clorazepate Dipotassium 3.75 mg :: Gen-Xene

#### DEA class: schedule IV;

#### diazePAM

Oral tablet                      Diazepam 5 mg :: Generic  
Solution for injection

Diazepam 5 mg/1 mL :: Generic

#### DEA class: schedule IV;

#### LORazepam

Oral tablet                      Lorazepam 0.5 mg :: Generic

Solution for injection Lorazepam 1 mg :: Generic  
Lorazepam 2 mg/1 mL :: Generic

**DEA class: schedule IV;  
Midazolam Hydrochloride**  
Solution for injection

Midazolam Hydrochloride 1 mg/1 mL :: Generic  
Midazolam Hydrochloride 5 mg/1 mL :: Generic

**DEA class: schedule IV;**

#### **ANXIOLYTICS, NON-BENZODIAZEPINES**

**busPIRone hydrochloride**  
Oral tablet

Bupirone Hydrochloride 5 mg :: Generic  
Bupirone Hydrochloride 10 mg :: Generic

**hydroOXYzine pamoate**  
Oral capsule

Hydroxyzine Pamoate 25 mg :: Generic

#### **SEDATIVES/HYPNOTICS**

##### **ALPHA-2 ADRENERGIC RECEPTOR AGONIST SEDATIVES**

**Dexmedetomidine Hydrochloride**

Solution for injection Dexmedetomidine Hydrochloride 100 mcg/1ml :: Precedex (Restricted)

**Notes: Restriction:** Refractory alcohol withdrawal in the ICU Use Only

#### **BARBITURATES, PLAIN**

**PHENobarbital**

Oral solution Phenobarbital 20 mg/5 mL :: Generic  
Oral tablet

Phenobarbital 30 mg :: Generic  
Phenobarbital 60 mg :: Generic

**DEA class: schedule IV;  
PHENobarbital sodium**

Solution for injection Phenobarbital Sodium 130 mg/1 mL :: Generic

**DEA class: schedule IV;**

#### **BENZODIAZEPINE SEDATIVE/HYPNOTICS**

**LORazepam**

Oral tablet Lorazepam 0.5 mg :: Generic  
Lorazepam 1 mg :: Generic

Solution for injection Lorazepam 2 mg/1 mL :: Generic

**DEA class: schedule IV;  
Midazolam Hydrochloride**

Solution for injection Midazolam Hydrochloride 1 mg/1 mL :: Generic  
Midazolam Hydrochloride 5 mg/1 mL :: Generic

**DEA class: schedule IV;  
Temazepam**

Oral capsule Temazepam 15 mg :: Generic

**DEA class: schedule IV;**

#### **NON-BENZODIAZEPINE, BENZODIAZEPINE RECEPTOR AGONISTS (NBRA)S**

**Zolpidem Tartrate**

Oral tablet Zolpidem Tartrate 5 mg :: Generic  
Zolpidem Tartrate 10 mg :: Generic

**DEA class: schedule IV;**

#### **COMPOUNDING AGENTS AND SUPPLIES**

##### **BULK AGENTS FOR COMPOUNDING**

**Hydroxocobalamin**

Bulk powder Hydroxocobalamin (Unspecified Strength) :: Generic

**Polyethylene Glycol 3350**

Bulk powder Polyethylene Glycol 3350 (Unspecified Strength) :: Generic

**Vitamin A (Acetate)**

**Notes: Restriction:** Inpatient and Group Home Use Only

**COMPOUNDING KITS, HORMONAL AGENTS**

**Progesterone**

Vaginal Suppository Progesterone 200 mg :: First-Progesterone VGS (Restricted)

**Notes: Restriction:** 200 mg vaginal suppository- Recurrent pregnancy loss or short cervical length Use Only.

Use Only by OB/GYN Providers for the initial prescription and Midwives can write for subsequent refills.

**DERMATOLOGICALS**

**ACNE AGENTS**

**ORAL AGENTS FOR ACNE**

**ORAL NON-RETINOIDS FOR ACNE**

**Doxycycline Hyclate**

Oral tablet Doxycycline Hyclate 100 mg :: Generic

**Minocycline Hydrochloride**

Oral capsule Minocycline Hydrochloride 50 mg :: Generic (Restricted)

**Notes: Restriction:** Dermatologist Use Only

**ORAL RETINOIDS FOR ACNE**

**ISOTretinoin**

Oral capsule Isotretinoin 10 mg :: ZENATANE (Restricted)

Isotretinoin 20 mg :: ZENATANE (Restricted)

Isotretinoin 40 mg :: ZENATANE (Restricted)

**Notes: Restriction:** Dermatologist Use Only

**TOPICAL AGENTS FOR ACNE**

**TOPICAL ANTIINFECTIVES FOR ACNE**

**Benzoyl Peroxide**

Topical gel Benzoyl Peroxide 5 % :: Generic

**Clindamycin Phosphate**

Topical gel Clindamycin Phosphate 1 % :: Generic

**metronIDAZOLE**

Topical gel Metronidazole 1 % :: Generic (Restricted)

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

**TOPICAL PEROXIDE AGENTS FOR ACNE**

**Benzoyl Peroxide**

Topical gel Benzoyl Peroxide 5 % :: Generic

**TOPICAL RETINOIDS FOR ACNE**

**Tretinoin**

Topical cream Tretinoin 0.05 % :: Retin-A

Tretinoin 0.1 % :: Generic

Topical gel

Tretinoin 0.025 % :: Retin-A

**Notes:** Restricted: for Specialty Care Center use in Acute Promyelocytic Leukemia only (P&T 6/18/2020)

**ANTIFUNGALS, DERMATOLOGICAL**

## SYSTEMIC DERMATOLOGICAL ANTIFUNGALS

### Griseofulvin, Microcrystalline

Oral suspension                      Griseofulvin, Microcrystalline 125 mg/5 mL :: Grifulvin V

### Griseofulvin, Ultramicrocrystalline

Oral tablet                              Griseofulvin, Ultramicrocrystalline 250 mg :: Gris-PEG

## TOPICAL DERMATOLOGICAL ANTIFUNGALS

### Clotrimazole

Topical cream                              Clotrimazole 1 % :: Generic

#### Notes:

### Econazole Nitrate

Topical cream                              Econazole Nitrate 1 % :: Generic

**Therapeutic Interchange: Autoswitch:** Clotrimazole 1% cream

### Selenium Sulfide

Topical lotion                              Selenium Sulfide 2.5 % :: Exsel (Restricted)

## TOPICAL SCALP ANTIFUNGALS , Exsel (Restricted)

**Notes: Restriction:** Group Home and Inpatient Use Only

## ANTISEPTICS AND DISINFECTANTS

### ANTISEPTICS AND DISINFECTANTS, EXCLUDING HAND PRODUCTS

#### Brilliant Green/Gentian Violet/Proflavine hemisulfate

Topical solution                              Brilliant Green 2.29 mg/1 mL —Gentian Violet 2.29 mg/1 mL —Proflavine Hemisulfate 1.14 mg/1 mL :: Kerr Triple Dye Dispos-A-Swabs

#### Chlorhexidine Gluconate

Topical solution                              Chlorhexidine Gluconate 4 % :: Betasept

#### Hydrogen Peroxide

Topical solution                              Hydrogen Peroxide 3 % :: Walgreens Hydrogen Peroxide (Restricted)

**Notes: Restriction:** Inpatient Use Only

#### Isopropyl Alcohol

Topical solution                              Isopropyl Alcohol 70 % :: Sunmark (Restricted)

**Notes:** Restricted for InHouse use ONLY

#### Povidone-Iodine

Topical ointment                              Povidone-Iodine 10 % :: Generic (Restricted)

Topical solution

Povidone-Iodine 7.5 % :: GRx Dyne Scrub (Restricted)

Povidone-Iodine 10 % :: GRx Dyne (Restricted)

**Notes: Restriction:** 10% solution and 7.5% soap- In-hospital Use Only

**Restriction:** 10% ointment- Inpatient Use Only

#### Sodium hypochlorite

Topical solution                              Sodium Hypochlorite 0.125 % :: DAKIN'S

Sodium Hypochlorite 0.25 % :: DAKIN'S

Sodium Hypochlorite 0.5 % :: DAKIN'S

## ASTRINGENTS

### Aluminum Sulfate/Calcium Acetate

Powder for Topical solution                      Aluminum Sulfate 1347 mg —Calcium Acetate 952 mg :: Astringent Powder for Topical Solution (Restricted)



**Notes: Restriction:** Inpatient and Group Home Use Only

**EMOLLIENTS, PROTECTIVES  
EMOLLIENTS AND PROTECTANTS, OTHER**

**Benzoin Tincture**

Topical solution                      Benzoin Tincture 1 % :: Generic (Restricted)

**Notes: Restriction:** In-Hospital Use Only

**Lanolin**

Topical ointment                      Lanolin 50 % :: LanaShield (Restricted)

**Notes: Restriction:** Discharged breast-feeding mothers Use Only

**Petrolatum**

Topical ointment                      Petrolatum 42 % :: Hydrophor Topical Ointment (Restricted)

**Zinc Oxide**

Topical ointment                      Zinc Oxide 20 % :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**HUMECTANTS**

**Urea**

Topical cream                      Urea 10 % :: Generic (Restricted)

**KERATOLYTIC AGENTS**

**Notes: Restriction:** Diabetic Foot Use Only

**NONSTEROIDALS FOR INFLAMMATORY SKIN DISORDERS**

**SYSTEMIC ANTIPSORIASIS AGENTS**

**ANTIPSORIATIC MONOCLONAL ANTIBODIES AND OTHERS**

**Adalimumab**

Solution for injection                      Adalimumab 80 mg/0.8mL :: HUMIRA (Restricted)

**Notes: Restriction:** New start requires Rheumatology or Dermatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic or dermatologic consultation (phone consults are accepted). Approved for Rheumatology and Dermatology use.

**Etanercept**

Lyophilisate for solution for injection                      Etanercept 25 mg :: Enbrel (Restricted)

Solution for injection

Etanercept 50 mg/1 mL :: Enbrel (Restricted)

**Notes: Restriction:** New start requires Rheumatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic consultation (phone consults are accepted). As a reminder, our Adult Rheumatology Clinic is now fully operational.

**inFLIXimab**

Powder for solution for injection                      Infliximab 100 mg :: RENFLEXIS

**SYSTEMIC DERMATITIS AGENTS**

**DERMATITIS MONOCLONAL ANTIBODIES**

**Dupilumab**

Solution for injection                      Dupilumab 150 mg/1 mL :: DUPIXENT (Restricted)

**Notes:** Restricted: dermatology use only

**TOPICAL ANTIPSORIASIS AGENTS**

**Calcipotriene**

Topical cream                      Calcipotriene 0.005 % :: Generic

**TOPICAL DERMATITIS AGENTS**

**TOPICAL CALCINEURIN INHIBITORS**

**Tacrolimus**

Topical ointment                      Tacrolimus 0.1 % :: Generic (Restricted)

**Notes:**

RESTRICTED: Dermatology or through consult with dermatology only

**OTHER DERMATOLOGICAL AGENTS**

**AGENTS FOR HYPERHIDROSIS**

**INJECTABLE AGENTS FOR HYPERHIDROSIS**

**OnabotulinumtoxinA**

Powder for solution for injection                      OnabotulinumtoxinA 100 units :: Botox (Restricted)

**Notes: Restriction:** ENT and Neurology for chronic migraine refractory to alternate therapy Use Only

**Restriction:** Restricted To OB for urge incontinence with a Non-Formulary Request that indicates that the patient has tried Anti-Cholinergics (detrol and ditropan) and is not a candidate for urgent PC (lives far away, unable to miss work, etc).

**Restriction:** Restricted Optometry added to the restriction list for use in blepharospasm.

**DEPIGMENTING AGENTS**

**Hydroquinone**

Topical cream                      Hydroquinone 4 % :: Melpaque HP

**TOPICAL NEUROPATHIC PAIN AGENTS**

**Lidocaine**

Transdermal patch - 24 Hour Lidocaine 5 % :: Generic (Restricted)

**Notes:** Patch restriction: localized pain only (not systemic or diffuse)

**TOPICAL SCABICIDES**

**Permethrin**

Topical cream                      Permethrin 5 % :: Acticin

**Notes: Restriction:** 1% Topical- Inpatient and Group Home Use Only

**ROSACEA AGENTS**

**TOPICAL ROSACEA AGENTS**

**metronIDAZOLE**

Topical gel                      Metronidazole 1 % :: Generic (Restricted)

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

**TOPICAL AGENTS FOR LOCAL PAIN**

**COMBINATION TOPICAL AGENTS FOR LOCAL PAIN**

**COMBINATION TOPICAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) AND COUNTERIRRITANTS (SELECTED)**

**Menthol/Methyl Salicylate**

Topical ointment                      Menthol 16 % —Methyl Salicylate 18.3 % :: Bengay Original Topical Ointment (Restricted)

**Notes: Restriction:** Inpatient Use Only

**MISCELLANEOUS TOPICAL AGENTS FOR LOCAL PAIN**

**Ethyl Chloride**

Topical spray, solution Ethyl Chloride (Unspecified Strength) :: Gebauer's Ethyl Chloride Topical Spray

**Lidocaine Hydrochloride**

Topical gel Lidocaine Hydrochloride 2 % :: Generic

**TOPICAL COUNTERIRRITANTS (SELECTED)**

**Capsaicin**

Topical cream Capsaicin 0.035 % :: Capzasin-P Arthritis Pain Relief Topical Cream (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**TOPICAL LOCAL ANESTHETICS**

**Lidocaine**

Topical ointment Lidocaine 5 % :: Generic

Transdermal patch - 24 Hour

Lidocaine 5 % :: Generic (Restricted)

**Notes:** Patch restriction: localized pain only (not systemic or diffuse)

**Lidocaine Hydrochloride**

Topical solution Lidocaine Hydrochloride 4 % :: Walgreens Pain Relief Roll-On

**Lidocaine/Prilocaine**

Topical cream Lidocaine 2.5 % —Prilocaine 2.5 % :: Generic

**TOPICAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)**

**Diclofenac Sodium**

Topical gel Diclofenac Sodium 1 % :: Voltaren

**TOPICAL ANTIBACTERIALS AND ANTIVIRALS**

**TOPICAL ANTIBACTERIAL AGENTS**

**TOPICAL ANTIBACTERIAL AGENTS, OTHER**

**Mupirocin**

Topical ointment Mupirocin 2 % :: Generic

**TOPICAL POLYPEPTIDE ANTI-INFECTIVES, PLAIN OR IN COMBINATION**

**Bacitracin**

Topical ointment Bacitracin 500 units/1 gram :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**TOPICAL SULFONAMIDES**

**Silver Sulfadiazine**

Topical cream Silver Sulfadiazine 1 % :: Thermazene

**TOPICAL ANTIVIRAL AGENTS**

**OTHER TOPICAL AGENTS USED IN VIRAL INFECTIONS**

**Imiquimod**

Topical cream Imiquimod 5 % :: Generic (Restricted)

**TOPICAL ANTINEOPLASTICS**

**OTHER TOPICAL ANTINEOPLASTICS**

**Notes: Restriction:** Genital Warts that are small or that have not responded to other treatments, Basal Cell Carcinoma, and Dermatology Use Only

**TOPICAL CORTICOSTEROIDS**  
**PLAIN TOPICAL CORTICOSTEROIDS**

**Amcinonide**

**Therapeutic Interchange:** 1) Dr. DeCapite's patients - either triamcinolone 0.5% ointment or fluocinonide 0.05% cream, depending on the patient's preference for a cream vs. ointment. If the patient has no preference or you cannot contact him/her, please use triamcinolone 0.5% ointment.  
2) ALL other patients - switch to triamcinolone 0.5% ointment.

**Betamethasone Dipropionate**

Topical lotion                      Betamethasone Dipropionate 0.05 %    :: Generic  
Topical ointment

Betamethasone Dipropionate 0.05 %    :: Generic

**Clobetasol Propionate**

Topical ointment                      Clobetasol Propionate 0.05 %    :: Generic

**Fluocinonide**

Topical cream                      Fluocinonide 0.05 %    :: Generic

Topical solution

Fluocinonide 0.05 %    :: Generic (Restricted)

**Notes: Restriction:** 0.05% Topical Solution- Dermatologist Use Only

**Hydrocortisone**

Topical cream                      Hydrocortisone 1 %    :: Generic (Restricted)

Hydrocortisone 2.5 %    :: Generic

Topical ointment

Hydrocortisone 1 %    :: Generic (Restricted)

Hydrocortisone 2.5 %    :: Generic

**Notes: Restriction:** 1% topical cream and ointment- Peds Eczema/Atopic Dermatitis Use Only

**Triamcinolone Acetonide**

Topical cream                      Triamcinolone Acetonide 0.1 %    :: Generic

Triamcinolone Acetonide 0.5 %    :: Generic

Topical ointment

Triamcinolone Acetonide 0.1 %    :: Generic

**Notes: Restriction:** 40 mg/mL- Restricted to Ophthalmology - Dr. Shelton.

**Therapeutic Interchange:**

1) Dr. DeCapite's patients - either triamcinolone 0.5% ointment or fluocinonide 0.05% cream, depending on the patient's preference for a cream vs. ointment. If the patient has no preference or you cannot contact him/her, please use triamcinolone 0.5% ointment.

2) ALL other patients - switch to triamcinolone 0.5% ointment.

**WOUND HEALING AGENTS**

**ALL OTHER WOUND HEALING AGENTS**

**Becaplermin**

Topical gel                      Becaplermin 0.01 %    :: REGRANEX

**Collagenase**

Topical ointment                      Collagenase 250 units/1 gram    :: Santyl

**DETOXIFYING AGENTS**

**ANTIDOTES**

**ANTIDOTES, ADSORBENTS**

**Activated Charcoal**

Oral suspension                      Activated Charcoal 25 grams/120 mL    :: Kerr INSTA-CHAR with Sorbitol

**Sodium Polystyrene Sulfonate**

Oral suspension Sodium Polystyrene Sulfonate 15 grams/60 mL :: SPS, Generic  
**Sodium zirconium cyclosilicate**  
Powder for oral suspension Sodium Zirconium Cyclosilicate 10 grams :: LOKELMA

#### ANTIDOTES, SYSTEMIC

##### Acetylcysteine

Nebulizer solution Acetylcysteine 20 % :: Mucosil Acetylcysteine  
Solution for injection Acetylcysteine 200 mg/1 mL :: Generic (Restricted)

**Notes: Restriction:** Intravenous- intolerance to oral dose  
**Restriction:** Ophthalmic solution- Eye dept ONLY  
PLEASE BE ADVISED - Ophthalmic solution is good for 9 days after compounding.  
**Restriction:** Oral solution restricted to inpatient use and ER only.

##### Deferoxamine Mesylate

Lyophilisate for solution for injection Deferoxamine Mesylate 500 mg :: Desferal

##### Edetate Calcium Disodium

Solution for injection Edetate Calcium Disodium 200 mg/1 mL :: Calcium Disodium Versenate

##### Fomepizole

Solution for injection Fomepizole 1 grams/1 mL :: Generic

##### Hydroxocobalamin

Powder for solution for injection Hydroxocobalamin 5 grams :: CYANOKIT

##### Methylene Blue

Solution for injection Methylene Blue 1 % :: Generic

##### Neostigmine Methylsulfate

Solution for injection Neostigmine Methylsulfate 1 mg/1 mL :: Bloxiverz

##### Physostigmine Salicylate

Solution for injection Physostigmine Salicylate 1 mg/1 mL :: Generic

##### Protamine Sulfate

Solution for injection Protamine Sulfate 10 mg/1 mL :: Generic

#### CYTOPROTECTANT AGENTS

##### Leucovorin Calcium

Oral tablet Leucovorin Calcium 5 mg :: Generic

#### SNAKE ANTIVENOMS AND IMMUNOGLOBULINS

##### Crotalidae Polyvalent Immune Fab (Ovine)

Powder for solution for injection Crotalidae Polyvalent Immune Fab (ovine) 1 grams :: CroFab

#### DIAGNOSTIC AGENTS

##### DIAGNOSTIC AGENTS, OTHER

##### Tuberculin Purified Protein Derivative

Solution for injection Tuberculin Purified Protein Derivative 5 tu/0.1 mL :: Aplisol

#### DIAGNOSTIC HORMONAL AGENTS

##### Cosyntropin

Powder for solution for injection Cosyntropin 0.25 mg :: Cortrosyn

#### DIAGNOSTIC IMAGING

##### MRI AGENTS

##### Gadopentetate Dimeglumine

**Notes:** Restricted to MRI

##### Gadoterate meglumine

Solution for injection Gadoterate Meglumine 0.5 mMole/1mL :: Dotarem

**Notes:** Restricted: for brain & lumber spine scans only in adults and pediatrics at least 2 years of age

## OTHER IMAGING AGENTS

### Isosulfan blue

Solution for injection                      Isosulfan Blue 10 mg/1 mL :: Generic

## RADIO DIAGNOSTIC AGENTS

### Barium Sulfate

Oral suspension                              Barium Sulfate 60 % :: Liquid E-Z-Paque

#### Notes:

BASIC ORAL CONTRAST GUIDELINESCT Abdomen (Outpatient Prescriptions): 1 bottle of Readi-CatCT Abdominal/Pelvic (Outpatient Prescriptions): 2 bottles of Readi-Cat(All Emergency Room and Inpatient Prescriptions will receive Gastroview 1000mL or 1500mL as per previous Guidelines.)

#### CT Colonography

- 1 package of Tagitol (3 bottles/pack)
- 1 bottle of Magnesium Citrate
- 4 tablets of Bisacodyl 5 mg tablets
- 1 Bisacodyl 10 mg suppository
- 1 bottle of Gastrografin 30 mL 66%-10%

Colonoscopy: Golytely

### Diatrizoate Meglumine/Diatrizoate Sodium

Oral solution                                  Diatrizoate Meglumine 660 mg/1 mL —Diatrizoate Sodium 100 mg/1 mL :: Gastrografin

### Iodine/loversol

Solution for injection                      Iodine 350 mg/1 mL —loversol 741 mg/1 mL :: Optiray-350 Solution for Injection

Notes: Restricted to CT

## GENERAL ANTI-INFECTIVES SYSTEMIC

### ANTIMYCOBACTERIALS

#### AGENTS FOR LEPROSY

##### Dapsone

Oral tablet                                      Dapsone 100 mg :: Generic

#### AGENTS FOR TUBERCULOSIS

##### ANTIBIOTICS FOR TUBERCULOSIS

##### rifAMPin

Oral capsule                                      Rifampin 300 mg :: Generic

##### Rifapentine

Oral tablet                                        Rifapentine 150 mg :: Priftin (Restricted)

Notes: **Restriction:** Approved for use in combination with isoniazid for weekly treatment of latent TB by direct observed therapy (for use by Chest Clinic only) ? ONLY dispense to PHNs due to the need for DOT

#### OTHER AGENTS FOR TUBERCULOSIS

##### Ethambutol Hydrochloride

Oral tablet                                        Ethambutol Hydrochloride 400 mg :: Myambutol

##### Isoniazid

Oral tablet                                        Isoniazid 100 mg :: Generic  
Isoniazid 300 mg :: Generic

##### Pyrazinamide

Oral tablet                                        Pyrazinamide 500 mg :: Generic

## ANTIPARASITIC AGENTS, INSECTICIDES, AND REPELLANTS

### ANTHELMINTICS

#### ANTINEMATODAL AGENTS

**Albendazole**

Oral tablet Albendazole 200 mg :: Albenza

**Ivermectin**

Oral tablet Ivermectin 3 mg :: Generic

**Notes:** Ivermectin was added for the treatment of scabies in patients greater than or equal to 15 kg (dosing is weight-based, usually 250 mcg/kg x 1 dose for immunocompetent patients, can re-dose in one week if symptoms persist (per Sanford Guide)).

**ANTIPROTOZOALS****AGENTS FOR AMOEBIASIS AND OTHER PROTOZOAL DISEASES****metronIDAZOLE**

Oral tablet Metronidazole 250 mg :: Generic

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

**ANTIMALARIALS****Hydroxychloroquine Sulfate**

Oral tablet Hydroxychloroquine Sulfate 200 mg :: Generic (Restricted)

**Notes:**

Restricted: to rheumatology indications, not for COVID-19 treatment or prophylaxis (per IM service 4/23/2020)

**ECTOPARASITICIDES, INCLUDING SCABICIDES, INSECTICIDES AND REPELLENTS****ECTOPARASITICIDES, INCLUDING SCABICIDES****Permethrin**

Topical cream Permethrin 5 % :: Acticin

Topical lotion

Permethrin 1 % :: Health Mart Lice Treatment (Restricted)

**Notes: Restriction:** 1% Topical- Inpatient and Group Home Use Only

**ANTIVIRALS FOR SYSTEMIC USE****ADAMANTANE ANTIVIRALS****Amantadine Hydrochloride**

Oral capsule Amantadine Hydrochloride 100 mg :: Generic

Oral solution

Amantadine Hydrochloride 50 mg/5 mL :: Generic

**ANTIVIRAL RNA-POLYMERASE INHIBITORS****Remdesivir**

Solution for injection Remdesivir 5 mg/1 mL :: Veklury (Restricted)

**Notes:**

Restricted (5/21/2020 P&T): for treatment of select COVID-19 patients in RCU/ICU or outpatient (P&T 4/19/2022) as follows:

Inpatient requirements:

- **Must start within first 24 hours of admission**
- **Must require > 5L of O2 by nasal cannula**

fi-260• **The suggested dose for adults requiring invasive mechanical ventilation** is a single loading dose of 200 mg infused intravenously over 30 to 120 minutes on Day 1 followed by once-daily maintenance doses of 100 mg infused intravenously over 30 to 120 minutes for 9 days (days 2 through 10).

- **The suggested dose for adults not requiring invasive mechanical ventilation** is a single dose of 200 mg infused intravenously over 30 to 120 minutes on Day 1 followed by once-daily maintenance doses of 100 mg infused intravenously over 30 to 120 minutes for 4 days (days 2 through 5). If a patient does not demonstrate clinical improvement, treatment may be extended for up to 5 additional days (i.e., up to a total of 10 days).
- **Not for use in patients < 18 years of age or pregnant patients**
- **Hepatic panel prior to starting, and daily while being treated** (transaminase elevations have occurred); see Fact Sheet for dosing guidance for elevated LFTs
- **eGFR prior to starting** (no dose adjustment for  $\geq 30$  mL/min; see Fact Sheet for dosing < 30 mL/min)
- **Cannot be administered concurrently with other IV medications** (no compatibility data)
- The Fact Sheet for Patients/Caregivers be given to the patient or caregiver prior to treatment whenever possible, and when not possible, as soon after treatment as possible; providers should:

- Document in the patients record that:
  - \* Fact Sheet has been given;
  - \* Patient has been informed of alternatives to receiving remdesivir; and
  - \* Informed that remdesivir is an unapproved drug authorized for use under Emergency Use Authorization

fi-260• All remdesivir-related medication errors and adverse drug reactions be reported in QSTATIM

In outpatients who are ineligible for or decline to take Paxlovid who meet the following criteria:

1. With positive SARS-CoV-2 test (NAAT or antigen)
2. With symptom onset within 7 days
3. Who are 12 years of age and older
4. Who weigh at least 40 kg
5. Have a creatinine clearance  $>30$  mL/min in the past 30 days
6. Who are at high risk for progressing to severe COVID-19 and/or hospitalization

## HERPES VIRUS, INCL. CYTOMEGALOVIRUS (CMV), ANTIVIRALS NUCLEOSIDE AND NUCLEOTIDE DNA POLYMERASE INHIBITOR ANTIVIRALS

### Acyclovir

Oral capsule	Acyclovir 200 mg :: Generic
Oral suspension	Acyclovir 200 mg/5 mL :: Generic
Oral tablet	Acyclovir 800 mg :: Generic

### Acyclovir Sodium

Solution for injection Acyclovir Sodium 50 mg/1 mL :: Generic

### valACYclovir hydrochloride

Oral tablet	Valacyclovir Hydrochloride 1 grams :: Generic
	Valacyclovir Hydrochloride 500 mg :: Generic

**Notes:** SOUNDS LIKE: ACYCLOVIR



## HIV ANTIVIRALS

### COMBINATION HIV ANTIVIRALS

#### INTEGRASE STRAND TRANSFER INHIBITOR (INSTI) AND NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR (NRTI) COMBINATIONS

##### Bictegravir/Emtricitabine/Tenofovir Alafenamide

Oral tablet Bictegravir 50 mg —Emtricitabine 200 mg —Tenofovir Alafenamide 25 mg :: BIKTARVY

**Notes:** added 4/2019

##### Cobicistat/Elvitegravir/Emtricitabine/Tenofovir Disoproxil Fumarate

Oral tablet Cobicistat 150 mg —Elvitegravir 150 mg —Emtricitabine 200 mg —Tenofovir Disoproxil Fumarate 300 mg :: STRIBILD

**Notes:** As a complete regimen for HIV-1 infection in adults who are treatment naive.

#### NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR (NRTI) COMBINATIONS

##### Emtricitabine/Tenofovir Alafenamide

Oral tablet Emtricitabine 200 mg —Tenofovir Alafenamide 25 mg :: Descovy

##### Emtricitabine/Tenofovir Disoproxil Fumarate

Oral tablet Emtricitabine 200 mg —Tenofovir Disoproxil Fumarate 300 mg :: Truvada

##### lamiVUDine/Zidovudine

**Notes:** BASIC REGIMEN for HIV Post Exposure Prophylaxis

#### INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)S

##### Dolutegravir

Oral tablet Dolutegravir 50 mg :: Tivicay

**Notes:**

In combination with Truvada for either treatment-na?ve or non-na?ve HIV patients at least 12 years of age and weighing at least 40 kg.

##### Raltegravir

Oral tablet Raltegravir 400 mg :: Isentress (Restricted)

**Notes:**

To be used as first-line in combination with Truvada for occupational post-exposure prophylaxis (PEP).

#### NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)S

##### Nevirapine

**Notes: Restriction:** Pediatric Use Only

#### NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)S

##### lamiVUDine

Oral tablet Lamivudine 150 mg :: Epivir

##### Zidovudine

Oral capsule Zidovudine 100 mg :: Generic

Oral solution

Zidovudine 50 mg/5 mL :: Generic (Restricted)

Solution for injection

Zidovudine 10 mg/1 mL :: Retrovir (Restricted)

**Notes: Restriction:** 10 mg/mL injection- OB Use Only

**Restriction:** 50 mg/5 mL oral syrup- Neonatal HIV-1 perinatal transmission



4. Who weigh at least 40 kg
5. Who are at high risk for progressing to severe COVID-19 and/or hospitalization
6. Are unable to take Paxlovid? ( nirmatrelvir/ritonavir) AND are unable to receive a 3 day infusion of remdesivir as alternative prioritized treatments ( e.g, a patient with GFR  $\leq$  30)

#### **Casirivimab/Imdevimab**

Solution for injection                      Casirivimab 600 mg/10 mL —Imdevimab 600 mg/10 mL :: REGEN-COV

#### **Sotrovimab**

Solution for injection                      Sotrovimab 62.5 mg/1 mL :: Generic (Restricted)

**Notes:** Restricted - treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. **NOT for use in patients hospitalized due to COVID or who require oxygen therapy.** Utilization of the product will be in accordance with the requirements of the EUA and TCRHCC's protocol. Dosing prioritization will also be in accordance with TCRHCC's Epidemic response teams recommendation in light of supply shortages. Unvaccinated and high risk (>65 years, any comorbidity on list on protocol)

1. Anyone unvaccinated >18 years
2. Vaccinated and high risk (>65 years, any comorbidity on list on protocol)
3. High risk 12-17 years (with any comorbidity on list on protocol), vaccinated or unvaccinated
4. Vaccinated >18 years WITH symptoms
5. Vaccinated >18 years WITHOUT symptoms
6. Post-exposure prophylaxis for groups 1, 2 and 3

#### **Tixagevimab**

**Notes:** Restricted - (must test COVID NEGATIVE) ? for use in patients who are not currently infected with COVID and have not had a recent known exposure, and either have moderate to severe immune compromise and may not be able to mount an adequate response to COVID vaccination, or who cannot be vaccinated due to a history of severe adverse reaction to COVID vaccines or components. Administered as a single dose in 2 separate syringes; may be repeated every 6 months if individuals remain at risk. Must have Epi Response Team approval for use.

### **OTHER ANTI-INFECTIVES**

#### **ANAEROBICIDES**

##### **Clindamycin Hydrochloride**

Oral capsule                                      Clindamycin Hydrochloride 150 mg :: Generic

##### **Clindamycin Palmitate Hydrochloride**

Granules for oral solution                      Clindamycin Palmitate Hydrochloride 75 mg/5 mL :: Cleocin Pediatric

##### **Clindamycin Phosphate**

Solution for injection                              Clindamycin Phosphate 150 mg/1 mL :: Generic

#### **metronIDAZOLE**

Oral tablet    Metronidazole 250 mg :: Generic

Solution for injection                              Metronidazole 5 mg/1 mL :: Generic

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

### **ANTI-INFECTIVE ANTITOXINS AND IMMUNOGLOBULINS**

#### **HEPATITIS B ANTITOXINS AND IMMUNOGLOBULINS**

##### **Hepatitis B Immune Globulin (Human)**

Solution for injection                              Hepatitis B Immune Globulin (human) 217 units/1 mL :: BayHep B

### **RABIES ANTITOXINS AND IMMUNOGLOBULINS**

**Rabies Immune Globulin (Human)**

Solution for injection	Rabies Immune Globulin (human) 150 units/1 mL	:: HyperRAB S/D
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**TETANUS ANTITOXINS AND IMMUNOGLOBULINS****Tetanus Immune Globulin (Human)**

Solution for injection	Tetanus Immune Globulin (human) 250 units/1 mL	:: HyperTET S/D
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**SYSTEMIC ANTIBIOTICS****AMINOGLYCOSIDE ANTIBIOTICS****Amikacin Sulfate**

Solution for injection	Amikacin Sulfate 250 mg/1 mL	:: Generic
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**Gentamicin Sulfate**

Solution for injection	Gentamicin Sulfate 10 mg/1 mL	:: Generic
	Gentamicin Sulfate 40 mg/1 mL	:: Generic

**Neomycin Sulfate**

Oral tablet	Neomycin Sulfate 500 mg	:: Generic
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**Tobramycin Sulfate**

Powder for solution for injection	Tobramycin Sulfate 1.2 grams	:: Generic
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Solution for injection	Tobramycin Sulfate 40 mg/1 mL	:: Generic
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**BETA-LACTAM ANTIBIOTICS****CARBAPENEM ANTIBIOTICS****CARBAPENEMS****Meropenem**

Powder for solution for injection	Meropenem 1 grams	:: Generic
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Meropenem 500 mg	:: Generic
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**Notes:** P&T added 11/10/2020**CEPHALOSPORIN ANTIBIOTICS****1ST GENERATION CEPHALOSPORIN ANTIBIOTICS****ceFAZolin sodium**

Powder for solution for injection	Cefazolin Sodium 1 grams	:: Generic
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**Cephalexin Monohydrate**

Oral capsule	Cephalexin Monohydrate 250 mg	:: Generic
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Cephalexin Monohydrate 500 mg	:: Generic
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Powder for oral suspension	Cephalexin Monohydrate 250 mg/5 mL	:: Generic
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**2ND GENERATION CEPHALOSPORIN AND CEPHAMYCIN ANTIBIOTICS****cefOXitin sodium**

Powder for solution for injection	Cefoxitin Sodium 1 grams	:: Generic
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Cefoxitin Sodium 2 grams	:: Generic
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**Cefuroxime Axetil**

Oral tablet	Cefuroxime Axetil 250 mg	:: Generic
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**Cefuroxime Sodium**

Powder for solution for injection	Cefuroxime Sodium 1.5 grams	:: Generic
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Cefuroxime Sodium 750 mg	:: Generic
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**3RD GENERATION CEPHALOSPORIN ANTIBIOTICS****Cefdinir**

Oral capsule	Cefdinir 300 mg	:: Generic (Restricted)
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**Notes: Restriction:** pediatric pneumonia or resistant otitis media Use Only.**Cefixime**

Oral tablet	Cefixime 400 mg	:: Suprax (Restricted)
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**Notes: Restriction:** Documented Gonorrhea Use Only**Cefotaxime Sodium**

Powder for solution for injection      Cefotaxime Sodium 1 grams :: Claforan  
**Cefpodoxime Proxetil**  
Oral tablet      Cefpodoxime Proxetil 200 mg :: Generic (Restricted)  
Powder for oral suspension      Cefpodoxime Proxetil 50 mg/5 mL :: Generic (Restricted)

**Notes: Restriction:** Tablet- Restricted to use only for IV to PO step down therapy in pneumonia  
Suspension- Available for use in pediatric pneumonia or resistant otitis media

#### **cefTAZidime pentahydrate**

Powder for solution for injection      Cefazidime Pentahydrate 1 grams :: Fortaz (Restricted), Tazicef (Restricted)

**Notes:** Restricted: r/o sepsis in neonates only until shortage is resolved (11/21/19 P&T)

#### **cefTRIAxone sodium**

Powder for solution for injection      Ceftriaxone Sodium 1 grams :: Generic  
Ceftriaxone Sodium 2 grams :: Generic  
Ceftriaxone Sodium 250 mg :: Generic

### **4TH GENERATION CEPHALOSPORIN ANTIBIOTICS**

#### **Cefepime Hydrochloride**

Powder for solution for injection      Cefepime Hydrochloride 1 grams :: Generic  
Cefepime Hydrochloride 2 grams :: Generic

**Notes:** Restricted: treatment of severe infections (P. aeruginosa, ESBL & amp-C producers not sensitive to other agents, etc).

### **MONOBACTAM ANTIBIOTICS**

#### **Aztreonam**

Powder for solution for injection      Aztreonam 2 grams :: Azactam

### **PENICILLIN ANTIBIOTICS**

#### **PENICILLIN AND BETA-LACTAMASE INHIBITOR COMBINATION ANTIBIOTICS**

##### **Amoxicillin Trihydrate/Clavulanate Potassium**

Oral tablet      Amoxicillin Trihydrate 250 mg —Clavulanate Potassium 125 mg :: Generic  
Amoxicillin Trihydrate 500 mg —Clavulanate Potassium 125 mg :: Generic  
Amoxicillin Trihydrate 875 mg —Clavulanate Potassium 125 mg :: Generic

Powder for oral suspension

Amoxicillin Trihydrate 600 mg/5 mL —Clavulanate Potassium 42.9 mg/5 mL :: Generic

##### **Ampicillin Sodium/Sulbactam Sodium**

Powder for solution for injection      Ampicillin Sodium 1 grams —Sulbactam Sodium 0.5 grams :: Generic  
Ampicillin Sodium 2 grams —Sulbactam Sodium 1 grams :: Generic

##### **Piperacillin Sodium/Tazobactam Sodium**

Powder for solution for injection      Piperacillin Sodium 2 grams —Tazobactam Sodium 0.25 grams :: Generic (Restricted)  
Piperacillin Sodium 3 grams —Tazobactam Sodium 0.375 grams :: Generic (Restricted)  
Piperacillin Sodium 4 grams —Tazobactam Sodium 0.5 grams :: Generic (Restricted)

**Notes: Restriction:** Severely ill OR pseudomonas Use Only

### **PENICILLINASE-RESISTANT PENICILLIN ANTIBIOTICS**

#### **Dicloxacillin Sodium**

Oral capsule      Dicloxacillin Sodium 250 mg :: Generic

#### **Nafcillin Sodium**

Powder for solution for injection      Nafcillin Sodium 1 grams :: Generic

Nafcillin Sodium 2 grams :: Generic

## **PENICILLINASE-SENSITIVE PENICILLIN ANTIBIOTICS**

### **Amoxicillin Trihydrate**

Oral capsule Amoxicillin Trihydrate 250 mg :: Generic

Powder for oral suspension Amoxicillin Trihydrate 250 mg/5 mL :: Generic

### **Ampicillin Sodium**

Powder for solution for injection Ampicillin Sodium 1 grams :: Generic

Ampicillin Sodium 2 grams :: Generic

Ampicillin Sodium 500 mg :: Generic

### **Penicillin G Benzathine**

Suspension for injection Penicillin G Benzathine 600000 units/1 mL :: Bicillin L-A (Restricted)

**Notes: Restriction:** for use in Rheum Heart Disease and presumptive, suspected, or confirmed syphilis

### **Penicillin G Benzathine/Penicillin G Procaine**

Suspension for injection Penicillin G Benzathine 450000 units/1 mL —Penicillin G Procaine 150000 units/1 mL :: Bicillin C-R

### **Penicillin G Potassium**

Powder for solution for injection Penicillin G Potassium 20000000 units :: Pfizerpen

### **Penicillin V Potassium**

Oral tablet Penicillin V Potassium 250 mg :: Generic

Powder for oral solution Penicillin V Potassium 250 mg/5 mL :: Generic

## **FLUOROQUINOLONE ANTIBIOTICS**

### **Ciprofloxacin**

Solution for injection Ciprofloxacin 10 mg/1 mL :: Generic

**Notes:** not for use in acute bronchitis, acute sinusitis, or uncomplicated UTI when other treatment options are available (P6/23/16)

### **Ciprofloxacin Hydrochloride**

Oral tablet Ciprofloxacin Hydrochloride 250 mg :: Generic (Restricted)

Ciprofloxacin Hydrochloride 500 mg :: Generic (Restricted)

**Notes:** not for use in acute bronchitis, acute sinusitis, or uncomplicated UTI when other treatment options are available (P&T 6/23/16)

### **Ciprofloxacin/Dextrose**

Solution for injection Ciprofloxacin 2 mg/1 mL —Dextrose 5 % :: Generic

### **Dextrose/levoFLOXacin**

Solution for injection Dextrose 5 % —Levofloxacin 5 mg/1 mL :: Generic (Restricted)

**Notes: Restriction:** Pneumonia/Sepsis Use Only

### **levoFLOXacin**

Oral tablet Levofloxacin 250 mg :: Generic (Restricted)

Levofloxacin 500 mg :: Generic (Restricted)

Levofloxacin 750 mg :: Generic (Restricted)

**Notes: Restriction:** Pneumonia/Sepsis, H.Pylori and epididymitis (P11/17/16) Use Only; Not for use in acute bronchitis, acute sinusitis, or uncomplicated UTI when other treatment options are available (P6/23/16)

### **Ofloxacin**

**Notes:**

Per email below, ciprofloxacin ophthalmic can be substituted for ofloxacin for any of the following Retinal Consultants of AZ physicians:

**From:** Andrea Inderrieden<AInderrieden@retinalconsultantsaz.com>

**Sent:** Friday, February 28, 2020 8:43 AM

**To:** alberto.ranjeljr@tchealth.org

**Cc:** Melissa Bendix <MBendix@retinalconsultantsaz.com>

**Subject:** Ciprofloxacin Standing Order (RCA)

Alberto, per my supervisor Jenny Davis, **you may substitute Ciprofloxacin for Ocuflax** on any **Retinal consultants of Arizona** patient.

Dr. Karim Jamal

Dr. Neal Palejwala

Dr. Sujit Itty

Dr. Mark Barakat

Dr. Edward Quinlan

Dr. Sachi Mehta

Dr. David Goldenberg

Dr. Derek Kunimoto

Thank You,

*Andrea ?Andi? Inderrieden*

Triage Department

Retinal Consultants of Arizona LTD

Retinal Research Institute LLC

#### GLYCOPEPTIDE ANTIBIOTICS

##### Vancomycin Hydrochloride

Lyophilisate for solution for injection    Vancomycin Hydrochloride 1 grams    :: Generic (Restricted)  
Oral powder

Vancomycin Hydrochloride 15.4 grams    :: FIRVANQ

##### **Notes:**

##### **IV formulation:**

**Restriction:** GFR MUST be checked every 2 days.

##### **Oral Solution:**

**ADULTS:** CDAD: 125 mg administered orally 4 times daily for 10 days.

**PEDIATRIC PATIENTS (less than 18 years of age):** CDAD and staphylococcal enterocolitis: Usual daily dosage of 40 mg/kg in 3 or 4 divided doses for 7 to 10 days. The total daily dosage should not exceed 2 g.

#### IMIDAZOLE DERIVATIVE ANTIBIOTICS

##### metronIDAZOLE

Oral tablet

Metronidazole 250 mg    :: Generic

Solution for injection

Metronidazole 5 mg/1 mL    :: Generic

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

#### LINCOSAMIDE ANTIBIOTICS

##### Clindamycin Hydrochloride

Oral capsule

Clindamycin Hydrochloride 150 mg    :: Generic

##### Clindamycin Palmitate Hydrochloride

Granules for oral solution

Clindamycin Palmitate Hydrochloride 75 mg/5 mL    :: Cleocin Pediatric

##### Clindamycin Phosphate

Solution for injection

Clindamycin Phosphate 150 mg/1 mL    :: Generic

#### MACROLIDE ANTIBIOTICS

### **Azithromycin**

Lyophilisate for solution for injection Azithromycin 500 mg :: Generic

Oral tablet

Azithromycin 250 mg :: Generic (Restricted)

Powder for oral suspension

Azithromycin 200 mg/5 mL :: Generic

**Notes: Restriction:** 1 gram Powder for Oral Suspension- Chlamydia Use Only

**Restriction:** 1% Ophthalmic Solution- Eye Clinic Use ONLY

**Restriction:** 250 mg oral tablet- Azithromycin remains on the formulary, however it is now restricted for use in the treatments of: Pneumonia. Bacterial Bronchitis in patients with chronic lung disease/interstitial lung disease. Infections in Immunocompromised patients. Infections in patients with endstage renal disease on dialysis. Infections that have failed other first line treatments, in STDs. P and T update 05/2012: Usage approved for Empiric treatment of pertussis and prophylaxis for close contacts.

### **Clarithromycin**

Oral tablet

Clarithromycin 250 mg :: Generic (Restricted)

Clarithromycin 500 mg :: Generic (Restricted)

Powder for oral suspension

Clarithromycin 125 mg/5 mL :: Generic

**Notes: Restriction:** 250 mg and 500 mg tablet- MAC (Mycobacterium Avium-intracellulare Complex) and H. pylori Use Only

### **Erythromycin**

Oral tablet

Erythromycin 500 mg :: Generic

**Notes:** Restricted: base formulation approved for surgical services only

### **Erythromycin Ethylsuccinate**

Granules for oral suspension Erythromycin Ethylsuccinate 200 mg/5 mL :: E.E.S.

### **Erythromycin Lactobionate**

Lyophilisate for solution for injection Erythromycin Lactobionate 500 mg :: Erythrocin Lactobionate

### **Erythromycin Stearate**

Oral tablet

Erythromycin Stearate 250 mg :: Erythrocin Stearate Film-Coated

## **NITROFURAN DERIVATIVE ANTIBIOTICS**

### **Nitrofurantoin**

Oral suspension

Nitrofurantoin 25 mg/5 mL :: Generic

### **Nitrofurantoin, Macrocrystalline**

Oral capsule

Nitrofurantoin, Macrocrystalline 50 mg :: Generic

### **Nitrofurantoin/Nitrofurantoin, Macrocrystalline**

Oral capsule

Nitrofurantoin 75 mg —Nitrofurantoin, Macrocrystalline 25 mg :: Generic

## **RIFAMYCIN ANTIBIOTICS**

### **rifAMPin**

Oral capsule

Rifampin 300 mg :: Generic

### **Rifapentine**

Oral tablet

Rifapentine 150 mg :: Priftin (Restricted)

**Notes: Restriction:** Approved for use in combination with isoniazid for weekly treatment of latent TB by direct observed therapy (for use by Chest Clinic only) ? ONLY dispense to PHNs due to the need for DOT

## **SULFONAMIDE AND TRIMETHOPRIM ANTIBIOTIC COMBINATIONS**

### **Sulfamethoxazole/Trimethoprim**

Oral suspension

Sulfamethoxazole 200 mg/5 mL —Trimethoprim 40 mg/5 mL :: Generic

Oral tablet

Sulfamethoxazole 800 mg —Trimethoprim 160 mg :: Generic

Solution for injection



Sulfamethoxazole 80 mg/1 mL —Trimethoprim 16 mg/1 mL :: Generic

**TETRACYCLINE AND TETRACYCLINE ANALOG ANTIBIOTICS**  
**NATURAL AND SEMI-SYNTHETIC TETRACYCLINE ANTIBIOTICS**

**Doxycycline Calcium**

Oral suspension Doxycycline Calcium 50 mg/5 mL :: Vibramycin

**Doxycycline Hyclate**

Oral tablet Doxycycline Hyclate 100 mg :: Generic

Powder for solution for injection

Doxycycline Hyclate 100 mg :: Doxy

**Minocycline Hydrochloride**

Oral capsule Minocycline Hydrochloride 50 mg :: Generic (Restricted)

Powder for solution for injection

Minocycline Hydrochloride 100 mg :: Minocin (Restricted)

**Notes: Restriction:** Dermatologist Use Only

**SYSTEMIC ANTIFUNGALS**

**AZOLE ANTIFUNGALS**

**Dextrose/Fluconazole**

Solution for injection Dextrose 5 % —Fluconazole 200 mg/100 mL :: Diflucan

**Fluconazole**

Oral tablet Fluconazole 200 mg :: Generic

Powder for oral suspension

Fluconazole 10 mg/1 mL :: Generic

**Voriconazole**

Powder for oral suspension Voriconazole 40 mg/1 mL :: Generic (Restricted)

**Notes:** Restricted: Ophthalmology use only (approved for topical & intrastomal use 11/17/2022)

**OTHER SYSTEMIC ANTIFUNGALS**

**Terbinafine Hydrochloride**

Oral tablet Terbinafine Hydrochloride 250 mg :: Generic

**POLYENE ANTIFUNGALS**

**Amphotericin B**

Lyophilisate for solution for injection Amphotericin B 50 mg :: Generic

**Nystatin**

Oral suspension Nystatin 100000 units/1 mL :: Generic

**VACCINES**

**COMBINATIONS OF VACCINES**

**VACCINE COMBINATIONS WITH A TETANUS COMPONENT**

**Bordetella Pertussis Filamentous Hemagglutinin antigen (Formaldehyde inactivated)/Bordetella Pertussis Fimbriae 2/3 antigen/Bordetella Pertussis Pertactin antigen/Bordetella Pertussis Toxoid antigen (Glutaraldehyde inactivated)/Clostridium Tetani Toxoid a**

Suspension for injection

Bordetella Pertussis Filamentous Hemagglutinin Antigen (formaldehyde Inactivated) 5 mcg/0.5 mL —Bordetella Pertussis Fimbriae 2/3 Antigen 5 mcg/0.5 mL —Bordetella Pertussis Pertactin Antigen 3 mcg/0.5 mL —Bordetella Pertussis Toxoid Antigen (glutaraldehyde Inactivated) 2.5 mcg/0.5 mL —Clostridium Tetani Toxoid A 5 Lf/0.5 mL :: Adacel Suspension for Injection

Bordetella Pertussis Filamentous Hemagglutinin Antigen (formaldehyde Inactivated) 20 mcg/0.5 mL —Bordetella Pertussis Fimbriae 2/3 Antigen 5 mcg/0.5 mL —Bordetella Pertussis Pertactin Antigen 3 mcg/0.5 mL —Bordetella Pertussis Toxoid Antigen (glutaraldehyde Inactivated) 20 mcg/0.5 mL — Clostridium Tetani Toxoid A 5 Lf/0.5 mL :: Pentacel Vaccine Suspension for Injection

**Bordetella Pertussis Filamentous Hemagglutinin antigen (Formaldehyde inactivated)/Bordetella Pertussis Pertactin antigen (Formaldehyde inactivated)/Bordetella Pertussis Toxoid antigen (Formaldehyde, Glutaraldehyde inactivated)/Clostridium Tetani Toxoid an**

Suspension for injection      Bordetella Pertussis Filamentous Hemagglutinin Antigen (formaldehyde Inactivated) 25 mcg/0.5 mL —Bordetella Pertussis Pertactin Antigen (formaldehyde Inactivated) 8 mcg/0.5 mL —Bordetella Pertussis Toxoid Antigen (formaldehyde, Glutaraldehyde Inactivated) 25 mcg/0.5 mL —Clostridium Tetani Toxoid An 10 units/0.5 mL :: Infanrix Suspension for Injection  
 Bordetella Pertussis Filamentous Hemagglutinin Antigen (formaldehyde Inactivated) 25 mcg/0.5 mL —Bordetella Pertussis Pertactin Antigen (formaldehyde Inactivated) 8 mcg/0.5 mL —Bordetella Pertussis Toxoid Antigen (formaldehyde, Glutaraldehyde Inactivated) 25 mcg/0.5 mL —Clostridium Tetani Toxoid An 10 units/0.5 mL :: Pediarix Suspension for Injection

**Notes:**  
 VFC product

**Clostridium Tetani Toxoid antigen (Formaldehyde inactivated)/Corynebacterium Diphtheriae Toxoid antigen (Formaldehyde inactivated)**

Suspension for injection      Clostridium Tetani Toxoid Antigen (formaldehyde Inactivated) 5 Lf/0.5 mL — Corynebacterium Diphtheriae Toxoid Antigen (formaldehyde Inactivated) 2 Lf/0.5 mL :: TENVAC Suspension for Injection

**VACCINE COMBINATIONS WITH MEASLES/MUMPS COMPONENT**

**Measles Virus Strain Enders' Attenuated Edmonston Live antigen/Mumps Virus Strain B Level Jeryl Lynn Live antigen/Rubella Virus Strain Wistar RA 27/3 Live antigen**

Lyophilisate for solution for injection      Measles Virus Strain Enders' Attenuated Edmonston Live Antigen 1000 TCID50 —Mumps Virus Strain B Level Jeryl Lynn Live Antigen 12500 TCID50 — Rubella Virus Strain Wistar Ra 27/3 Live Antigen 1000 TCID50 :: M-M-R II Powder for Injection

**Notes: NOTE:** Can be given to post-partum women who do not show immunity to MMR before discharge, even if the woman has a documented 2 doses of MMR prior. Its common for Native women to not demonstrate immunity even after the recommended 2 doses of MMR.

**PURE VACCINES**

**HEPATITIS VACCINES**

**Hepatitis A Virus Strain HM175 antigen (Formaldehyde inactivated)**

Suspension for injection      Hepatitis A Virus Strain Hm175 Antigen (formaldehyde Inactivated) 720 ELU/0.5 mL :: Havrix Pediatric  
 Hepatitis A Virus Strain Hm175 Antigen (formaldehyde Inactivated) 1440 ELU/1 mL :: Havrix

**Hepatitis B Virus Subtype ADW2 HBSAG Surface Protein antigen**

Suspension for injection      Hepatitis B Virus Subtype Adw2 Hbsag Surface Protein Antigen 20 mcg/1 mL :: Engerix-B

**HIB VACCINES**

**Haemophilus Influenzae Type B Strain 1482 Capsular Polysaccharide Tetanus Toxoid Conjugate antigen**

Lyophilisate for solution for injection      Haemophilus Influenzae Type B Strain 1482 Capsular Polysaccharide Tetanus Toxoid Conjugate Antigen (Unspecified Strength) :: ActHIB Powder for Injection

**MENINGOCOCCAL VACCINES, ALL TYPES**

**Neisseria Meningitidis Group A Capsular Polysaccharide antigen/Neisseria Meningitidis Group C Capsular Polysaccharide antigen/Neisseria Meningitidis Group W-135 Capsular Polysaccharide antigen/Neisseria Meningitidis Group Y Capsular Polysaccharide antigen**

Powder for solution for injection      Neisseria Meningitidis Group A Capsular Polysaccharide Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Group C Capsular Polysaccharide Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Group W-135 Capsular Polysaccharide Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Group Y Capsular Polysaccharide Antigen 50 mcg/0.5 mL :: Menomune A/C/Y/W-135 Powder for Injection (Restricted)

**Notes: Restriction:** Non-VFC. Immunization Clinic Use Only

**Neisseria meningitidis serogroup B recombinant FHPB fusion protein antigen/Neisseria meningitidis serogroup B recombinant NADA fusion protein antigen/Neisseria meningitidis serogroup B recombinant NHBA fusion protein antigen/Neisseria meningitidis serogro**

Suspension for injection      Neisseria Meningitidis Serogroup B Recombinant Fhbp Fusion Protein Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Serogroup B Recombinant Nada Fusion Protein Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Serogroup B Recombinant Nhba Fusion Protein Antigen 50 mcg/0.5 mL —Neisseria Meningitidis Serogro 25 mcg/0.5 mL :: BEXSERO Suspension for Injection

**Notes:** o Restricted to ACIP recommendations ?X People with persistent complement component deficiencies (inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or who are taking eculizumab (Soliris)?X People with anatomic or functional asplenia?X Microbiologists routinely exposed to isolates of Neisseria meningitidis?X People identified as at increased risk because of a serogroup B meningococcal disease outbreako Adults 19 - 25 years: IM, 0.5mL/dose given as a 2-dose series at least one month apart (peds 10-18 given the same way, but they won't affect us other than VFC)o Cannot be used interchangeably with other meningococcal group B vaccines to complete a series; if a patient has already received a different formulation (i.e. Trumenba) from somewhere else to start the series, a non-form request to complete the series with the same thing will be neededo OK to give to adults in IMM clinic, won't be seen very ofteno Not in the on-line formulary yet, contacting the administrator to fix

**PAPILLOMAVIRUS VACCINES**

**Human Papillomavirus Type 11 L1 Capsid Protein antigen/Human Papillomavirus Type 16 L1 Capsid Protein antigen/Human Papillomavirus Type 18 L1 Capsid Protein antigen/Human Papillomavirus Type 31 L1 Capsid Protein antigen/Human Papillomavirus Type 33 L1 Cap**

**Notes: Restriction:** For 19-26 year old females only (hospital-purchased supply ? we have VFC for 18 & younger), **not FDA-approved for male adults**, we will continue to have the 4-valent to vaccinate males through age 26 until product is exhausted from manufacture  
o 0.5mL/dose IM at 0, 2, and 6 months  
o Anyone that started the series with VFC supply can finish with VFC supply regardless of age (so those should be given by nurses in the clinic)  
o Gardasil 4-valent doses that have already been given do not have to be redosed with 9-valent  
o Second and third doses may be given after age 26 to complete a previously initiated series

**Human Papillomavirus Type 11 L1 Capsid Protein antigen/Human Papillomavirus Type 16 L1 Capsid Protein antigen/Human Papillomavirus Type 18 L1 Capsid Protein antigen/Human Papillomavirus Type 6 L1 Capsid Protein antigen**

Suspension for injection      Human Papillomavirus Type 11 L1 Capsid Protein Antigen 40 mcg/0.5 mL — Human Papillomavirus Type 16 L1 Capsid Protein Antigen 40 mcg/0.5 mL — Human Papillomavirus Type 18 L1 Capsid Protein Antigen 20 mcg/0.5 mL — Human Papillomavirus Type 6 L1 Capsid Protein Antigen 20 mcg/0.5 mL :: Gardasil Suspension for Injection (Restricted)

**Notes: Restriction:**Non-VFC - Restricted to Vaccine Clinic for Males and Females ages 19-45 years old (age range increased 10/2019).

**PNEUMOCOCCAL VACCINES**

**Streptococcus Pneumoniae Type 1 Capsular Polysaccharide antigen/Streptococcus Pneumoniae Type 10A Capsular Polysaccharide antigen/Streptococcus Pneumoniae Type 11A Capsular Polysaccharide antigen/Streptococcus Pneumoniae Type 12F Capsular Polysaccharide a**

Solution for injection      Streptococcus Pneumoniae Type 1 Capsular Polysaccharide Antigen 25 mcg/0.5 mL —Streptococcus Pneumoniae Type 10a Capsular Polysaccharide Antigen 25 mcg/0.5 mL —Streptococcus Pneumoniae Type 11a Capsular Polysaccharide

Antigen 25 mcg/0.5 mL —Streptococcus Pneumoniae Type 12f Capsular Polysaccharide A 25 mcg/0.5 mL :: Pneumovax-23 (Restricted)

**Notes:** Restricted: for use in patients 18 years and younger (P&T 3/15/2022)

**Streptococcus Pneumoniae Type 1 Capsular Polysaccharide Diphtheria CRM197 Protein Conjugate antigen/Streptococcus Pneumoniae Type 10A Capsular Polysaccharide Diphtheria CRM 197 Protein Conjugate antigen/Streptococcus Pneumoniae Type 11A Capsular Polysacch**

Suspension for injection Streptococcus Pneumoniae Type 1 Capsular Polysaccharide Diphtheria Crm197 Protein Conjugate Antigen 2.2 mcg/0.5 mL —Streptococcus Pneumoniae Type 10a Capsular Polysaccharide Diphtheria Crm 197 Protein Conjugate Antigen 2.2 mcg/0.5 mL —Streptococcus Pneumoniae Type 11a Capsular Polysacch 2.2 mcg/0.5 mL :: Prevnar (Restricted)

**Notes:** Restricted: Prevnar 20 restricted to ACIP indications for ages 19 and older (P&T 3/15/2022)

**Streptococcus Pneumoniae Type 14 Capsular Polysaccharide Diphtheria CRM197 Protein Conjugate antigen/Streptococcus Pneumoniae Type 18C Capsular Polysaccharide Diphtheria CRM197 Protein Conjugate antigen/Streptococcus Pneumoniae Type 19F Capsular Polysacch**

Suspension for injection Streptococcus Pneumoniae Type 14 Capsular Polysaccharide Diphtheria Crm197 Protein Conjugate Antigen 2 mcg/0.5 mL —Streptococcus Pneumoniae Type 18c Capsular Polysaccharide Diphtheria Crm197 Protein Conjugate Antigen 2 mcg/0.5 mL —Streptococcus Pneumoniae Type 19f Capsular Polysacch 2 mcg/0.5 mL :: Prevnar Suspension for Injection (Restricted)

**Notes: Restriction:** pediatric patients ages 18 and younger (VFC supply) - P&T 3/15/2022

**POLIOVIRUS VACCINES**

**Poliovirus Type 1 antigen (Formaldehyde inactivated)/Poliovirus Type 2 antigen (Formaldehyde inactivated)/Poliovirus Type 3 antigen (Formaldehyde inactivated)**

Suspension for injection Poliovirus Type 1 Antigen (formaldehyde Inactivated) 40 DAgU/0.5 mL — Poliovirus Type 2 Antigen (formaldehyde Inactivated) 8 DAgU/0.5 mL — Poliovirus Type 3 Antigen (formaldehyde Inactivated) 32 DAgU/0.5 mL :: IPOL Suspension for Injection

**RABIES VACCINES**

**Rabies Virus Strain Flury LEP antigen (Propiolactone inactivated)**

Powder for suspension for injection Rabies Virus Strain Flury Lep Antigen (propiolactone Inactivated) 2.5 units :: RabAvert

**VARICELLA VACCINES**

**VARICELLA-ZOSTER VIRUS (SHINGLES) VACCINES**

**Varicella Zoster Virus Recombinant Surface Glycoprotein E Antigen**

Powder for suspension for injection Varicella Zoster Virus Recombinant Surface Glycoprotein E Antigen 50 mcg :: SHINGRIX Powder for Suspension for Injection

**Varicella-Zoster Virus Strain OKA/MERCK Live antigen**

Lyophilisate for solution for injection Varicella-Zoster Virus Strain Oka/Merck Live Antigen 1350 pfu :: Varivax Powder for Injection

**Notes:**

**GENITO-URINARY SYSTEM AND SEX HORMONES**

**GYNECOLOGICAL ANTIINFECTIVES**

**GYNECOLOGICAL ANTIBIOTICS AND SULFONAMIDES**

**metroNIDAZOLE**

Vaginal gel Metronidazole 0.75 % :: MetroGel, Vandazole

**Notes: Restriction:** 1% topical gel- Rosacea Use Only

**GYNECOLOGICAL ANTIFUNGALS**

**Clotrimazole**

Vaginal cream Clotrimazole 1 % :: Generic (Restricted)

**Notes:**

**Terconazole**

Vaginal cream Terconazole 0.4 % :: Generic

**OTHER GYNECOLOGICALS**

**INTRAUTERINE DEVICES**

**PROGESTOGEN CONTAINING INTRAUTERINE DEVICES**

**Levonorgestrel**

Vaginal insert Levonorgestrel 52 mg/1U :: Mirena Intrauterine Device

**Locations:** Omnicell

**Notes:** No minimum dispensing age, parental consent, nor prescription required.

**LABOR INDUCERS**

**Carboprost Tromethamine**

Solution for injection Carboprost Tromethamine 250 mcg/1 mL :: Hemabate

**Methylergonovine Maleate**

Oral tablet Methylergonovine Maleate 0.2 mg :: Methergine

Solution for injection

Methylergonovine Maleate 0.2 mg/1 mL :: Methergine

**Oxytocin**

Solution for injection Oxytocin 10 units/1 mL :: Pitocin

**PROLACTIN INHIBITORS**

**Bromocriptine Mesylate**

Oral tablet Bromocriptine Mesylate 2.5 mg :: Generic

**SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM**

**ANDROGENS**

**Testosterone Cypionate**

Oil for injection Testosterone Cypionate 200 mg/1 mL :: Depo-Testosterone (Restricted)

**DEA class: schedule III;**

**Notes: Restriction:** to primary care, urology, endocrinology on 11/17/16

**ESTROGEN WITH PROGESTOGEN COMBINATIONS, EXCLUDING HORMONAL CONTRACEPTIVES**

**Conjugated Estrogens/medroxyPROGESTERone acetate**

Oral tablet Conjugated Estrogens 0.625 mg —Medroxyprogesterone Acetate 2.5 mg :: Prempro

**ESTROGENS, EXCLUDING HORMONAL CONTRACEPTIVES**

**Conjugated Estrogens**

Lyophilisate for solution for injection Conjugated Estrogens 25 mg :: Premarin

Oral tablet

Conjugated Estrogens 0.3 mg :: Premarin

Conjugated Estrogens 0.625 mg :: Premarin

Conjugated Estrogens 1.25 mg :: Premarin

Vaginal cream

Conjugated Estrogens 0.625 mg/1 gram :: Premarin

**Estradiol**

Oral tablet Estradiol 1 mg :: Generic

Transdermal patch - Weekly

Estradiol 0.025 mg/24 hr :: Generic

Estradiol 0.05 mg/24 hr :: Generic



**INFERTILITY AGENTS**

**GONADOTROPINS**

**Chorionic Gonadotropin**

Powder for solution for injection      Chorionic Gonadotropin 10000 units :: Novarel

**OTHER INFERTILITY AGENTS**

**Progesterone**

Oral capsule      Progesterone 100 mg :: Generic

**Notes: Restriction:** 200 mg vaginal suppository- Recurrent pregnancy loss or short cervical length Use Only.

Use Only by OB/GYN Providers for the initial prescription and Midwives can write for subsequent refills.

**OTHER OVULATION STIMULANTS**

**clomiPHENE citrate**

Oral tablet      Clomiphene Citrate 50 mg :: Generic

**PROGESTOGENS**

**Levonorgestrel**

Vaginal insert      Levonorgestrel 52 mg/1U :: Mirena Intrauterine Device

**Locations:** Omnicell

**Notes:** No minimum dispensing age, parental consent, nor prescription required.

**medroxyPROGESTERone acetate**

Oral tablet      Medroxyprogesterone Acetate 2.5 mg :: Generic  
Medroxyprogesterone Acetate 10 mg :: Provera

**SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)**

**clomiPHENE citrate**

Oral tablet      Clomiphene Citrate 50 mg :: Generic

**Tamoxifen Citrate**

Oral tablet      Tamoxifen Citrate 20 mg :: Generic

**Notes:** added 3/19/2020 P&T

**UROLOGICALS**

**BENIGN PROSTATIC HYPERTROPHY (BPH) AGENTS**

**5-ALPHA REDUCTASE INHIBITORS**

**Finasteride**

Oral tablet      Finasteride 5 mg :: Proscar

**ALPHA-BLOCKERS**

**Tamsulosin Hydrochloride**

Oral capsule      Tamsulosin Hydrochloride 0.4 mg :: Generic

**Terazosin Hydrochloride**

Oral capsule      Terazosin Hydrochloride 1 mg :: Generic  
Terazosin Hydrochloride 2 mg :: Generic  
Terazosin Hydrochloride 5 mg :: Generic  
Terazosin Hydrochloride 10 mg :: Generic

**SEXUAL DYSFUNCTION AGENTS**

**ERECTILE DYSFUNCTION (ED) AGENTS**

**PHOSPHODIESTERASE INHIBITORS FOR ED**

**Sildenafil Citrate**

Oral tablet      Sildenafil Citrate 25 mg :: Generic  
Sildenafil Citrate 50 mg :: Generic  
Sildenafil Citrate 100 mg :: Generic

**Notes:** 50mg and 100mg strengths added at P&T 6/21/22 in addition to 25mg. No

quantity restrictions unless restricted by insurance.

#### URINARY ANALGESICS AND ANESTHETICS

##### Phenazopyridine Hydrochloride

Oral tablet Phenazopyridine Hydrochloride 97.5 mg :: AZO Urinary Pain Relief Maximum Strength

#### URINARY ANTI-INFECTIVES AND ANTISEPTICS

##### URINARY ANTIBIOTICS AND/OR SULFONAMIDES

##### Fosfomycin Tromethamine

Oral granules Fosfomycin Tromethamine 3 grams :: MONUROL (Restricted)

**Notes: Restriction: current ESBL UTI documented by culture** if there is resistance, allergy, or contraindication to alternative agents (e.g nitrofurantoin)

#### URINARY FREQUENCY AND INCONTINENCE AGENTS

##### ANTIMUSCARINICS

##### Oxybutynin Chloride

Oral tablet Oxybutynin Chloride 5 mg :: Generic

##### Tolterodine Tartrate

Oral tablet Tolterodine Tartrate 2 mg :: Generic

##### BETA-3 ADRENERGIC AGONISTS

##### Mirabegron

Oral tablet, extended release Mirabegron 25 mg :: Myrbetriq  
Mirabegron 50 mg :: Myrbetriq

#### HOSPITAL SOLUTIONS

##### INTRAVENOUS SOLUTIONS

##### CALORIC IV SOLUTIONS AND ADDITIVES

##### SOLUTIONS WITH ONE CARBOHYDRATE

##### Dextrose

Solution for injection Dextrose 10 % :: Generic  
Dextrose 50 % :: Generic

##### FAT EMULSIONS, INCLUDING TOTAL PARENTERAL NUTRITION PRODUCTS

##### FAT EMULSIONS, PLAIN

##### Soybean Oil

Emulsion for injection Soybean Oil 20 % :: Intralipid

##### SOLUTIONS FOR OSMOTIC THERAPY

##### OSMOTIC THERAPY

##### Mannitol

Solution for injection Mannitol 20 % :: Generic

##### STANDARD SOLUTIONS

##### BACTERIOSTATIC WATER

##### Bacteriostatic Water for Injection

Diluent for injection Bacteriostatic Water For Injection (Unspecified Strength) :: Generic

##### CARBOHYDRATE IV SOLUTIONS AND ADDITIVES, 10% OR LESS

##### Dextrose

Solution for injection Dextrose 5 % :: Generic  
Dextrose 10 % :: Generic

##### SODIUM CHLORIDE SOLUTIONS

##### Sodium Chloride

Solution for injection Sodium Chloride 0.9 % :: Generic  
Sodium Chloride 5 % :: Generic (Restricted)

**Notes: Restriction: 0.65% Nasal Solution- ENT (Post-op) Use Only**



**Restriction:** 5% Ointment and Solution- Eye Clinic Use Only

**Sodium Chloride, Bacteriostatic**

Diluent for injection Sodium Chloride, Bacteriostatic 0.9 % :: Generic

**IRRIGATING SOLUTIONS**

**OTHER IRRIGATING SOLUTIONS**

**Acetic Acid, Glacial**

Bladder irrigation Acetic Acid, Glacial 0.25 % :: Generic

**Dimethyl Sulfoxide**

Bladder irrigation Dimethyl Sulfoxide 50 % :: Generic (Restricted)

**Notes: Restriction:** OB Use Only

**WHOLE BLOOD AND PLASMA SUBSTITUTE SOLUTIONS**

**PRESERVED HUMAN SERUM**

**Albumin Human**

Solution for injection Albumin Human 25 % :: Albutein

**MEDICAL DEVICES AND SUPPLIES**

**DIABETES SUPPLIES**

**GLUCOSE PRODUCTS FOR HYPOGLYCEMIA**

**Glucose**

Oral gel Glucose 15 grams :: GNP Glucose (Restricted)

**Notes:** Restricted: to inpatient pediatrics

**INSULIN ADMINISTRATION DEVICES**

**INSULIN INFUSION PUMPS AND SUPPLIES**

**Insulin Infusion Pumps and Supplies**

Insulin Infusion Pumps And Supplies :: Dexcom G6 Retail Sensor Kit (Restricted), FreeStyle Libre 2 Reader Glucose Monitoring System (Restricted)

**Notes:** Freestyle Libre - must use at least 3 insulin injections/day & difficult to control. Patient must be seen by a DM educator in HLC or by Pharmacy DM clinic. Limit of a 6 month supply. (14-day added P&T October 2019; replaced with Libre 2 P&T January 2022))  
Dexcom G6 - only for use in pregnant patient who have DM and use insulin, for IDDM in children < 18, and in vision-impaired patients (P&T October 2019)

**LANCETS AND LANCET DEVICES**

**Lancets and Lancet Devices**

Lancet Lancets And Lancet Devices :: TRUEplus 33G

**DIAGNOSTIC DEVICES**

**MISCELLANEOUS DIAGNOSTIC DEVICES**

**Miscellaneous Diagnostic Devices**

Test Strip Miscellaneous Diagnostic Devices :: KetoCare Ketone (Restricted)

**NEEDLES, SYRINGES AND INJECTION SUPPLIES**

**Needles, Syringes and Injection Supplies**

Insulin Syringe Needles, Syringes And Injection Supplies :: BD Home Sharps Container

Needles, Syringes And Injection Supplies :: BD Micro-Fine IV 1ML 28G 1/2 inch

**MUSCULO-SKELETAL SYSTEM**

**ANTIINFLAMMATORY AGENTS AND ANTIRHEUMATIC AGENTS**

**ANTIINFLAMMATORY AND ANTIRHEUMATIC AGENTS**

**NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)**

**Diclofenac Sodium**

Oral tablet, gastro-resistant Diclofenac Sodium 50 mg :: Generic  
Diclofenac Sodium 75 mg :: Generic

### **Ibuprofen**

Oral drops, suspension Ibuprofen 50 mg/1.25 mL :: Generic  
Oral suspension  
Ibuprofen 100 mg/5 mL :: Generic  
Oral tablet  
Ibuprofen 200 mg :: Generic (Restricted)  
Ibuprofen 400 mg :: Generic  
Ibuprofen 600 mg :: Generic  
Ibuprofen 800 mg :: Generic

**Notes: Restriction:** 200 mg tablet- Use Only in patients less than 16 yrs old

### **Indomethacin**

Oral capsule Indomethacin 25 mg :: Generic

### **Ketorolac Tromethamine**

Oral tablet Ketorolac Tromethamine 10 mg :: Generic (Restricted)  
Solution for injection  
Ketorolac Tromethamine 30 mg/1 mL :: Generic

**Notes: Restriction:** 10 mg tablet- Post-op OR Short Stay Surgery discharge Use Only

### **Meloxicam**

Oral tablet  
Meloxicam 7.5 mg :: Generic  
Meloxicam 15 mg :: Generic

### **Nabumetone**

Oral tablet Nabumetone 500 mg :: Generic

### **Naproxen**

Oral suspension Naproxen 125 mg/5 mL :: Generic  
Oral tablet  
Naproxen 250 mg :: Generic

### **Sulindac**

Oral tablet Sulindac 200 mg :: Generic (Restricted)

**Notes:** New patient prescriptions are non-formulary; patients currently receiving it may remain on it (12/21/17 P)

## **OTHER ANTIINFLAMMATORY AND ANTIRHEUMATIC AGENTS**

### **Hydroxychloroquine Sulfate**

Oral tablet Hydroxychloroquine Sulfate 200 mg :: Generic (Restricted)

**Notes:**

Restricted: to rheumatology indications, not for COVID-19 treatment or prophylaxis (per IM service 4/23/2020)

## **SPECIFIC ANTI-RHEUMATIC AGENTS**

### **ANTI-RHEUMATIC MONOCLONAL ANTIBODIES**

#### **Adalimumab**

Solution for injection Adalimumab 80 mg/0.8mL :: HUMIRA (Restricted)

**Notes: Restriction:** New start requires Rheumatology or Dermatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic or dermatologic consultation (phone consults are accepted). Approved for Rheumatology and Dermatology use.

#### **inFLIXimab**

Powder for solution for injection Infliximab 100 mg :: RENFLEXIS

**Tocilizumab**

Solution for injection                      Tocilizumab 20 mg/1 mL :: Actemra 400mg/20ml (Restricted)

**Notes:** Restricted: (must test COVID positive and be in or going to be admitted to ICU) treatment of hospitalized adults & pediatrics 2 years or older with COVID who are receiving systemic corticosteroids and require high-flow supplemental oxygen, non-invasive or invasive mechanical ventilation, or ECMO (which we don't do here). Not for outpatient use. Patients may also need to be treated with remdesivir, but they should not be given concurrently (Jan 2022 P&T)

**OTHER SPECIFIC ANTIRHEUMATICS****azathioprine**

Oral tablet                                      Azathioprine 50 mg :: Generic

**Etanercept**

Lyophilisate for solution for injection    Etanercept 25 mg :: Enbrel (Restricted)

Solution for injection

Etanercept 50 mg/1 mL :: Enbrel (Restricted)

**Notes: Restriction:** New start requires Rheumatology consultation. Primary care providers are permitted to write for refills, but new start prescriptions require rheumatologic consultation (phone consults are accepted). As a reminder, our Adult Rheumatology Clinic is now fully operational.

**Leflunomide**

Oral tablet                                      Leflunomide 10 mg :: Generic

**Methotrexate Sodium**

Oral tablet                                      Methotrexate Sodium 2.5 mg :: Generic

**Notes: Restriction:** 25 mg/mL - MUST have CBC WITHIN 3 MONTHS OF medication fill. Provider MUST be CONTACTED if no Labs available.

**MUSCLE RELAXANTS****MUSCLE RELAXANTS, CENTRALLY ACTING, PLAIN****Baclofen**

Oral tablet                                      Baclofen 10 mg :: Generic

**Cyclobenzaprine Hydrochloride**

Oral tablet                                      Cyclobenzaprine Hydrochloride 10 mg :: Generic

**MUSCLE RELAXANTS, OTHER NEUROMUSCULAR BLOCKERS****OnabotulinumtoxinA**

Powder for solution for injection              OnabotulinumtoxinA 100 units :: Botox (Restricted)

**Notes: Restriction:** ENT and Neurology for chronic migraine refractory to alternate therapy Use Only

**Restriction:** Restricted To OB for urge incontinence with a Non-Formulary Request that indicates that the patient has tried Anti-Cholinergics (detrol and ditropan) and is not a candidate for urgent PC (lives far away, unable to miss work, etc).

**Restriction:** Restricted Optometry added to the restriction list for use in blepharospasm.

**MUSCLE RELAXANTS, PERIPHERALLY ACTING****Cisatracurium Besylate**

Solution for injection                      Cisatracurium Besylate 2 mg/1 mL :: Nimbex

**Dantrolene Sodium**

Lyophilisate for solution for injection    Dantrolene Sodium 20 mg :: Dantrium Intravenous

**Rocuronium Bromide**

Solution for injection                      Rocuronium Bromide 10 mg/1 mL :: Generic

**Succinylcholine Chloride**

Solution for injection                      Succinylcholine Chloride 20 mg/1 mL :: Quelicin

## OTHER AGENTS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

### AGENTS AFFECTING BONE STRUCTURE AND MINERALIZATION

#### AGENTS TARGETING RECEPTOR ACTIVATOR OF NUCLEAR FACTOR KAPPA-B LIGAND (RANKL)

##### Denosumab

Solution for injection                      Denosumab 60 mg/1 mL :: Prolia (Restricted)

**Notes: Restriction:** Osteoporosis treatment after failure of, or intolerance to, bisphosphonates, and for Oncology.

#### ORAL BIPHOSPHONATES

##### Alendronate Sodium

Oral tablet                                      Alendronate Sodium 10 mg :: Generic

Oral tablet, weekly

Alendronate Sodium 70 mg :: Generic

#### ALL OTHER MUSCULOSKELETAL AGENTS

##### Hylan (Avian)

Solution for injection                      Hylan (avian) 8 mg/1 mL :: Synvisc (Restricted), Synvisc-One (Restricted)

**Notes: Restriction:** - NSAID and intraarticular steroid injection failures only; limited to 2 treatment courses

#### MYASTHENIA GRAVIS AGENTS

##### Edrophonium Chloride

Solution for injection                      Edrophonium Chloride 10 mg/1 mL :: Generic (Restricted)

**Therapeutic Interchange: Restriction:** Anesthesia Use Only

##### Neostigmine Methylsulfate

Solution for injection                      Neostigmine Methylsulfate 1 mg/1 mL :: Bloxiverz

#### URICOSURIC AGENTS

#### ANTI-GOUT AGENTS

##### Allopurinol

Oral tablet                                      Allopurinol 100 mg :: Generic

Allopurinol 300 mg :: Generic

##### Colchicine

Oral tablet                                      Colchicine 0.6 mg :: Generic

##### Probenecid

Oral tablet                                      Probenecid 500 mg :: Generic

#### RESPIRATORY SYSTEM

#### AGENTS FOR REACTIVE AND OBSTRUCTIVE AIRWAY DISEASES

#### BETA-2 AGONISTS

#### PARENTERAL BETA-2 AGONISTS

##### Terbutaline Sulfate

Solution for injection                      Terbutaline Sulfate 1 mg/1 mL :: Generic

#### RESPIRATORY LONG-ACTING BETA-2 AGONISTS (LABA)

##### Salmeterol Xinafoate

Inhalation powder                      Salmeterol Xinafoate 50 mcg/1 actuation :: Serevent Diskus

#### RESPIRATORY SHORT-ACTING BETA-2 AGONISTS (SABA)

##### Albuterol

Pressurized inhalation, suspension      Albuterol 90 mcg/1 actuation :: Respirol

**Notes:** Any brand of albuterol MDI may be carried, as determined by price (12/21/217 P)

##### Albuterol Sulfate

Nebulizer solution                      Albuterol Sulfate 1.25 mg/3 mL :: Generic (Restricted)



**REACTIVE AND OBSTRUCTIVE AIRWAY DISEASE COMBINATIONS  
RESPIRATORY CORTICOSTEROIDS IN COMBINATION WITH RESPIRATORY LONG-ACTING BETA-2  
AGONISTS**

**Budesonide/Formoterol Fumarate**

Pressurized inhalation, suspension    Budesonide 80 mcg/1 actuation —Formoterol Fumarate 4.5 mcg/1 actuation    :: Symbicort, Generic  
Budesonide 160 mcg/1 actuation —Formoterol Fumarate 4.5 mcg/1 actuation    :: Symbicort, Generic

**Notes:** Use generic or brand depending on what insurance covers (AHCCCS covers brand) - added 4/19/22

**Fluticasone Propionate/Salmeterol**

Inhalation powder                      Fluticasone Propionate 100 mcg/1 actuation —Salmeterol 50 mcg/1 actuation    :: Advair Diskus, Wixela Inhub  
Fluticasone Propionate 250 mcg/1 actuation —Salmeterol 50 mcg/1 actuation    :: Advair Diskus, Wixela Inhub  
Fluticasone Propionate 500 mcg/1 actuation —Salmeterol 50 mcg/1 actuation    :: Advair Diskus, Wixela Inhub

**Notes:**

Per Dr. Hu, may be used in kids greater than or equal to 4 years old.  
Autoswitch permitted between Advair and Wixela based on insurance coverage, provided appropriate patient counseling is given on new dosage form.  
For no insurance, use Wixela (much less expensive).  
Added 9/2019

**Fluticasone Propionate/Salmeterol Xinafoate**

Inhalation powder                      Fluticasone Propionate 100 mcg/1 actuation —Salmeterol Xinafoate 50 mcg/1 actuation    :: Advair Diskus (Restricted)  
Fluticasone Propionate 250 mcg/1 actuation —Salmeterol Xinafoate 50 mcg/1 actuation    :: Advair Diskus (Restricted)  
Fluticasone Propionate 500 mcg/1 actuation —Salmeterol Xinafoate 50 mcg/1 actuation    :: Advair Diskus (Restricted)

**Therapeutic Interchange:**

Fluticasone/salmeterol (Advair Diskus) 250/50 - 1 inhalation twice a day will be therapeutically interchanged with Mometasone/formoterol (Dulera) 100/5 - 2 puffs twice a day.  
Fluticasone/salmeterol (Advair Diskus) 500/50 - 1 inhalation twice a day will be therapeutically interchanged with Mometasone/formoterol (Dulera) 200/5 - 2 puffs twice a day.  
Fluticasone/salmeterol (Advair Diskus) 100/50 - 1 inhalation twice a day will be therapeutically interchanged with: **currently no equivalent strength or dosing** .

**Formoterol Fumarate/Mometasone Furoate**

Pressurized inhalation, suspension    Formoterol Fumarate 5 mcg/1 actuation —Mometasone Furoate 100 mcg/1 actuation    :: Dulera  
Formoterol Fumarate 5 mcg/1 actuation —Mometasone Furoate 200 mcg/1 actuation    :: Dulera

**Notes:**

Not for use in pediatric patients 12 years or younger.

**Therapeutic Interchange:**

Fluticasone/salmeterol (Advair Diskus) 250/50 - 1 inhalation twice a day will be therapeutically interchanged with Mometasone/formoterol (Dulera) 100/5 - 2 puffs twice a day.  
Fluticasone/salmeterol (Advair Diskus) 500/50 - 1 inhalation twice a day will be therapeutically interchanged with Mometasone/formoterol (Dulera) 200/5 - 2 puffs

twice a day.  
Fluticasone/salmeterol (Advair Diskus) 100/50 - 1 inhalation twice a day will be therapeutically interchanged with: **currently no equivalent strength or dosing** .

## RESPIRATORY SHORT-ACTING BETA-2 AGONISTS IN COMBINATION WITH RESPIRATORY SHORT-ACTING MUSCARINIC ANTAGONISTS

### Albuterol Sulfate/Ipratropium Bromide

Nebulizer solution                      Albuterol Sulfate 3 mg/3 mL —Ipratropium Bromide 0.5 mg/3 mL :: Generic

## RESPIRATORY MUSCARINIC ANTAGONISTS

### RESPIRATORY LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)

#### Tiotropium

Respiratory spray, solution      Tiotropium 2.5 mcg/1 actuation :: Spiriva Respimat (Restricted)

**Notes:** Restricted: COPD only

## RESPIRATORY SHORT-ACTING MUSCARINIC ANTAGONISTS (SAMA)

### Ipratropium Bromide

Nebulizer solution                      Ipratropium Bromide 0.02 % :: Generic

Pressurized inhalation, solution

Ipratropium Bromide 17 mcg/1 actuation :: Atrovent HFA

Ipratropium Bromide 18 mcg/1 actuation :: Atrovent

**Notes:** New prescriptions for nasal formulation **RESTRICTED** to ENT and allergist.  
Any provider may refill.

## XANTHINES

### XANTHINES, PLAIN

#### Aminophylline

Solution for injection                      Aminophylline 25 mg/1 mL :: Generic

#### Theophylline

**Notes:** removed from formulary 4/13/2021, may continue patient with existing prescriptions

#### Theophylline, Anhydrous

**Notes:** removed from formulary 4/13/2021, may continue those already on it

## COUGH AND COLD AGENTS

### ANTITUSSIVES

#### NON-OPIOID ANTITUSSIVES

##### Benzonatate

Oral capsule, liquid filled                      Benzonatate 100 mg :: Generic

#### OPIOID ANTITUSSIVES

##### Codeine Sulfate

Oral tablet                                      Codeine Sulfate 30 mg :: Generic

**DEA class: schedule II;**

## COUGH AND COLD COMBINATIONS

### ANTITUSSIVE AND EXPECTORANT COMBINATIONS

#### NON-OPIOID ANTITUSSIVE AND EXPECTORANT COMBINATIONS

##### Dextromethorphan Hydrobromide/guaiFENesin

Oral solution                                      Dextromethorphan Hydrobromide 10 mg/5 mL —Guaifenesin 100 mg/5 mL ::  
RITE AID Adult Tussin DM Cough & Chest Congestion (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

## DECONGESTANTS

### Pseudoephedrine Hydrochloride

Oral tablet Pseudoephedrine Hydrochloride 60 mg :: Sudogest (Restricted)

**Notes: Restriction:** Inpatient Use Only

## MUCOLYTICS

### Acetylcysteine

Nebulizer solution Acetylcysteine 20 % :: Mucosil Acetylcysteine

**Notes: Restriction:** Intravenous- intolerance to oral dose

**Restriction:** Ophthalmic solution- Eye dept ONLY

PLEASE BE ADVISED - Ophthalmic solution is good for 9 days after compounding. **Restriction:** Oral solution restricted to inpatient use and ER only.

## NASAL AGENTS

### OTHER TOPICAL NASAL AGENTS

#### Cocaine Hydrochloride

Topical solution Cocaine Hydrochloride 4 % :: Generic

**DEA class: schedule II;**

#### Sodium Chloride

Nasal spray, solution Sodium Chloride 0.65 % :: CVS Saline (Restricted)

**Notes: Restriction:** 0.65% Nasal Solution- ENT (Post-op) Use Only

**Restriction:** 5% Ointment and Solution- Eye Clinic Use Only

## TOPICAL NASAL ANTIALLERGIC AGENTS

### Ipratropium Bromide

Nasal spray, solution Ipratropium Bromide 0.06 % :: Generic (Restricted)

**Notes:** New prescriptions for nasal formulation **RESTRICTED** to ENT and allergist.

Any provider may refill.

## TOPICAL NASAL CORTICOSTEROIDS

### Fluticasone Propionate

Nasal spray, suspension Fluticasone Propionate 50 mcg/1 actuation :: GoodSense Nasoflow

## TOPICAL NASAL DECONGESTANTS

### Oxymetazoline Hydrochloride

Nasal spray, solution Oxymetazoline Hydrochloride 0.05 % :: Walgreens Sinus Relief Mist (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

### Phenylephrine Hydrochloride

Nasal spray, solution Phenylephrine Hydrochloride 0.25 % :: Neo-Synephrine Mild Formula (Restricted)

Phenylephrine Hydrochloride 0.5 % :: Neo-Synephrine Regular Strength (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

## OTHER RESPIRATORY SYSTEM AGENTS

### ALL OTHER RESPIRATORY SYSTEM AGENTS



**Ammonia**

Inhalation vapour, solution Ammonia 15 % :: Generic (Restricted)

**Notes: Restriction:** In-Hospital Use Only

**LUNG SURFACTANTS****Poractant Alfa (Porcine)**

Endotracheopulmonary instillation, suspension

Poractant Alfa (porcine) 80 mg/1 mL :: Curosurf

**RESPIRATORY STIMULANTS****Aminophylline**

Solution for injection

Aminophylline 25 mg/1 mL :: Generic

**Caffeine Citrate**

Oral solution

Caffeine Citrate 20 mg/1 mL :: Cafcit (Restricted)

**SYSTEMIC ANTIHISTAMINES****FIRST GENERATION ANTIHISTAMINES****Cyproheptadine Hydrochloride**

**Notes:** Removed from formulary 4/13/2021, may continue current prescriptions

**diphenhydrAMINE hydrochloride**

Oral capsule

Diphenhydramine Hydrochloride 25 mg :: Premier Value Allergy Relief (Restricted)

Oral solution

Diphenhydramine Hydrochloride 12.5 mg/5 mL :: RITE AID Children's Allergy Relief (Restricted)

Solution for injection

Diphenhydramine Hydrochloride 50 mg/1 mL :: Generic

**Notes: Restriction:** 25 mg capsules and 12.5 mg/ 5 mL solution- Inpatient and Group Home Use Only

**hydrOXYzine hydrochloride**

Oral solution

Hydroxyzine Hydrochloride 10 mg/5 mL :: Generic

Oral tablet

Hydroxyzine Hydrochloride 10 mg :: Generic

**OTHER AGENTS WITH ANTIHISTAMINIC ACTION****Promethazine Hydrochloride**

Oral tablet

Promethazine Hydrochloride 25 mg :: Generic

Solution for injection

Promethazine Hydrochloride 25 mg/1 mL :: Generic

**SECOND GENERATION ANTIHISTAMINES****Cetirizine Hydrochloride**

Oral solution

Cetirizine Hydrochloride 1 mg/1 mL :: Generic

Oral tablet

Cetirizine Hydrochloride 10 mg :: Generic

**Loratadine**

**Notes:** new starts are non-formulary; any patient prescribed loratadine before April 2021 may continue receiving

**THROAT PRODUCTS****Benzocaine**

Oral lozenge

Benzocaine 15 mg :: Chloraseptic Warming Sore Throat (Restricted)

**Notes: Restriction:** 20% mucosal spray and 15 mg lozenge- In-Hospital Use Only



## **BETA-BLOCKERS, OPHTHALMIC, COMBINATION**

### **Dorzolamide Hydrochloride/Timolol Maleate**

Ophthalmic drops, solution    Dorzolamide Hydrochloride 2 % —Timolol Maleate 0.5 %    :: Generic (Restricted)

**Notes: Restriction:** New starts by optometry and ophthalmology. PCP may prescribe in consultation with optometry/ophthalmology.

## **BETA-BLOCKERS, OPHTHALMIC, PLAIN**

### **Betaxolol Hydrochloride**

Ophthalmic drops, suspension                      Betaxolol Hydrochloride 0.25 %    :: Betoptic S (Restricted)

**Notes:** Restriction: Eye Clinic Use ONLY

### **Carteolol Hydrochloride**

Ophthalmic drops, solution    Carteolol Hydrochloride 1 %    :: Generic

### **Timolol Maleate**

Ophthalmic drops, solution    Timolol Maleate 0.5 %    :: Generic

## **CARBONIC ANHYDRASE INHIBITORS, OPHTHALMIC**

### **Brinzolamide**

Ophthalmic drops, suspension                      Brinzolamide 1 %    :: Azopt (Restricted)

**Notes: Restriction:** To grandfathered patients and if patient is cannot tolerate dorzolamide 2%

## **OPHTHALMIC PROSTAGLANDINS INCLUDING ANALOGS AND RECEPTOR AGONISTS**

### **Bimatoprost**

Ophthalmic drops, solution    Bimatoprost 0.01 %    :: Lumigan (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

### **Latanoprost**

Ophthalmic drops, solution    Latanoprost 0.005 %    :: Generic (Restricted)

**Notes: Restriction:** Latanoprost is now generic and less expensive than Travoprost (\$1.62 vs \$9.00) but requires refrigeration.

### **Therapeutic Interchange:**

Pharmacy would like for patients that are not mail order to be changed to Latanoprost. Ophthalmology will try to switch patients and put new patients who aren't mail order on Latanoprost. Pharmacy can call eye clinic for a verbal order to switch patients if needed. Pharmacy will not automatically switch patients.

### **Travoprost**

Ophthalmic drops, solution    Travoprost 0.004 %    :: Travatan Z

## **OTHER MIOTICS-ANTIGLAUCOMA AGENTS**

### **Apraclonidine Hydrochloride**

Ophthalmic drops, solution    Apraclonidine Hydrochloride 1 %    :: IOPIDINE

### **Brimonidine Tartrate**

Ophthalmic drops, solution    Brimonidine Tartrate 0.15 %    :: Alphagan P  
Brimonidine Tartrate 0.2 %    :: Generic

### **Pilocarpine Hydrochloride**

Ophthalmic drops, solution    Pilocarpine Hydrochloride 1 %    :: Pilocar  
Pilocarpine Hydrochloride 2 %    :: Akarpine

## **OTHER MIOTICS-ANTIGLAUCOMA COMBINATIONS**

### **Latanoprost/Netarsudil**

Ophthalmic drops, solution    Latanoprost 0.05 mg/1 mL —Netarsudil 0.2 mg/1 mL    :: Rocklatan (Restricted)

**Notes:** Restricted: for use in patients failing a prostaglandin analog, beta blocker/ carbonic anhydrase inhibitor, and alpha adrenergic agonist. Initial prescriptions by optometry only; refills can be prescribed by primary care.

## MYDRIATICS AND CYCLOPLEGICS

### Atropine Sulfate

Ophthalmic drops, solution Atropine Sulfate 1 % :: Generic  
Ophthalmic ointment

Atropine Sulfate 1 % :: Generic

### Cyclopentolate Hydrochloride

Ophthalmic drops, solution Cyclopentolate Hydrochloride 1 % :: Ocu-Pentolate

### Homatropine Hydrobromide

Ophthalmic drops, solution Homatropine Hydrobromide 5 % :: Generic

### Tropicamide

Ophthalmic drops, solution Tropicamide 1 % :: Ocu-Tropic

## OCULAR ANTI-ALLERGICS, DECONGESTANTS, ANTISEPTICS

### OCULAR ANTI-ALLERGICS, ANTIHISTAMINES

#### Olopatadine Hydrochloride

Ophthalmic drops, solution Olopatadine Hydrochloride 0.1 % :: Generic

Olopatadine Hydrochloride 0.7 % :: Pazeo (Restricted)

**Notes:** 1) Pharmacy will automatically substitute between Pazeo QD and Patanol (generic) BID based on current cost, unless the provider writes "no substitution"  
2) Pazeo is approved for patients 2 years & older and Patanol is approved for 3 years and older; use Pazeo in patients 2-3 years old.

## OCULAR DECONGESTANTS, SYMPATHOMIMETICS

### Naphazoline Hydrochloride/Pheniramine Maleate

Ophthalmic drops, solution Naphazoline Hydrochloride 0.027 % —Pheniramine Maleate 0.315 % :: Opcon-A Eye Allergy Relief Ophthalmic Solution

### Phenylephrine Hydrochloride

Ophthalmic drops, solution Phenylephrine Hydrochloride 2.5 % :: Ocu-Phrin

Phenylephrine Hydrochloride 10 % :: Ocu-Phrin

**Notes: Restriction:** Inpatient and Group Home Use Only

## OPHTHALMOLOGICAL ANTI-INFECTIVES

### Azithromycin

Ophthalmic drops, solution Azithromycin 1 % :: AzaSite (Restricted)

**Notes: Restriction:** 1 gram Powder for Oral Suspension- Chlamydia Use Only

**Restriction:** 1% Ophthalmic Solution- Eye Clinic Use ONLY

**Restriction:** 250 mg oral tablet- Azithromycin remains on the formulary, however it is now restricted for use in the treatments of: Pneumonia. Bacterial Bronchitis in patients with chronic lung disease/interstitial lung disease. Infections in Immunocompromised patients. Infections in patients with endstage renal disease on dialysis. Infections that have failed other first line treatments, in STDs. P and T update 05/2012: Usage approved for Empiric treatment of pertussis and prophylaxis for close contacts.

### Bacitracin Zinc/Polymyxin B Sulfate

Ophthalmic ointment Bacitracin Zinc 500 units/1 gram —Polymyxin B Sulfate 10000 units/1 gram :: Polycin Ophthalmic Ointment

### Ciprofloxacin Hydrochloride

Ophthalmic drops, solution Ciprofloxacin Hydrochloride 0.3 % :: Generic

**Notes:** not for use in acute bronchitis, acute sinusitis, or uncomplicated UTI when other treatment options are available (P&T 6/23/16)

**Erythromycin**

Ophthalmic ointment      Erythromycin 0.5 % :: Generic

**Notes:** Restricted: base formulation approved for surgical services only

**Gentamicin Sulfate**

Ophthalmic drops, solution      Gentamicin Sulfate 0.3 % :: Generic

**Gramicidin/Neomycin/Polymyxin B**

Ophthalmic drops, solution      Gramicidin 0.025 mg/1 mL —Neomycin 1.75 mg/1 mL —Polymyxin B 10000 units/1 mL :: Generic

**Moxifloxacin Hydrochloride**

Ophthalmic drops, solution      Moxifloxacin Hydrochloride 0.5 % :: Vigamox (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY?;  
Drug Class Restriction: NOT FOR USE IN ACUTE BRONCHITIS, ACUTE SINUSITIS OR COMPLICATED UTI, WHEN OTHER TREATMENT OPTIONS ARE AVAILABLE (P06/23/16).

**Polymyxin B Sulfate/Trimethoprim Sulfate**

Ophthalmic drops, solution      Polymyxin B Sulfate 10000 units/1 mL —Trimethoprim Sulfate 1 mg/1 mL :: Generic

**Sulfacetamide Sodium**

Ophthalmic drops, solution      Sulfacetamide Sodium 10 % :: Generic

**Tobramycin**

Ophthalmic drops, solution      Tobramycin 0.3 % :: AK-Tob

Ophthalmic ointment      Tobramycin 0.3 % :: Tobrex

**OPHTHALMOLOGICAL ANTI-INFLAMMATORY/ANTI-INFECTIVE COMBINATIONS****OPHTHALMOLOGICAL CORTICOSTEROID AND ANTI-INFECTIVE COMBINATIONS****Dexamethasone/Neomycin Sulfate/Polymyxin B Sulfate**

Ophthalmic drops, suspension      Dexamethasone 0.1 % —Neomycin Sulfate 0.35 % —Polymyxin B Sulfate 10000 units/1 mL :: Generic (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

**Dexamethasone/Neomycin/Polymyxin B**

Ophthalmic ointment      Dexamethasone 0.1 % —Neomycin 3.5 mg/1 gram —Polymyxin B 10000 units/1 gram :: Maxitrol Ophthalmic Ointment

**Dexamethasone/Tobramycin**

Ophthalmic drops, suspension      Dexamethasone 0.1 % —Tobramycin 0.3 % :: Generic (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

**OPHTHALMOLOGICAL ANTIVIRAL AGENTS****Ganciclovir**

Ophthalmic gel      Ganciclovir 0.15 % :: Zirgan (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

**Trifluridine**

Ophthalmic drops, solution      Trifluridine 1 % :: Generic

**OPHTHALMOLOGICAL CORTICOSTEROIDS****Difluprednate**

Ophthalmic drops, emulsion      Difluprednate 0.05 % :: Durezol (Restricted)

**Notes: Restriction:** Ophthalmology and Optometry Use Only

**Fluorometholone**

Ophthalmic drops, suspension      Fluorometholone 0.1 % :: Generic

Ophthalmic ointment

Fluorometholone 0.1 % :: FML S.O.P.

**Notes: Restriction:** Eye Clinic Use ONLY

**Loteprednol Etabonate**

Ophthalmic drops, suspension      Loteprednol Etabonate 0.2 % :: Alrex (Restricted)  
Loteprednol Etabonate 0.5 % :: Lotemax (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

**prednisOLONE acetate**

Ophthalmic drops, suspension      Prednisolone Acetate 0.12 % :: Pred Mild (Restricted)  
Prednisolone Acetate 1 % :: Generic (Restricted)

**Notes: Restriction:** Eye Clinic Use Only

**OPHTHALMOLOGICAL DIAGNOSTIC AGENTS**

**Fluorescein Sodium**

Ophthalmic insert      Fluorescein Sodium 1 mg :: Fluor-I-Strip A.T.

**OPHTHALMOLOGICAL LOCAL ANAESTHETICS**

**Proparacaine Hydrochloride**

Ophthalmic drops, solution      Proparacaine Hydrochloride 0.5 % :: Ocu-Caine

**Tetracaine Hydrochloride**

Ophthalmic drops, solution      Tetracaine Hydrochloride 0.5 % :: Generic

**OPHTHALMOLOGICAL NON-STEROIDAL ANTI-INFLAMMATORIES**

**Bromfenac Sodium**

Ophthalmic drops, solution      Bromfenac Sodium 0.07 % :: Prolensa (Restricted)

**Notes: Restriction:** Ophthalmology Use Only

**Ketorolac Tromethamine**

Ophthalmic drops, solution      Ketorolac Tromethamine 0.5 % :: Generic

**Notes: Restriction:** 10 mg tablet- Post-op OR Short Stay Surgery discharge Use Only

**OTOLOGICALS**

**EARWAX REMOVAL AGENTS**

**Carbamide Peroxide**

Otic drops, solution      Carbamide Peroxide 6.5 % :: RITE AID Earwax Cleansing System (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

**OTIC CORTICOSTEROID/ANTI-INFECTIVE COMBINATIONS**

**Ciprofloxacin Hydrochloride/Dexamethasone**

Otic drops, suspension      Ciprofloxacin Hydrochloride 0.3 % —Dexamethasone 0.1 % :: Ciprodex

**Hydrocortisone/Neomycin/Polymyxin B**

Otic drops, suspension      Hydrocortisone 1 % —Neomycin 3.5 mg/1 mL —Polymyxin B 10000 units/1 mL  
:: Oti-Sone

**SYSTEMIC HORMONAL AGENTS (EXCLUDING SEX HORMONES)**

**OTHER HORMONES**

**CALCITONINS**

**Calcitonin (Salmon)**

Nasal spray, solution      Calcitonin (salmon) 200 units/1 actuation :: Miacalcin

**GLUCAGON AND ANALOGS**

**Glucagon Hydrochloride**

Powder for solution for injection      Glucagon Hydrochloride 1 mg :: Glucagon Emergency Kit

## PARATHYROID HORMONE ANALOGS AND MODIFIERS

### Cinacalcet Hydrochloride

Oral tablet      Cinacalcet Hydrochloride 30 mg :: Sensipar (Restricted)  
Cinacalcet Hydrochloride 60 mg :: Sensipar (Restricted)  
Cinacalcet Hydrochloride 90 mg :: Sensipar (Restricted)

**Notes: Restricted:** To Nephrology WITH Cinacalcet (Sensipar) Appropriateness  
Flowsheet completed and meet the form's requirements.  
(Form on the main page, bottom left corner, under 'TCRHCC Documents'.)

## VASOPRESSIN ANALOGS

### Desmopressin Acetate

Nasal spray, solution      Desmopressin Acetate 0.1 mg/1 mL :: Generic  
Solution for injection

Desmopressin Acetate 4 mcg/1 mL :: Generic

### Vasopressin

Solution for injection      Vasopressin 20 units/1 mL :: Vasopressin

## PITUITARY AND HYPOTHALAMIC HORMONES

### HYPOTHALAMIC HORMONES

#### SOMATOSTATIN AND ANALOGS

##### Octreotide Acetate

Solution for injection      Octreotide Acetate 100 mcg/1 mL :: Generic

**Notes: Restriction:** PREFILLED SYRINGE FOR OUTPATIENT USE ONLY.

## PITUITARY HORMONES

### ACTH AND ANALOGS

#### Cosyntropin

Powder for solution for injection      Cosyntropin 0.25 mg :: Cortrosyn

## VASOPRESSIN (ADH) AND ANALOGS

### Desmopressin Acetate

Nasal spray, solution      Desmopressin Acetate 0.1 mg/1 mL :: Generic  
Solution for injection

Desmopressin Acetate 4 mcg/1 mL :: Generic

### Vasopressin

Solution for injection      Vasopressin 20 units/1 mL :: Vasopressin

## SYSTEMIC CORTICOSTEROIDS

### SYSTEMIC CORTICOSTEROIDS, PLAIN

#### Betamethasone Acetate/Betamethasone Sodium Phosphate

Suspension for injection      Betamethasone Acetate 3 mg/1 mL —Betamethasone Sodium Phosphate 3 mg/1 mL :: Celestone Soluspan

#### Dexamethasone

Oral solution      Dexamethasone 1 mg/1 mL :: Generic  
Oral tablet

Dexamethasone 0.5 mg :: Generic

Dexamethasone 4 mg :: Generic

#### Dexamethasone Sodium Phosphate

Solution for injection      Dexamethasone Sodium Phosphate 4 mg/1 mL :: Generic  
Dexamethasone Sodium Phosphate 10 mg/1 mL :: Generic

#### Fludrocortisone Acetate

Oral tablet      Fludrocortisone Acetate 0.1 mg :: Florinef

#### Hydrocortisone

Oral tablet      Hydrocortisone 5 mg :: Cortef  
Hydrocortisone 10 mg :: Cortef  
Hydrocortisone 20 mg :: Generic

**Notes: Restriction:** 1% topical cream and ointment- Peds Eczema/Atopic Dermatitis Use Only

**Hydrocortisone Sodium Succinate**

Powder for solution for injection Hydrocortisone Sodium Succinate 100 mg :: Solu-Cortef

**methyIPREDNISolone**

Oral tablet Methylprednisolone 4 mg :: Generic

**methyIPREDNISolone acetate**

Suspension for injection Methylprednisolone Acetate 40 mg/1 mL :: Depo-Medrol

**methyIPREDNISolone sodium succinate**

Powder for solution for injection Methylprednisolone Sodium Succinate 40 mg :: Solu-Medrol

Methylprednisolone Sodium Succinate 125 mg :: Solu-Medrol, Solu-Medrol (NOVAPLUS)

**prednisolONE**

Oral solution Prednisolone 15 mg/5 mL :: Generic

**predniSONE**

Oral tablet  
Prednisone 1 mg :: Generic  
Prednisone 5 mg :: Generic  
Prednisone 20 mg :: Generic

**Triamcinolone Acetonide**

Suspension for injection Triamcinolone Acetonide 10 mg/1 mL :: Kenalog-10

Triamcinolone Acetonide 40 mg/1 mL :: Kenalog-40, Generic (Restricted)

**Notes: Restriction:** 40 mg/mL- Restricted to Ophthalmology - Dr. Shelton.

**Therapeutic Interchange:**

- 1) Dr. DeCapite's patients - either triamcinolone 0.5% ointment or fluocinonide 0.05% cream, depending on the patient's preference for a cream vs. ointment. If the patient has no preference or you cannot contact him/her, please use triamcinolone 0.5% ointment.
- 2) ALL other patients - switch to triamcinolone 0.5% ointment.

**THYROID THERAPY**

**ANTI-THYROID AGENTS**

**methIMazole**

Oral tablet Methimazole 10 mg :: Generic

**Propylthiouracil**

Oral tablet Propylthiouracil 50 mg :: Generic

**IODINE THERAPY**

**Iodine/Potassium Iodide**

Oral solution Iodine 5 % —Potassium Iodide 10 % :: Generic

**Potassium Iodide**

Oral solution Potassium Iodide 1 grams/1 mL :: SSKI

**THYROID AGENTS**

**Levothyroxine Sodium**

Lyophilisate for solution for injection Levothyroxine Sodium 200 mcg :: Generic

Levothyroxine Sodium 500 mcg :: Generic

Oral tablet

Levothyroxine Sodium 25 mcg :: Synthroid

Levothyroxine Sodium 50 mcg :: Synthroid

Levothyroxine Sodium 88 mcg :: Synthroid

Levothyroxine Sodium 100 mcg :: Synthroid

Levothyroxine Sodium 125 mcg :: Synthroid

Levothyroxine Sodium 150 mcg :: Synthroid

Levothyroxine Sodium 200 mcg :: Synthroid

**VITAMINS, MINERALS, AND DIETARY OR NUTRITIONAL SUPPLEMENTS**

**DIETARY SUPPLEMENTS**

**FISH OIL SUPPLEMENTS**



**Omega-3 Fatty Acids**

Oral capsule, liquid filled      Omega-3 Fatty Acids 1 grams    :: Generic (Restricted)

**Notes:** For use in triglycerides > 500

**Vitamin A**

Oral capsule, liquid filled      Vitamin A 10000 units    :: Generic (Restricted)

**PROBIOTIC SUPPLEMENTS****Lactobacillus Acidophilus**

Oral capsule      Lactobacillus Acidophilus (Unspecified Strength)    :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Discharge Use ONLY. No refills will be given.

**VITAMIN AND MINERAL SUPPLEMENTS****CALCIUM SUPPLEMENTS (NEW)****INJECTABLE CALCIUM SUPPLEMENTS****Calcium Chloride**

Solution for injection      Calcium Chloride 10 %    :: Generic

**Calcium Gluconate**

Solution for injection      Calcium Gluconate 100 mg/1 mL    :: Generic

**ORAL CALCIUM SUPPLEMENTS****Calcium**

Oral tablet      Calcium 500 mg    :: Generic (Restricted)

**Calcium Acetate**

Oral capsule      Calcium Acetate 667 mg    :: PhosLo Gelcaps

**Calcium Carbonate**

**Notes: Restriction:** Osteoporosis, Osteopenia or Metabolic Disorders causing Hypocalcemia, and High School Clinic Patients on Depo-Provera Use Only.

**IRON SUPPLEMENTS (NEW)****INJECTABLE IRON SUPPLEMENTS****Iron**

Solution for injection      Iron 12.5 mg/1 mL    :: Ferrlecit

**Notes:** polysaccharide iron complex = 125mg elemental iron /5 mL  
**Ferrous Sulfate scripts can be automatically filled with Novaferum as per PPeds Rep**

**Iron Dextran**

Solution for injection      Iron Dextran 50 mg/1 mL    :: INFeD

**Iron Sucrose**

Solution for injection      Iron Sucrose (Unspecified Strength)    :: Venofer

**Notes:**  
 for use in FDA-approved indications, and for iron-deficiency anemia (P&T 6/20/19)

**ORAL IRON SUPPLEMENTS****Ferrous Gluconate**

**Notes: Restriction:** Inpatient and Group Home Use Only

**Ferrous Sulfate**

**Notes:** Iron sulfate 325mg tablets = 65mg elemental iron

**Iron**

Oral tablet      Iron 65 mg    :: Generic

**Notes:** polysaccharide iron complex = 125mg elemental iron /5 mL  
**Ferrous Sulfate scripts can be automatically filled with Novaferrum as per PPeds Rep**

## **MAGNESIUM SUPPLEMENTS (NEW)**

### **INJECTABLE MAGNESIUM SUPPLEMENTS**

#### **Magnesium Sulfate**

Solution for injection                      Magnesium Sulfate 40 mg/1 mL :: Generic

### **ORAL MAGNESIUM SUPPLEMENTS**

#### **Magnesium**

Oral tablet                                      Magnesium 241.3 mg :: Generic

#### **Magnesium Oxide**

Oral tablet                                      Magnesium Oxide 420 mg :: Generic

**Therapeutic Interchange: Autoswitch:** Magnesium Oxide 400 mg

## **VITAMIN B SUPPLEMENTS**

### **VITAMIN B1 (THIAMINE) SUPPLEMENTS**

#### **Vitamin B1 (Thiamine)**

Oral tablet                                      Vitamin B1 (thiamine) 100 mg :: Generic (Restricted)

**Notes:** Restriction: Inpatient and Group Home Use Only

### **VITAMIN B12 (CYANOCOBALAMIN) SUPPLEMENTS**

#### **INJECTABLE VITAMIN B12 (CYANOCOBALAMIN) SUPPLEMENTS**

##### **Vitamin B12 (Cyanocobalamin)**

Solution for injection                      Vitamin B12 (cyanocobalamin) 1000 mcg/1 mL :: Generic

#### **NON-INJECTABLE VITAMIN B12 (CYANOCOBALAMIN) SUPPLEMENTS**

Oral tablet

Vitamin B12 (cyanocobalamin) 1000 mcg :: CVS Energy Support Vitamin B-12

### **VITAMIN B6 (PYRIDOXINE) SUPPLEMENTS**

#### **Vitamin B6 (Pyridoxine)**

Oral tablet                                      Vitamin B6 (pyridoxine) 50 mg :: Generic

### **VITAMIN B9 (FOLIC ACID) SUPPLEMENTS**

#### **Folic Acid**

Oral tablet                                      Folic Acid 1 mg :: Generic

Solution for injection

Folic Acid 5 mg/1 mL :: Generic (Restricted)

**Notes: Restriction:** 5 mg/mL Injectable- Do NOT use in banana bags. Recommend po formulation

## **VITAMIN C (ASCORBIC ACID) SUPPLEMENTS**

### **ORAL VITAMIN C (ASCORBIC ACID) SUPPLEMENTS**

#### **Vitamin C (Ascorbic Acid)**

Oral tablet                                      Vitamin C (ascorbic Acid) 500 mg :: Generic (Restricted)

**Notes: Restriction:** Inpatient and Group Home Use Only

## **VITAMIN D SUPPLEMENTS (NEW)**

### **CHOLECALCIFEROL SUPPLEMENTS**

#### **Vitamin D (Cholecalciferol)**

Oral capsule                                      Vitamin D (cholecalciferol) 5000 units :: Generic

Oral tablet

Vitamin D (cholecalciferol) 400 units :: Generic (Restricted)

**Notes: Restriction:** Vitamin D 800 units OR 400 units (dosed as 800 daily or 400 BID) or 5000 units ONCE DAILY for osteoporosis, osteopenia, Vitamin D deficiency maintenance therapy.

### **ERGOCALCIFEROL SUPPLEMENTS**

#### **Vitamin D (Ergocalciferol)**

Oral capsule Vitamin D (ergocalciferol) 50000 units :: Generic

**Notes:** Ergocalciferol 50,000 units: Vitamin D Deficiency

### **VITAMIN E SUPPLEMENTS (NEW)**

#### **Vitamin E**

Oral capsule, liquid filled Vitamin E 400 units :: Generic (Restricted)

**Notes:** Restriction: for use in dementia only

#### **Vitamin E (D-Alpha Tocopheryl Acetate)**

Oral capsule, liquid filled Vitamin E (d-Alpha Tocopheryl Acetate) 1000 units :: Generic (Restricted)

**Notes:** Restriction: for use in dementia only  
To convert from IU to mg: 1 IU of the natural form is equivalent to 0.67 mg of alpha-tocopherol. 1 IU of the synthetic form is equivalent to 0.45 mg of alpha-tocopherol.

### **ZINC SUPPLEMENTS (NEW)**

#### **Zinc**

Oral capsule Zinc 50 mg :: Generic (Restricted)

#### **Zinc Sulfate**

**Notes: Restriction:** Inpatient and Group Home Use Only

**NOT CATEGORIZED  
VARIOUS**

**ACETIC ACID/ALUMINUM ACETATE**

**Notes: Restriction:** Group Home, Inpatient, Dinnebito and Approved for use by ENT clinic.

**Acyclovir**

Oral tablet Acyclovir 400 mg :: Generic

**ALLANTOIN/CAMPBOR/PHENOL**

**Notes: Restriction:** Inpatient Use Only

**Azelastine Hydrochloride**

Nasal spray, solution Azelastine Hydrochloride 205.5 mcg/1 actuation :: Generic (Restricted)

**Notes: Restriction:** to ENT/Allergy Providers ONLY

**BARIUM SULFATE/MAGNESIUM SULFATE/BISACODYL TABLETS/BISACODYL SUPPOSITORIES/  
DIATRIZOATE MEGLUMINE/DIATRIZOATE SODIUM**

**Notes: CT Colonography**

- 1 package of Tagitol (3 bottles/pack)
- 1 bottle of Magnesium Citrate
- 4 tablets of Bisacodyl 5 mg tablets
- 1 Bisacodyl 10 mg suppository
- 1 bottle of Gastrografin 30 mL 66%-10%

**Benzonatate**

Oral capsule, liquid filled Benzonatate 200 mg :: Generic

**Benzoyl Peroxide/Clindamycin Phosphate**

Topical gel Benzoyl Peroxide 5 % —Clindamycin Phosphate 1 % :: Benzacilin

**Notes: Auto-Switch from Benzamycin to Benzacilin is fine, based on cost.**

**BENZYL PENICILLOYL POLYLYSINE**

Solution for injection Benzylpenicilloyl Polylysine 0.25 mL :: PRE-PEN

**Bupivacaine Hydrochloride**

Solution for injection Bupivacaine Hydrochloride 0.25 % :: Sensorcaine MPF  
Bupivacaine Hydrochloride 0.5 % :: Sensorcaine MPF

**Camphor/Menthol/Phenol**

Nasal drops, emulsion Camphor 1.7 % —Menthol 0.7 % —Phenol 0.4 % :: CMP Oil (Restricted)

**Notes: Restriction:** ENT Clinic Use Only

**CHOLECALCIFEROL (VITAMIN D3)**

Oral solution Cholecalciferol (vitamin D3) 400 International Units :: Generic (Restricted)

**Notes: Restriction:** Approved for use in pediatrics for infants who are exclusively breastfeeding - (P1/19/2017)

**CLARITHROMYCIN/AMOXICILLIN/OMEPRAZOLE**

Clarithromycin 250 mg —Amoxicillin 250 mg —Omeprazole 20 mg :: H. Pylori Regimen for Pediatric Patients  
Clarithromycin 500 mg —Amoxicillin 1000 mg —Omeprazole 20 mg :: First Line H. Pylori Regimen for Adults

**Notes:**

**First Line Regimen Details:** Clarithromycin 500 mg by mouth twice daily X 14

days. Amoxicillin 1000 mg (2 x 500 mg) by mouth twice daily X 14 days. Omeprazole 20 mg by mouth twice daily X 14 days.

**Second Line Regimen Details: (For Allergies to Penicillin)** Clarithromycin 500 mg by mouth twice daily X 14 days. Metronidazole 500 mg (2 x 250mg) by mouth twice daily X 14 days. Omeprazole 20 mg by mouth twice daily X 14 days.

**Pediatric Patients? Regimen Details:** Clarithromycin 20 mg/kg/day (divided in two doses) x 14 days. Amoxicillin 50 mg/kg/day (divided in two doses) x 14 days. Omeprazole 20 mg by mouth twice daily X 14 days.

**Second Line Adults Regimen Details: (Those that FAILED first line of Amox/ Clarithro/Omep)** Levofloxacin 500 mg by mouth once daily X 10 days. Amoxicillin 1000 mg (2 x 500mg) by mouth twice daily X 10 days. Omeprazole 20 mg by mouth twice daily X 10 days.

## CLARITHROMYCIN/METRONIDAZOLE/OMEPRAZOLE

### Notes:

Regimen Details: Clarithromycin 500 mg by mouth twice daily X 14 days. Metronidazole 500 mg (2 x 250 mg) by mouth twice daily X 14 days. Omeprazole 20 mg by mouth twice daily X 14 days.

### Distilled Water

Ophthalmic solution for irrigation      Distilled Water (Unspecified Strength) :: Eye Wash (Restricted)

**Notes: Restriction:** In-hospital Use Only

### Ergocalciferol/Vitamin A

Topical ointment      Ergocalciferol (Unspecified Strength) —Vitamin A (Unspecified Strength) :: Vitamin A and D Ointment (Restricted)

**Notes: Restriction:** Inpatient Use Only

### Ethinyl Estradiol/Levonorgestrel

Oral tablet      Ethinyl Estradiol —Levonorgestrel :: Enpresse  
Ethinyl Estradiol 0.02 mg —Levonorgestrel 0.1 mg :: Orsythia

**Notes: NOTE:** Sronyx (Ethinyl Estradiol 0.02 mg/Levonorgestrel 0.1 mg) has been discontinued from the manufacture. Per P can auto-switch to Orsythia (Ethinyl Estradiol 0.02 mg/Levonorgestrel 0.1 mg).

### Ethinyl Estradiol/Norelgestromin

Transdermal patch - Weekly      Ethinyl Estradiol 0.035 mg/24 hr —Norelgestromin 0.15 mg/24 hr :: Xulane

### Ferric carboxymaltose

Solution for injection      Ferric Carboxymaltose 50 mg/1 mL :: Injectafer (Restricted)

### Notes:

Restricted: Hematology/Oncology use only  
Added 4/18/19

### Histamine Phosphate

Solution for injection      Histamine Phosphate 1 mg/mL :: Generic

### Insulin Regular (Recombinant)/Insulin Suspension Isophane (NPH) (Recombinant)

Suspension for injection      Insulin Regular (recombinant) 30 units/1 mL —Insulin Suspension Isophane (nph) (recombinant) 70 units/1 mL :: Humulin 70/30 KwikPen

### Iron

Oral suspension      Iron 25 mg/mL :: NovaFerrum

**Notes:** polysaccharide iron complex = 125mg elemental iron /5 mL  
**Ferrous Sulfate scripts can be automatically filled with NovaFerrum as per PPeds Rep**

**Leuprolide Acetate**

Lyophilisate for suspension for injection

Leuprolide Acetate 3.75 mg :: Lupron Depot

Leuprolide Acetate 11.25 mg :: Lupron Depot

Leuprolide Acetate 22.5 mg :: Lupron Depot

**LEVOFLOXACIN/AMOXICILLIN/OMEPRAZOLE****Notes:**

Regimen Details: Levofloxacin 500 mg by mouth twice daily X 10 days. Amoxicillin 1000 mg (2 x 500 mg) by mouth twice daily X 10 days. Omeprazole 20 mg by mouth twice daily X 10 days.

**LOTIONS/OINTMENTS/CREAMS/POWDERS**

Topical cream

Lotions/Ointments/Creams/Powders :: Hydrocerin (Restricted)

**Notes:** font color="#FF0000">**Restriction:** Cream- Use Only in less than 18 yrs old and Use with Group Home patients**METRONIDAZOLE/NEOMYCIN**

Metronidazole 1000 MG —Neomycin 1000 MG :: Nichols Prep - Take both at 1300, 1400, and 2200 the day before surgery

**Notes:**

Nichols Prep:

It consists of:

**Metronidazole 250 mg - 4 tablets PO at 13:00, 14:00 and 22:00 the day before surgery**

Plus

**Neomycin 500 mg - 2 tablets PO at 13:00, 14:00 and 22:00 the day before surgery****MULTI-VITAMINS**

Chewable tablet

Multi-Vitamins :: Multi-Vitamin with Iron (Restricted)

Oral tablet

Multi-Vitamins :: Prenatal Multi-Vitamin with Folic Acid 1 mg

**Notes: Restriction:** Multi-Vitamin tablet- Inpatient and Group Home Use Only**Restriction:** Multi-Vitamin chewable tablet with Iron and Multi-Vitamin chewable tablet with Fluoride-? Use Only in Children 2 years and older with documented Microctosis.

This agent will only be dispensed for a 30 day supply with refills available.

**Therapeutic Interchange:**

nephrovite may be auto-substituted with PNV (10/15/15 P)

**NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE**

Solution for injection

Nicardipine Hydrochloride 20 mg —Sodium Chloride 0.86 %/200 mL :: Generic (Restricted)

**Notes: Restriction:** Mayo Clinic telestroke program Use Only**Nirmatrelvir/Ritonavir**

Oral tablet

Nirmatrelvir 300 mg —Ritonavir 100 mg :: PAXLOVID (Restricted)

**Notes:****Omalizumab (Hamster)**

Lyophilisate for solution for injection Omalizumab (hamster) 150 mg :: Xolair (Restricted)

**Locations:** Refrigerator

**Notes: Restricted:** to Allergist/Pulmonology for Chronic Idiopathic Urticaria or Asthma. It will be ordered when the patient arrives to clinic and mixed in inpatient pharmacy.

**Phenol**

Topical solution                      Phenol 89 % :: Generic (Restricted)

**Notes:** In-House use only.

**RALTEGRAVIR (ISENTRESS)/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (TRUVADA)**

Oral tablet                      Raltegravir (isentress) 400 mg —Emtricitabine/Tenofovir Disoproxil Fumarate (truvada) 200 mg/300 mg :: HIV Postexposure Prophylaxis (PEP) Regimen

**Notes:** Related Names:

Therapeutic Classes:

anti-infectives >> antiviral agents >> **NNRTIs**

anti-infectives >> antiviral agents >> **integrase strand transfer inhibitor**

References: No Drug Information Available

**Preferred HIV Postexposure Prophylaxis (PEP) Regimen**

Raltegravir 400 mg: available as Isentress

Tenofovir DF/Emtricitabine 300 mg/200 mg: available as Truvada

**Dosing**

Raltegravir (Isentress) 400 mg **twice** daily for 4 weeks

Tenofovir/Emtricitabine (Truvada) 300 mg/200 mg **once** daily for 4 weeks

***Truvada is not recommended with a CrCl < 60 mL/min***

**Regadenoson**

Solution for injection                      Regadenoson 0.08 mg/1 mL :: Lexiscan (Restricted)

**Notes: Restriction:** Restricted to Nuclear Cardiac Stress

**Semaglutide**

Solution for injection                      Semaglutide 1.34 mg/1 mL :: OZEMPIC (Restricted)

**Notes:** Restriction: new starts limited to patient with DM. (P&T 3/16/2023)

**Silver Nitrate**

**Notes: Restriction:** Inpatient Use Only

**SODIUM CHONDROITIN SULFATE/SODIUM HYALURONATE**

**Notes: Restriction:** Ophthalmology Use Only

**Sodium Fluoride**

Oral drops, solution                      Sodium Fluoride 0.5 MG/ML :: Generic

**Notes: Restriction:** To Dental

**SUGAMMADEX**

Solution for injection                      Sugammadex 200 mg/2mL :: Bridion (Restricted)

**Notes: Restriction:** for reversal of rocuronium or vecuronium-induced neuromuscular blockade (not for reversal of succ). It will not be used for routine reversal; only for those that are urgent. Anesthesia will develop a patient education

tool for women on contraception to use a non-hormonal back-up form of contraception for 7 days.

Anesthesia will give these to the patient.

### **TIANIUM DIOXIDE/ZINC OXIDE**

Tianium Dioxide 3.4 % —Zinc Oxide 6 % :: Sunscreen Vanicream SPF30 (Restricted)

**Locations:** Omnicell

**Notes:**

Restricted to phototherapy use only (dermatology).

Location: Family Medicine Omnicell.

### **Tixagevimab/Cilgavimab**

Solution for injection

Tixagevimab 150 mg/1.5 mL —Cilgavimab 150 mg/1.5 mL :: EVUSHELD (Restricted)

**Notes:** Restricted: intramuscular antiviral monoclonal antibody for use in outpatients who are not currently infected with COVID and have not had a recent known exposure, and either have moderate to severe immune compromise and may not be able to mount an adequate response to COVID vaccination, or who cannot be vaccinated due to a history of severe adverse reaction to COVID vaccines or components. Administered as a single dose in 2 separate syringes; may be repeated every 6 months if individuals remain at risk. Jan 2022 P&T

### **Tocilizumab**

Solution for injection

Tocilizumab 20 mg/1 mL :: Actemra 200mg/10ml (Restricted)

**Notes:** Restricted: (must test COVID positive and be in or going to be admitted to ICU) treatment of hospitalized adults & pediatrics 2 years or older with COVID who are receiving systemic corticosteroids and require high-flow supplemental oxygen, non-invasive or invasive mechanical ventilation, or ECMO (which we don't do here). Not for outpatient use. Patients may also need to be treated with remdesivir, but they should not be given concurrently (Jan 2022 P&T)

### **TRYPAN BLUE**

**Notes: Restriction:** Ophthalmology Use Only

### **Xylitol**

Oral Dissolving film

Xylitol 550 mg :: OraCoat XyliMelts Dry Mouth (Restricted)

**Notes:** Restricted: Initial prescription restricted to oncology and dental for scleroderma, Sjogrens, and radiation oncology patients; may be refilled by primary care providers. (Jan 2022 P&T)