

**Acetaminophen**

Chewable tablet	Acetaminophen 80 mg :: Generic (Restricted)
Oral solution	Acetaminophen 160 mg/5 mL :: Generic (Restricted), M-PAP (Restricted)
Oral tablet	Acetaminophen 325 mg :: Generic (Restricted)
Solution for injection	Acetaminophen 10 mg/1 mL :: OFIRMEV (Restricted)

**Notes: Restriction:** APAP 80mg and 325mg tablets for children less than 16 years of age, group-home, and high school Clinic use.

**Restriction:** APAP 325mg: ED adults with an NSAID contraindication or taking an anticoagulant. A NON-FORMULARY REQUEST FORM IS NOT NEEDED

**Restriction:** Ofirmev 1000 MG/100 ML VIAL restricted to *colorectal surgery cases only (8/17/2021)*.

**Acetaminophen/Butalbital/Caffeine**

Oral tablet	Acetaminophen 325 mg —Butalbital 50 mg —Caffeine 40 mg :: Generic <b>DEA class: schedule III;</b>
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**Acetaminophen/Codeine Phosphate**

Oral solution	Acetaminophen 120 mg/5 mL —Codeine Phosphate 12 mg/5 mL :: Generic (Restricted)
Oral tablet	Acetaminophen 300 mg —Codeine Phosphate 30 mg :: Generic (Restricted) <b>DEA class: schedule III; schedule V; See complete listings for details.</b>

**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
Oral tablet	Acetaminophen 325 mg —Hydrocodone Bitartrate 5 mg :: Lorcet <b>DEA class: schedule II;</b>

**Acetaminophen/oxyCODONE hydrochloride**

Oral tablet	Acetaminophen 325 mg —Oxycodone Hydrochloride 5 mg :: Generic <b>DEA class: schedule II;</b>
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**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
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**Acetic Acid, Glacial**

Bladder irrigation	Acetic Acid, Glacial 0.25 % :: Generic
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**ACETIC ACID/ALUMINUM ACETATE**

**Notes: Restriction:** Group Home, Inpatient, Dinnebito and Approved for use by ENT clinic.

**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.

**Actemra 200mg/10ml** see *Tocilizumab*

**Actemra 400mg/20ml** see *Tocilizumab*

**ActHIB Powder for Injection** see *Haemophilus Influenzae Type B Strain 1482 Capsular Polysaccharide Tetanus Toxoid Conjugate antigen*

**Acticin** see *Permethrin*

**Activase** see *Alteplase*

**Activated Charcoal**

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

**Acyclovir**

Oral capsule Acyclovir 200 mg :: Generic

Oral suspension Acyclovir 200 mg/5 mL :: Generic

Oral tablet Acyclovir 400 mg :: Generic  
 Acyclovir 800 mg :: Generic

**Acyclovir Sodium**

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

**Adacel Suspension for Injection** see *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*

**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.

**Adenocard** see *Adenosine*

**Adenosine**

Solution for injection Adenosine 3 mg/1 mL :: Adenocard

**Advair Diskus** see *Fluticasone Propionate/Salmeterol Xinafoate*

**AK-Tob** see *Tobramycin*

**Akarpine** see *Pilocarpine Hydrochloride*

**Albendazole**

Oral tablet Albendazole 200 mg :: Albenza

**Albenza** see *Albendazole*

**Albumin Human**

Solution for injection      Albumin Human 25 %    :: Albutein

**Albutein** see *Albumin Human*

**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)  
    Albuterol Sulfate 2.5 mg/3 mL    :: Proventil  
    Albuterol Sulfate 5 mg/1 mL    :: Proventil

**Notes: Restriction:** 1.25 mg/3 mL- Inpatient Use Only

**Albuterol Sulfate/Ipratropium Bromide**

Nebulizer solution      Albuterol Sulfate 3 mg/3 mL —Ipratropium Bromide 0.5 mg/3 mL    :: Generic

**Alendronate Sodium**

Oral tablet      Alendronate Sodium 10 mg    :: Generic  
 Oral tablet, weekly      Alendronate Sodium 70 mg    :: Generic

**ALLANTOIN/CAMPHOR/PHENOL**

**Notes: Restriction:** Inpatient Use Only

**Allopurinol**

Oral tablet      Allopurinol 100 mg    :: Generic  
    Allopurinol 300 mg    :: Generic

**Alogliptin**

Oral tablet      Alogliptin 6.25 mg    :: Generic  
    Alogliptin 12.5 mg    :: Generic  
    Alogliptin 25 mg    :: Generic

**Notes: Shortage:** Since going on contract a lot of facilities are ordering and the manufacture cannot keep up with the demand. We will continue to order when supplies are available.

**May autoswitch Saxagliptan to Alogliptan as follows:**

**CrCl greater than or equal to 60 mL/minute = 25mg alogliptin daily**

**CrCl greater than or equal to 30 to < 60 mL/minute = 12.5mg alogliptin daily**

**?CrCl greater than or equal to 15 to < 30 mL/minute = 6.25mg alogliptin daily**

**?ESRD (CrCl < 15 mL/minute or requiring hemodialysis) = 6.25mg alogliptin daily**

**?If clearance unknown = 6.25mg daily and get renal function at**

**next DM clinic visitor PCP visit.**  
**Patients should have Liver Function testing prior to starting the medication and then annually after that. They also need to have annual kidney function testing. Please check the labs as described.**

**Alphagan P** *see Brimonidine Tartrate*

**ALPRAZolam**

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

**DEA class: schedule IV;**

**Alprostadi**

Solution for injection Alprostadi 500 mcg/1 mL :: Prostin VR Pediatric

**Alrex** *see Loteprednol Etabonate*

**Alteplase**

Lyophilisate for solution for injection Alteplase 2.2 mg :: Cathflo Activase  
Alteplase 100 mg :: Activase

**Aluminum Hydroxide/Magnesium Hydroxide/Simethicone**

Oral suspension Aluminum Hydroxide 200 mg/5 mL —Magnesium Hydroxide 200 mg/5 mL —  
Simethicone 20 mg/5 mL :: RITE AID Antacid & Gas Relief (Restricted)

**Notes: Restriction:** Group Home, High School, and Inpatient Use Only

**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

**ALYACEN** *see Ethinyl Estradiol/Norethindrone*

**Amantadine Hydrochloride**

Oral capsule Amantadine Hydrochloride 100 mg :: Generic

Oral solution Amantadine Hydrochloride 50 mg/5 mL :: Generic

**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.

**Amicar** *see Aminocaproic Acid*

**Amidate** *see Etomidate*

**Amikacin Sulfate**

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

**Aminocaproic Acid**

Oral tablet Aminocaproic Acid 1000 mg :: Amicar

Solution for injection Aminocaproic Acid 250 mg/1 mL :: Generic

**Aminophylline**

Solution for injection Aminophylline 25 mg/1 mL :: Generic

**Amiodarone Hydrochloride**

Oral tablet Amiodarone Hydrochloride 200 mg :: Generic

Solution for injection Amiodarone Hydrochloride 50 mg/1 mL :: Generic

**Amitriptyline Hydrochloride**

Oral tablet Amitriptyline Hydrochloride 10 mg :: Generic

Amitriptyline Hydrochloride 25 mg :: Generic

Amitriptyline Hydrochloride 50 mg :: Generic

**amLODIPine besylate**

Oral tablet Amlodipine Besylate 5 mg :: Generic

Amlodipine Besylate 10 mg :: Generic

**Ammonia**

Inhalation vapour, solution Ammonia 15 % :: Generic (Restricted)

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

**Amoxicillin Trihydrate**

Oral capsule Amoxicillin Trihydrate 250 mg :: Generic

Amoxicillin Trihydrate 500 mg :: Generic

Powder for oral suspension

Amoxicillin Trihydrate 250 mg/5 mL :: Generic

**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

**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;**

**Amphotericin B**

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

**Ampicillin Sodium**

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

Ampicillin Sodium 2 grams :: Generic  
Ampicillin Sodium 500 mg :: 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

**Amylase (Porcine)/Lipase (Porcine)/Protease (Porcine)**

Oral capsule, gastro-resistant pellets Amylase (porcine) 30000 units —Lipase (porcine) 6000 units —Protease (porcine) 19000 units :: Creon (Lipase)

**Anastrozole**

Oral tablet Anastrozole 1 mg :: Generic

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

**Antabuse** see *Disulfiram*

**Apixaban**

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

**Aplisol** see *Tuberculin Purified Protein Derivative*

**Apraclonidine Hydrochloride**

Ophthalmic drops, solution Apraclonidine Hydrochloride 1 % :: IOPIDINE

**Argatroban**

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

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

**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

**Artificial Tears** see *Polyvinyl Alcohol*

**Artificial Tears Ophthalmic Ointment** see *Mineral Oil/Petrolatum*

**Asmanex** see *Mometasone Furoate*

**Aspirin**

Chewable tablet Aspirin 81 mg :: Generic  
Oral tablet, gastro-resistant Aspirin 81 mg :: Generic  
Aspirin 325 mg :: Generic  
Rectal suppository Aspirin 300 mg :: Generic  
Aspirin 600 mg :: Generic

**Aspirin/Butalbital/Caffeine**

Oral capsule Aspirin 325 mg —Butalbital 50 mg —Caffeine 40 mg :: Generic  
**DEA class: schedule III;**

**Astringent Powder for Topical Solution** see *Aluminum Sulfate/Calcium Acetate*

**Atenolol**

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

**Atorvastatin Calcium**

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

**Atropine Sulfate**

Ophthalmic drops, solution    Atropine Sulfate 1 % :: Generic  
Ophthalmic ointment  
  
  Atropine Sulfate 1 % :: Generic  
  
Solution for injection  
  
  Atropine Sulfate 1 mg/1 mL :: Generic

**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

**Atrovent** see *Ipratropium Bromide*

**Atrovent HFA** see *Ipratropium Bromide*

**Avastin** see *Bevacizumab*

**Azactam** see *Aztreonam*

**AzaSite** see *Azithromycin*

**azaTHIOprine**

Oral tablet                      Azathioprine 50 mg :: Generic

**Azelastine Hydrochloride**

Nasal spray, solution         Azelastine Hydrochloride 205.5 mcg/1 actuation :: Generic (Restricted)

**Notes: Restriction:** to ENT/Allergy Providers ONLY

**Azithromycin**

Lyophilisate for solution for injection    Azithromycin 500 mg :: Generic

Ophthalmic drops, solution  
  Azithromycin 1 % :: AzaSite (Restricted)

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.

**AZO Urinary Pain Relief Maximum Strength** see *Phenazopyridine Hydrochloride*

**Azopt** see *Brinzolamide*

**Aztreonam**

Powder for solution for injection      Aztreonam 2 grams :: Azactam

**Bacitracin**

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

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

**Bacitracin Zinc/Polymyxin B Sulfate**

Ophthalmic ointment      Bacitracin Zinc 500 units/1 gram —Polymyxin B Sulfate 10000 units/1 gram :: Polycin Ophthalmic Ointment

**Baclofen**

Oral tablet      Baclofen 10 mg :: Generic

**Bacteriostatic Water for Injection**

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

**Barium Sulfate**

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

**Notes:**

BASIC ORAL CONTRAST GUIDELINESCT Abdomen (Outpatient Prescriptions): 1 bottle of Read-CatCT Abdominal/Pelvic (Outpatient Prescriptions): 2 bottles of Read-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

**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%



**BayHep B** see *Hepatitis B Immune Globulin (Human)*

**BD Home Sharps Container** see *Needles, Syringes and Injection Supplies*

**BD Micro-Fine IV 1ML 28G 1/2 inch** see *Needles, Syringes and Injection Supplies*

**Bebtelovimab** see *Bebtelovimab*

### **Bebtelovimab**

Solution for injection                      Bebtelovimab 87.5 mg/1 mL :: Bebtelovimab (Restricted)

**Notes:** Restricted (per P&T 4/19/2022):  
ONLY in the outpatient setting in anyone with symptomatic mild to moderate cases of COVID-19 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. 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)

### **Becaplermin**

Topical gel                                      Becaplermin 0.01 % :: REGRANEX

### **Beclomethasone Dipropionate**

**Notes: Formulary changes:**                      Auto substitution:  
o Flovent (fluticasone) for QVAR (beclomethasone) no longer purchasing QVAR once current stock batch runs out  
o Asmanex (mometasone) for QVAR (new asthma patients only) - should be considered first for adults  
o [\\*\\*\\*https://www.nhlbi.nih.gov/sites/default/files/media/docs/asthma\\_qrg\\_0\\_0.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/asthma_qrg_0_0.pdf)  
- ?estimated? comparative daily dosages: inhaled corticosteroids chart (pages 8 and 9) to help with dose checks if converting from one ICS to another.

**Bengay Original Topical Ointment** see *Menthol/Methyl Salicylate*

**Benzaclin** see *Benzoyl Peroxide/Clindamycin Phosphate*

### **Benzocaine**

Oral lozenge                                      Benzocaine 15 mg :: Chloraseptic Warming Sore Throat (Restricted)

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

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

### **Benzoin Tincture**

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

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

### **Benzonatate**

Oral capsule, liquid filled                      Benzonatate 100 mg :: Generic

Benzonatate 200 mg :: Generic

### **Benzoyl Peroxide**

Topical gel Benzoyl Peroxide 5 % :: 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.**

**Benztropine Mesylate**

Oral tablet Benztropine Mesylate 2 mg :: Generic

**BENZYLPENICILLOYL POLYLYSINE**

Solution for injection Benzylpenicilloyl Polylysine 0.25 mL :: PRE-PEN

**Betamethasone Acetate/Betamethasone Sodium Phosphate**

Suspension for injection Betamethasone Acetate 3 mg/1 mL —Betamethasone Sodium Phosphate 3 mg/1 mL :: Celestone Soluspan

**Betamethasone Dipropionate**

Topical lotion Betamethasone Dipropionate 0.05 % :: Generic

Topical ointment

Betamethasone Dipropionate 0.05 % :: Generic

**Betasept** see *Chlorhexidine Gluconate*

**Betaxolol Hydrochloride**

Ophthalmic drops, suspension Betaxolol Hydrochloride 0.25 % :: Betoptic S (Restricted)

**Notes:** Restriction: Eye Clinic Use ONLY

**Betoptic S** see *Betaxolol Hydrochloride*

**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.

Vials are single-use; the drug is not hazardous.

**BEXSERO Suspension for Injection** see *Neisseria meningitidis serogroup B recombinant FHBP fusion protein antigen/Neisseria meningitidis serogroup B recombinant NADA fusion protein antigen/Neisseria meningitidis serogroup B recombinant NHBA fusion protein antigen/Neisseria meningitidis serogroup*

**Bicalutamide**

Oral tablet Bicalutamide 50 mg :: Generic (Restricted)

**Notes: Restriction:** Urology (in combination with Lupron after Lupron monotherapy failure) Use Only

**Bicillin C-R** see *Penicillin G Benzathine/Penicillin G Procaine*

**Bicillin L-A** see *Penicillin G Benzathine*

**Bictegravir/Emtricitabine/Tenofovir Alafenamide**

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

BIKTARVY

Notes: added 4/2019

**BIKTARVY** see *Bictegravir/Emtricitabine/Tenofovir Alafenamide*

**Bimatoprost**

Ophthalmic drops, solution Bimatoprost 0.01 % :: Lumigan (Restricted)

Notes: Restriction: Eye Clinic Use ONLY

**biotene with Xylitol Moisturizing Mouth Spray (Mint)** see *Stomatological Agents*

**Biotin/Calcium/Chloride/Chromium/Copper/Folic Acid/Iodine/Lutein/Lycopene/Magnesium/Manganese/Molybdenum/Niacin/Nickel/Pantothenic Acid/Phosphorus/Potassium/Potassium Chloride/Selenium/Silicon/Vanadium/Vitamin A (Acetate)/Vitamin A (Beta-Carotene)/Vitamin**

Oral tablet

Biotin 30 mcg —Calcium 210 mg —Chloride 72 mg —Chromium 60 mcg —Copper 0.5 mg —Folic Acid 300 mcg —Iodine 150 mcg —Lutein 300 mcg —Lycopene 600 mcg —Magnesium 75 mg —Manganese 4 mg —Molybdenum 50 mcg —Niacin 20 mg —Nickel 5 mcg —Pantothenic Acid 10 mg —Phosphorus 20 mg —Potassium 80 mg —Potassium Chloride (Unspecified Strength) —Selenium 21 mcg —Silicon 2 mg —Vanadium 10 mcg —Vitamin A (acetate) 2800 units —Vitamin A (beta-Carotene) 700 units —Vitamin 1.5 mg :: Walgreens Men's

Notes: Restriction: new starts for PreserVision AREDS2 limited to Optometry/Ophthalmology(added 10/2019)

**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

**Bismuth Subsalicylate**

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

Notes:

**Bloxyverz** see *Neostigmine Methylsulfate*

**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

**Botox** see *OnabotulinumtoxinA*

**Bridion** see *SUGAMMADEX*

**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

**Brimonidine Tartrate**

Ophthalmic drops, solution      Brimonidine Tartrate 0.15 % :: Alphagan P  
Brimonidine Tartrate 0.2 % :: Generic

**Brinzolamide**

Ophthalmic drops, suspension      Brinzolamide 1 % :: Azopt (Restricted)

**Notes: Restriction:** To grandfathered patients and if patient is cannot tolerate dorzolamide 2%

**Bromfenac Sodium**

Ophthalmic drops, solution      Bromfenac Sodium 0.07 % :: Prolensa (Restricted)

**Notes: Restriction:** Ophthalmology Use Only

**Bromocriptine Mesylate**

Oral tablet      Bromocriptine Mesylate 2.5 mg :: Generic

**BSS Plus Ophthalmic Solution for Irrigation** see *Calcium Chloride/Dextrose/Glutathione/Magnesium Chloride/Potassium Chloride/Sodium Bicarbonate/Sodium Chloride/Sodium Phosphate, Dibasic*

**Budesonide**

Nebulizer suspension      Budesonide 0.25 mg/2 mL :: Pulmicort  
Budesonide 0.5 mg/2 mL :: Pulmicort

**Budesonide/Formoterol Fumarate**

Pressurized inhalation, suspension      Budesonide 80 mcg/1 actuation —Formoterol Fumarate 4.5 mcg/1 actuation :: Generic, Symbicort  
Budesonide 160 mcg/1 actuation —Formoterol Fumarate 4.5 mcg/1 actuation :: Generic, Symbicort

**Notes:** Use generic or brand depending on what insurance covers (AHCCCS covers brand) - added 4/19/22

**Bupivacaine Hydrochloride**

Solution for injection      Bupivacaine Hydrochloride 0.25 % :: Marcaine, Sensorcaine MPF  
 Bupivacaine Hydrochloride 0.5 % :: Marcaine, Sensorcaine MPF  
 Bupivacaine Hydrochloride 0.75 % :: Marcaine

**Bupivacaine Hydrochloride/Dextrose**

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

**Bupivacaine Hydrochloride/EPINEPHrine bitartrate**

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

**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

**buPROPion hydrochloride**

Oral tablet      Bupropion Hydrochloride 75 mg :: Generic  
 Oral tablet, extended release 12 hour  
 Bupropion Hydrochloride 150 mg :: Generic  
 Oral tablet, extended release 24 hour  
 Bupropion Hydrochloride 150 mg :: Wellbutrin XL  
 Bupropion Hydrochloride 300 mg :: Generic

**busPIRone hydrochloride**

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

**Butorphanol Tartrate**

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

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

**Cafcit see Caffeine Citrate****Caffeine Citrate**

Oral solution      Caffeine Citrate 20 mg/1 mL :: Cafcit (Restricted)

**Calcipotriene**

Topical cream      Calcipotriene 0.005 % :: Generic

**Calcitonin (Salmon)**

Nasal spray, solution      Calcitonin (salmon) 200 units/1 actuation :: Miacalcin

**Calcitriol**

Oral capsule, liquid filled      Calcitriol 0.25 mcg :: Generic

Oral solution

Calcitriol 1 mcg/1 mL :: Generic

**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.

**Calcium Chloride**

Solution for injection

Calcium Chloride 10 % :: Generic

**Calcium Chloride/Dextrose/Glutathione/Magnesium Chloride/Potassium Chloride/Sodium Bicarbonate/Sodium Chloride/Sodium Phosphate, Dibasic**

Ophthalmic solution for irrigation

Calcium Chloride 3.85 mg/1 mL —Dextrose 23 mg/1 mL —Glutathione 4.6 mg/1 mL —Magnesium Chloride 5 mg/1 mL —Potassium Chloride 0.395 mg/1 mL —Sodium Bicarbonate 2.19 mg/1 mL —Sodium Chloride 7.44 mg/1 mL —Sodium Phosphate, Dibasic 0.433 mg/1 mL :: BSS Plus Ophthalmic Solution for Irrigation

**Calcium Disodium Versenate** *see Edetate Calcium Disodium*

**Calcium Gluconate**

Solution for injection

Calcium Gluconate 100 mg/1 mL :: Generic

**Calcium Pantothenate/Niacinamide/Vitamin A/Vitamin A (Beta-Carotene)/Vitamin A (Palmitate)/Vitamin B1 (Thiamine Hydrochloride)/Vitamin B12 (Cyanocobalamin)/Vitamin B2 (Riboflavin)/Vitamin B6 (Pyridoxine)/Vitamin C (Ascorbic Acid)/Vitamin D (Cholecalciferol)**

Oral solution

Calcium Pantothenate 21.4 mg/5 mL —Niacinamide 100 mg/5 mL —Vitamin A 5000 units/5 mL —Vitamin A (beta-Carotene) (Unspecified Strength) —Vitamin A (palmitate) (Unspecified Strength) —Vitamin B1 (thiamine Hydrochloride) 10 mg/5 mL —Vitamin B12 (cyanocobalamin) 5 mcg/5 mL —Vitamin B2 (riboflavin) 10 mg/5 mL —Vitamin B6 (pyridoxine) 4.1 mg/5 mL —Vitamin C (ascorbic Acid) 200 mg/5 mL —Vitamin D (cholecalciferol) 400 units/5 mL :: Generic

**Camphor/Menthol/Phenol**

Nasal drops, emulsion

Camphor 1.7 % —Menthol 0.7 % —Phenol 0.4 % :: CMP Oil (Restricted)

**Notes: Restriction:** ENT Clinic Use Only

**Caphosol** *see Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic*

**Capsaicin**

Topical cream

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

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

**Capzasin-P Arthritis Pain Relief Topical Cream** *see Capsaicin*

**Carafate** *see Sucralfate*

**carBAMazepine**

Chewable tablet

Carbamazepine 100 mg :: Generic

Oral suspension  
Carbamazepine 100 mg/5 mL :: Generic  
Oral tablet  
Carbamazepine 200 mg :: Generic

**Carbamide Peroxide**

Otic drops, solution Carbamide Peroxide 6.5 % :: RITE AID Earwax Cleansing System (Restricted)

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

**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

**Carboprost Tromethamine**

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

**Carboxymethylcellulose Sodium**

Ophthalmic drops, solution Carboxymethylcellulose Sodium 0.5 % :: GNP Eye Drops Lubricating Relief (Restricted)  
Carboxymethylcellulose Sodium 1 % :: Refresh Celluvisc

**Notes: Restriction:** Eye Clinic, Bells Palsy (any CN VII palsy, paralysis, paresis) with Eye Clinic Referral, and Group Home use only

**Cardene I.V. see niCARdipine hydrochloride**

**Carteolol Hydrochloride**

Ophthalmic drops, solution Carteolol Hydrochloride 1 % :: Generic

**Carvedilol**

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

**Casirivimab/Imdevimab**

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

**Cathflo Activase see Alteplase**

**ceFAZolin sodium**

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

**Cefdinir**

Oral capsule Cefdinir 300 mg :: Generic (Restricted)

**Notes: Restriction:** pediatric pneumonia or resistant otitis media Use Only.

**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).

**Cefixime**

Oral tablet Cefixime 400 mg :: Suprax (Restricted)

**Notes: Restriction:** Documented Gonorrhea Use Only

**Cefotaxime Sodium**

Powder for solution for injection Cefotaxime Sodium 1 grams :: Claforan

**cefOXitin sodium**

Powder for solution for injection Cefoxitin Sodium 1 grams :: Generic  
Cefoxitin Sodium 2 grams :: Generic

**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 Ceftazidime 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

**Cefuroxime Axetil**

Oral tablet Cefuroxime Axetil 250 mg :: Generic

**Cefuroxime Sodium**

Powder for solution for injection Cefuroxime Sodium 1.5 grams :: Generic  
Cefuroxime Sodium 750 mg :: Generic

**Celestone Soluspan** see *Betamethasone Acetate/Betamethasone Sodium Phosphate*  
**CEPASTAT Extra Strength Sore Throat Lozenge (Menthol Eucalyptus)** see *Phenol*

**Cephalexin Monohydrate**

Oral capsule Cephalexin Monohydrate 250 mg :: Generic  
Cephalexin Monohydrate 500 mg :: Generic

Powder for oral suspension Cephalexin Monohydrate 250 mg/5 mL :: Generic

**Cerebyx** see *Fosphenytoin Sodium*

**Cetirizine Hydrochloride**

Oral solution Cetirizine Hydrochloride 1 mg/1 mL :: Generic

Oral tablet Cetirizine Hydrochloride 10 mg :: Generic

**Chloraseptic Warming Sore Throat** see *Benzocaine*



**chlordiazePOXIDE hydrochloride**

Oral capsule Chlorhidazepoxide Hydrochloride 25 mg :: Generic  
**DEA class: schedule IV;**

**Chlorhexidine Gluconate**

Dental solution Chlorhexidine Gluconate 0.12 % :: Periogard  
 Topical solution Chlorhexidine Gluconate 4 % :: Betasept

**Chloride/Dextrose/Fructose/Potassium/Sodium**

Oral solution Chloride 35 mEq/1 L —Dextrose 20 grams/1gramsL —Fructose 5 grams/  
 1gramsL —Potassium 20 mEq/1 L —Sodium 45 mEq/1 L :: Oralyte Electrolyte  
 Solution (Fruit) (Restricted)

**Notes:** Restricted: for inpatient use only if ORS packets are on backorder.

**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

**Chloroprocaine Hydrochloride**

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

**Notes: Restriction:** Anesthesia Use Only

**chlорproMAZINE hydrochloride**

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

**Chlorthalidone**

Oral tablet Chlorthalidone 25 mg :: Generic

**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)

**Chorionic Gonadotropin**

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

**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'.)

**Ciprodex see Ciprofloxacin Hydrochloride/Dexamethasone****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**

Ophthalmic drops, solution Ciprofloxacin Hydrochloride 0.3 % :: Generic  
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 Hydrochloride/Dexamethasone**

Otic drops, suspension Ciprofloxacin Hydrochloride 0.3 % —Dexamethasone 0.1 % :: Ciprodex

**Ciprofloxacin/Dextrose**

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

**Cisatracurium Besylate**

Solution for injection Cisatracurium Besylate 2 mg/1 mL :: Nimbex

**Citric Acid Monohydrate/Sodium Citrate Dihydrate**

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

**Claforan** see *Cefotaxime Sodium*

**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

**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.

**Cleocin Pediatric** see *Clindamycin Palmitate Hydrochloride*

**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

Topical gel

Clindamycin Phosphate 1 % :: Generic

**Clobetasol Propionate**

Topical ointment Clobetasol Propionate 0.05 % :: Generic

**clomiPHENE citrate**

Oral tablet Clomiphene Citrate 50 mg :: Generic

**clomiPRAMINE hydrochloride**

Oral capsule Clomipramine Hydrochloride 25 mg :: Generic

Clomipramine Hydrochloride 50 mg :: Generic

**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.**

**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

Clonidine Hydrochloride 0.2 mg :: Generic

Solution for injection

Clonidine Hydrochloride 100 mcg/1 mL :: Generic (Restricted)

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

**Clopidogrel Bisulfate**

Oral tablet Clopidogrel Bisulfate 75 mg :: Generic

**Clorazepate Dipotassium**

Oral tablet Clorazepate Dipotassium 3.75 mg :: Gen-Xene

**DEA class: schedule IV;**

**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 :: TENIVAC Suspension for Injection

**Clotrimazole**

Topical cream Clotrimazole 1 % :: Generic  
Vaginal cream Clotrimazole 1 % :: Generic (Restricted)

**Notes:****cloZAPine**

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

**CMP Oil** see *Camphor/Menthol/Phenol*

**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)

**Notes:****Restriction:**

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

- ? Adults > 18 years of age on warfarin therapy
- ? Pre-treatment (i.e. ≤ 3 hours prior to 4F-PCC infusion) INR ≥ 2
- ? Acute major bleed OR need urgent (within 12 hours) surgical/invasive procedure requiring warfarin reversal

**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.

**Cocaine Hydrochloride**

Topical solution Cocaine Hydrochloride 4 % :: Generic  
**DEA class: schedule II;**

**Codeine Sulfate**

Oral tablet Codeine Sulfate 30 mg :: Generic  
**DEA class: schedule II;**

**Colchicine**

Oral tablet Colchicine 0.6 mg :: Generic

**Colestid** see *Colestipol Hydrochloride*

**Colestipol Hydrochloride**

Granules for oral suspension Colestipol Hydrochloride 5 grams :: Colestid

**Collagenase**

Topical ointment                      Collagenase 250 units/1 gram :: Santyl

**Compro** see *Prochlorperazine*

**Concerta** see *Methylphenidate Hydrochloride*

**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

**Conjugated Estrogens/medroxyPROGESTERone acetate**

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

**Copper/Vitamin A (Beta-Carotene)/Vitamin C (Ascorbic Acid)/Vitamin E (DI-Alpha Tocopheryl Acetate)/Zinc**

Oral capsule, liquid filled    Copper 0.8 mg —Vitamin A (beta-Carotene) 14320 units —Vitamin C (ascorbic Acid) 226 mg —Vitamin E (dl-Alpha Tocopheryl Acetate) 200 units —Zinc 34.8 mg :: PreserVision AREDS Softgel (Restricted)

**Notes:** Restriction: new starts for PreserVision AREDS2 limited to Optometry/Ophthalmology(added 10/2019)

**Cortef** see *Hydrocortisone*

**Cortrosyn** see *Cosyntropin*

**Cosyntropin**

Powder for solution for injection              Cosyntropin 0.25 mg :: Cortrosyn

**Coumadin** see *Warfarin Sodium*

**Creon (Lipase** see *Amylase (Porcine)/Lipase (Porcine)/Protease (Porcine)*

**Crestor** see *Rosuvastatin Calcium*

**CroFab** see *Crotalidae Polyvalent Immune Fab (Ovine)*

**Crotalidae Polyvalent Immune Fab (Ovine)**

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

**Curosurf** see *Poractant Alfa (Porcine)*

**CVS Child Glycerin Laxative Rectal Suppository** see *Glycerin*

**CVS Energy Support Vitamin B-12** see *Vitamin B12 (Cyanocobalamin)*

**CVS Natural Daily Fiber Smooth Dissolving Sugar-Free Powder for Suspension (Berry)** see *Psyllium*

**CVS Saline** see *Sodium Chloride*

**CYANOKIT** see *Hydroxocobalamin*

**Cyclobenzaprine Hydrochloride**

Oral tablet                      Cyclobenzaprine Hydrochloride 10 mg :: Generic

**Cyclopentolate Hydrochloride**

Ophthalmic drops, solution    Cyclopentolate Hydrochloride 1 % :: Ocu-Pentolate

**cycloSPORINE**

Ophthalmic drops, emulsion    Cyclosporine 0.05 % :: Restasis (Restricted)

Oral solution

Cyclosporine 100 mg/1 mL :: Generic

**Notes: Restriction:** 0.05% Ophthalmic Emulsion- Eye Clinic Use ONLY

**cycloSPORINE, modified**

Oral capsule

Cyclosporine, Modified 25 mg :: Generic  
Cyclosporine, Modified 100 mg :: Generic

**Cymbalta** see *DULoxetine*

**Cyproheptadine Hydrochloride**

**Notes:** Removed from formulary 4/13/2021, may continue current prescriptions

**DAKIN'S** see *Sodium hypochlorite*

**Dantrium Intravenous** see *Dantrolene Sodium*

**Dantrolene Sodium**

Lyophilisate for solution for injection Dantrolene Sodium 20 mg :: Dantrium Intravenous

**Dapsone**

Oral tablet

Dapsone 100 mg :: Generic

**Deferoxamine Mesylate**

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

**Demerol** see *Meperidine Hydrochloride*

**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.

**Depade** see *Naltrexone Hydrochloride*

**Depakote** see *Divalproex Sodium*

**Depakote Sprinkle** see *Divalproex Sodium*

**Depo-Medrol** see *methylPREDNISolone acetate*

**Depo-Testosterone** see *Testosterone Cypionate*

**Dermatophagoides farinae/Dermatophagoides pteronyssinus**

Sublingual tablet

Dermatophagoides Farinae 6 units —Dermatophagoides Pteronyssinus 6 units  
:: ODACTRA (Restricted)

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

**Descovy** see *Emtricitabine/Tenofovir Alafenamide*

**Desferal** see *Deferoxamine Mesylate*

**Desflurane**

Inhalation vapour, liquid

Desflurane 99.9 % :: Suprane

**Desmopressin Acetate**

Nasal spray, solution

Desmopressin Acetate 0.1 mg/1 mL :: Generic

Solution for injection

Desmopressin Acetate 4 mcg/1 mL :: Generic

**Desogestrel/Ethinyl Estradiol**

Oral tablet Desogestrel 0.15 mg —Ethinyl Estradiol 0.03 mg :: Reclipsen

**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

**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

**Dexcom G6 Retail Sensor Kit** *see Insulin Infusion Pumps and Supplies*

**Dexedrine** *see Dextroamphetamine Sulfate*

**Dexmedetomidine Hydrochloride**

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

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

**Dextroamphetamine Sulfate**

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

Oral tablet

Dextroamphetamine Sulfate 5 mg :: Dextrostat

**DEA class: schedule II;**

**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

**Dextrose**

Solution for injection Dextrose 5 % :: Generic

Dextrose 10 % :: Generic

Dextrose 50 % :: Generic

**Dextrose/DOBUtamine hydrochloride**

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

Dextrose 5 % —Dobutamine Hydrochloride 500 mg/250 mL :: Generic

**Dextrose/DOPamine hydrochloride**

Solution for injection      Dextrose 5 % —Dopamine Hydrochloride 400 mg/250 mL :: Generic

**Dextrose/Fluconazole**

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

**Dextrose/levoFLOXacin**

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

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

**Dextrose/Lidocaine Hydrochloride**

Solution for injection      Dextrose 5 % —Lidocaine Hydrochloride 0.4 % :: Generic  
Dextrose 7.5 % —Lidocaine Hydrochloride 5 % :: Generic

**Dextrose/Magnesium Sulfate**

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

**Dextrostat** *see Dextroamphetamine Sulfate*

**Diamox Sequels** *see acetaZOLAMIDE*

**Diatrizoate Meglumine/Diatrizoate Sodium**

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

**diazePAM**

Oral tablet      Diazepam 5 mg :: Generic

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

**DEA class: schedule IV;**

**Diclegis** *see Doxylamine Succinate/Vitamin B6 (Pyridoxine hydrochloride)*

**Diclofenac Sodium**

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

Topical gel      Diclofenac Sodium 1 % :: Voltaren

**Dicloxacillin Sodium**

Oral capsule      Dicloxacillin Sodium 250 mg :: Generic

**Dicyclomine Hydrochloride**

Oral capsule      Dicyclomine Hydrochloride 10 mg :: Generic

**DIFICID** *see Fidaxomicin*

**Diflucan** *see Dextrose/Fluconazole*

**Difluprednate**

Ophthalmic drops, emulsion      Difluprednate 0.05 % :: Durezol (Restricted)

**Notes: Restriction:** Ophthalmology and Optometry Use Only

**Digoxin**

Oral solution      Digoxin 0.05 mg/1 mL :: Generic

Oral tablet      Digoxin 0.125 mg :: Lanoxin  
Digoxin 0.25 mg :: Lanoxin

Solution for injection      Digoxin 0.25 mg/1 mL :: Lanoxin



**Dilantin** see *Phenytoin Sodium*  
**Dilantin Infatabs** see *Phenytoin*  
**Dilaudid** see *HYDROMorphone hydrochloride*

**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

Oral tablet Diltiazem Hydrochloride 120 mg :: Generic

Solution for injection Diltiazem Hydrochloride 30 mg :: Generic

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

**Dimethyl Sulfoxide**

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

**Notes: Restriction:** OB Use Only

**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

**Distilled Water**

Ophthalmic solution for irrigation Distilled Water (Unspecified Strength) :: Eye Wash (Restricted)

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

**Disulfiram**

Oral tablet Disulfiram 250 mg :: Antabuse

**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

**DOBUTamine hydrochloride**

Solution for injection Dobutamine Hydrochloride 12.5 mg/1 mL :: Generic

**Docosate Sodium**

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

Oral solution Docosate 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

**DOK** see *Docusate Sodium*

**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.

**Donepezil Hydrochloride**

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

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

**DOPamine hydrochloride**

Solution for injection              Dopamine Hydrochloride 400 mg/10 mL :: Generic

**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.

**Dotarem** see *Gadoterate meglumine*

**Doxepin Hydrochloride**

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

**Doxy** see *Doxycycline Hyclate*

**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

**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

**Droperidol**

Solution for injection              Droperidol 2.5 mg/1 mL :: Generic

**Drospirenone/Ethinyl Estradiol**

Oral tablet                      Drospirenone 3 mg —Ethinyl Estradiol 0.02 mg :: Generic, Yaz

**Dulera** see *Formoterol Fumarate/Mometasone Furoate*

**DULoxetine**

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

**Dupilumab**

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

**Notes:** Restricted: dermatology use only

**DUPIXENT** see *Dupilumab*

**Durezol** see *Difluprednate*

**E.E.S.** see *Erythromycin Ethylsuccinate*

**Econazole Nitrate**

Topical cream Econazole Nitrate 1 % :: Generic

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

**Edetate Calcium Disodium**

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

**Edrophonium Chloride**

Solution for injection Edrophonium Chloride 10 mg/1 mL :: Generic (Restricted)

**Therapeutic Interchange: Restriction:** Anesthesia Use Only

**Eliquis** see *Apixaban*

**ella** see *Ulipristal Acetate*

**Empagliflozin**

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

**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

**Enalaprilat**

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

**Enbrel** see *Etanercept*

**Engix-B** see *Hepatitis B Virus Subtype ADW2 HBSAG Surface Protein antigen*

**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

**Enpresse** see *Ethinyl Estradiol/Levonorgestrel*

**Entresto** see *Sacubitril/Valsartan*

**ePHEDrine sulfate**

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

Solution for injection	Epinephrine 0.15 mg/1dose :: Epipen Jr Auto-Injector
	Epinephrine 0.3 mg/1dose :: Epipen

**EPINEPHrine hydrochloride**

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

**Epipen** see *EPINEPHrine***Epipen Jr Auto-Injector** see *EPINEPHrine***Epivir** see *lamivUDine***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**Ergocalciferol/Vitamin A**

Topical ointment	Ergocalciferol (Unspecified Strength) —Vitamin A (Unspecified Strength) :: Vitamin A and D Ointment (Restricted)
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**Notes: Restriction:** Inpatient Use Only**Erythrocin Lactobionate** see *Erythromycin Lactobionate***Erythrocin Stearate Film-Coated** see *Erythromycin Stearate***Erythromycin**

Ophthalmic ointment	Erythromycin 0.5 % :: Generic
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.
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**Erythromycin Lactobionate**

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

Oral tablet	Erythromycin Stearate 250 mg :: Erythrocin Stearate Film-Coated
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**Escitalopram**

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

**Esmolol Hydrochloride**

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

### **Estradiol**

Oral tablet Estradiol 1 mg :: Generic

Transdermal patch - Weekly

Estradiol 0.025 mg/24 hr :: Generic

Estradiol 0.05 mg/24 hr :: Generic

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

### **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.

### **Ethambutol Hydrochloride**

Oral tablet

Ethambutol Hydrochloride 400 mg :: Myambutol

### **Ethinyl Estradiol/Etonogestrel**

Vaginal insert

Ethinyl Estradiol 0.015 mg/24 hr —Etonogestrel 0.12 mg/24 hr :: NuvaRing Vaginal Ring

### **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

### **Ethinyl Estradiol/Norethindrone**

Oral tablet

Ethinyl Estradiol 0.035 mg —Norethindrone 1 mg :: ALYACEN

### **Ethinyl Estradiol/Norgestimate**

Oral tablet

Ethinyl Estradiol 0.035 mg —Norgestimate 0.215 mg :: Trinessa

### **Ethyl Chloride**

Topical spray, solution

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

### **Etomidate**

Solution for injection

Etomidate 2 mg/1 mL :: Amidate

### **Etonogestrel**

Implant

Etonogestrel 68 mg :: Nexplanon (Restricted)

**Notes: Restriction:** Certified Providers Use Only

**EVUSHELD** see *Tixagevimab/Cilgavimab*

**Exsel** see *Selenium Sulfide*

**Eye Wash** see *Distilled Water*

**Ezetimibe**

Oral tablet                      Ezetimibe 10 mg :: Generic

**Notes:** approved at P&T 6/20/19

**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

**Fenofibrate**

Oral tablet                      Fenofibrate 54 mg :: Generic  
Fenofibrate 160 mg :: Generic

**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;**

**Ferric carboxymaltose**

Solution for injection                      Ferric Carboxymaltose 50 mg/1 mL :: Injectafer (Restricted)

**Notes:**

Restricted: Hematology/Oncology use only  
Added 4/18/19

**Ferriecit see Iron****Ferrous Fumarate**

Chewable tablet                      Ferrous Fumarate 75 mg :: WYMZYA Fe Chewable Tablet (Restricted)

**Ferrous Gluconate**

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

**Ferrous Sulfate**

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

**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

**Filgrastim (E. coli)**

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

**Finasteride**

Oral tablet Finasteride 5 mg :: Proscar

**First Line H. Pylori Regimen for Adults** see *CLARITHROMYCIN/AMOXICILLIN/OMEPRAZOLE***First-Progesterone VGS** see *Progesterone***FIRVANQ** see *Vancomycin Hydrochloride***Florinef** see *Fludrocortisone Acetate***Flovent HFA** see *Fluticasone Propionate***Fluconazole**

Oral tablet Fluconazole 200 mg :: Generic

Powder for oral suspension Fluconazole 10 mg/1 mL :: Generic

**Fludrocortisone Acetate**

Oral tablet Fludrocortisone Acetate 0.1 mg :: Florinef

**Flunisolide****Notes:** Removed from formulary for new starts 8/20/15 - patients with prescriptions prior to this date may remain on flunisolide**Fluocinonide**

Topical cream Fluocinonide 0.05 % :: Generic

Topical solution Fluocinonide 0.05 % :: Generic (Restricted)

**Notes: Restriction:** 0.05% Topical Solution- Dermatologist Use Only**Fluor-I-Strip A.T.** see *Fluorescein Sodium***Fluorescein Sodium**

Ophthalmic insert Fluorescein Sodium 1 mg :: Fluor-I-Strip A.T.

**Fluorometholone**

Ophthalmic drops, suspension Fluorometholone 0.1 % :: Generic

Ophthalmic ointment Fluorometholone 0.1 % :: FML S.O.P.

**Notes: Restriction:** Eye Clinic Use ONLY**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

**Fluticasone Propionate**

Nasal spray, suspension Fluticasone Propionate 50 mcg/1 actuation :: GoodSense Nasoflow

Pressurized inhalation, suspension

Fluticasone Propionate 110 mcg/1 actuation :: Flovent HFA

Fluticasone Propionate 220 mcg/1 actuation :: Flovent HFA

**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** .

**FML S.O.P.** see *Fluorometholone*

**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

**Fomepizole**

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

**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** .

**Fortaz** see *cefTAZidime pentahydrate*

**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)

**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).

**FreeStyle Libre 2 Reader Glucose Monitoring System** see *Insulin Infusion Pumps and Supplies*

**Furosemide**

Oral tablet Furosemide 20 mg :: Generic

Furosemide 40 mg :: Generic

Solution for injection

Furosemide 10 mg/1 mL :: Generic

**Gabapentin**

Oral capsule Gabapentin 100 mg :: Generic

Gabapentin 300 mg :: Generic

Oral tablet

Gabapentin 300 mg :: Gabarone

Gabapentin 600 mg :: Generic

**Gabarone** see *Gabapentin*

**Gadopentetate Dimeglumine**

**Notes:** Restricted to MRI

**Gadoterate meglumine**

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

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

**Ganciclovir**

Ophthalmic gel Ganciclovir 0.15 % :: Zirgan (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

**Gardasil Suspension for Injection** see *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*

**Gas Relief Infant Drops** see *Simethicone*

**Gastrografin** see *Diatrizoate Meglumine/Diatrizoate Sodium*

**Gebauer's Ethyl Chloride Topical Spray** see *Ethyl Chloride*

**Gemfibrozil**

Oral tablet Gemfibrozil 600 mg :: Generic

**Gen-Xene** see *Clorazepate Dipotassium*

**Gentamicin Sulfate**

Ophthalmic drops, solution Gentamicin Sulfate 0.3 % :: Generic  
Solution for injection

Gentamicin Sulfate 10 mg/1 mL :: Generic

Gentamicin Sulfate 40 mg/1 mL :: Generic

**Geodon** see *Ziprasidone Mesylate*

**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

**Glucagon Emergency Kit** see *Glucagon Hydrochloride*

**Glucagon Hydrochloride**

Powder for solution for injection Glucagon Hydrochloride 1 mg :: Glucagon Emergency Kit

**Glucose**

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

**Notes:** Restricted: to inpatient pediatrics

**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)

**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

**Glycopyrrolate**

Oral tablet Glycopyrrolate 1 mg :: Robinul

Solution for injection

Glycopyrrolate 0.2 mg/1 mL :: Generic

**DEA class: schedule V;**

**GNP Eye Drops Lubricating Relief** see *Carboxymethylcellulose Sodium*

**GNP Glucose** see *Glucose*

**Golytely** see *Polyethylene Glycol 3350/Potassium Chloride/Sodium Bicarbonate/Sodium Chloride/Sodium Sulfate*

**GoodSense Nasoflow** see *Fluticasone Propionate*

**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

**GRASTEK** see *Timothy Grass Pollen Extract*

**Grifulvin V** see *Griseofulvin, Microcrystalline*

**Gris-PEG** see *Griseofulvin, Ultramicrocrystalline*

**Griseofulvin, Microcrystalline**

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

**Griseofulvin, Ultramicrocrystalline**

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

**GRx Dyne** see *Povidone-Iodine*

**GRx Dyne Scrub** see *Povidone-Iodine*

**GRx HiCort** see *Hydrocortisone Acetate*

**guanFACINE hydrochloride**

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

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

**H. Pylori Regimen for Pediatric Patients** see *CLARITHROMYCIN/AMOXICILLIN/OMEPRAZOLE*

**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

**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

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

**Havrix Pediatric** see *Hepatitis A Virus Strain HM175 antigen (Formaldehyde inactivated)*

**Health Mart Lice Treatment** see *Permethrin*

**Hemabate** see *Carboprost Tromethamine*

**Hep-Lock** see *Heparin Sodium (Porcine)*

**Heparin Sodium (Porcine)**

Solution for injection 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

**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 Immune Globulin (Human)**

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

**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

**Histamine Phosphate**

Solution for injection      Histamine Phosphate 1 mg/mL :: Generic

**HIV Postexposure Prophylaxis (PEP) Regimen** see *RALTEGRAVIR (ISENTRRESS)/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (TRUVADA)*

**Homatropine Hydrobromide**

Ophthalmic drops, solution      Homatropine Hydrobromide 5 % :: Generic

**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).

**HUMIRA** see *Adalimumab*

**Humulin 70/30 KwikPen** see *Insulin Regular (Recombinant)/Insulin Suspension Isophane (NPH) (Recombinant)*

**Humulin R U-500 KwikPen** see *Insulin Regular (Recombinant)*

**Hyaluronidase (Human recombinant)**

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

**hydrALAZINE hydrochloride**

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

**Hydrocerin** see *LOTIONS/OINTMENTS/CREAMS/POWDERS*

**hydroCHLOROthiazide**

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

**hydroCHLOROthiazide/Lisinopril**

Oral tablet	Hydrochlorothiazide 12.5 mg —Lisinopril 10 mg :: Generic
	Hydrochlorothiazide 12.5 mg —Lisinopril 20 mg :: Generic
	Hydrochlorothiazide 25 mg —Lisinopril 20 mg :: Generic

**Notes:** added to formulary by P&T 2/16/23

**Hydrocortisone**

Oral tablet	Hydrocortisone 5 mg :: Cortef
	Hydrocortisone 10 mg :: Cortef
	Hydrocortisone 20 mg :: Generic

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

**Hydrocortisone Acetate**

Rectal suppository	Hydrocortisone Acetate 25 mg :: GRx HiCort
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**Hydrocortisone Sodium Succinate**

Powder for solution for injection	Hydrocortisone Sodium Succinate 100 mg :: Solu-Cortef
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**Hydrocortisone/Neomycin/Polymyxin B**

Otic drops, suspension	Hydrocortisone 1 % —Neomycin 3.5 mg/1 mL —Polymyxin B 10000 units/1 mL :: Oti-Sone
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**Hydrogen Peroxide**

Topical solution	Hydrogen Peroxide 3 % :: Walgreens Hydrogen Peroxide (Restricted)
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**Notes: Restriction:** Inpatient Use Only

**HYDRomorphone hydrochloride**

Oral tablet	Hydromorphone Hydrochloride 2 mg :: Dilaudid
	Hydromorphone Hydrochloride 4 mg :: Generic

Solution for injection

Hydromorphone Hydrochloride 2 mg/1 mL :: Generic
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**DEA class: schedule II;**

**Hydrophor Topical Ointment** see *Petrolatum*

**Hydroquinone**

Topical cream	Hydroquinone 4 % :: Melpaque HP
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**Hydroxocobalamin**

Bulk powder Hydroxocobalamin (Unspecified Strength) :: Generic  
Powder for solution for injection Hydroxocobalamin 5 grams :: CYANOKIT

### 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)

### Hydroxypropyl Cellulose

Ophthalmic insert Hydroxypropyl Cellulose 5 mg :: Lacrisert (Restricted)

**Notes: Restriction:** Eye Clinic Use Only

### Hydroxyurea

Oral capsule Hydroxyurea 500 mg :: Generic

**Notes:**

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

### hydrOXYzine hydrochloride

Oral solution Hydroxyzine Hydrochloride 10 mg/5 mL :: Generic

Oral tablet Hydroxyzine Hydrochloride 10 mg :: Generic

### hydrOXYzine pamoate

Oral capsule Hydroxyzine Pamoate 25 mg :: Generic

### 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

**Hylenex (Human recombinant)** see *Hyaluronidase (Human recombinant)*

### Hyoscyamine Sulfate

Sublingual tablet Hyoscyamine Sulfate 0.125 mg :: Generic

**HyperRAB S/D** see *Rabies Immune Globulin (Human)*

**HyperTET S/D** see *Tetanus Immune Globulin (Human)*

### 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

**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)

**Imipramine Hydrochloride**

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

**Imiquimod**

Topical cream      Imiquimod 5 % :: Generic (Restricted)

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

**Imitrex Statdose System** see *SUMatriptan succinate*

**Indomethacin**

Oral capsule      Indomethacin 25 mg :: Generic

**Infanrix Suspension for Injection** see *Bordetella Pertussis Filamentous Hemagglutinin antigen (Formaldehyde inactivated)/Bordetella Pertussis Pertactin antigen (Formaldehyde inactivated)/Bordetella Pertussis Toxoid antigen (Formaldehyde, Glutaraldehyde inactivated)/Clostridium Tetani Toxoid an*

**INFeD** see *Iron Dextran*

**inFLIXimab**

Powder for solution for injection      Infliximab 100 mg :: RENFLEXIS

**Injectafer** see *Ferric carboxymaltose*

**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)

**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.

### **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)

### **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

### **Insulin Regular (Recombinant)**

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

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

### **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

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

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

**Intralipid** *see Soybean Oil*

### **Iodine/loversol**

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

**Notes:** Restricted to CT

### **Iodine/Potassium Iodide**

Oral solution      Iodine 5 % —Potassium Iodide 10 % :: Generic

**IOPIDINE** *see Apraclonidine Hydrochloride*

**IPOL Suspension for Injection** *see Poliovirus Type 1 antigen (Formaldehyde inactivated)/Poliovirus Type 2 antigen (Formaldehyde inactivated)/Poliovirus Type 3 antigen (Formaldehyde inactivated)*

### **Ipratropium Bromide**

Nasal spray, solution      Ipratropium Bromide 0.06 % :: Generic (Restricted)

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.

### Iron

Oral suspension Iron 25 mg/mL :: NovaFerrum

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 Novaferrum 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)

### 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**

**Isentress** see *Raltegravir*

### Isoniazid

Oral tablet Isoniazid 100 mg :: Generic

Isoniazid 300 mg :: Generic

### Isopropyl Alcohol

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

**Notes:** Restricted for InHouse use ONLY

### Isoproterenol Hydrochloride

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

### 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

**Isosulfan blue**

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

Oral capsule	Isotretinoin 10 mg :: ZENATANE (Restricted)
	Isotretinoin 20 mg :: ZENATANE (Restricted)
	Isotretinoin 40 mg :: ZENATANE (Restricted)

**Notes: Restriction:** Dermatologist Use Only**Isuprel** see *Isoproterenol Hydrochloride***Ivermectin**

Oral tablet	Ivermectin 3 mg :: Generic
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**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)).**JARDIANCE** see *Empagliflozin***K-Phos Neutral Tablet** see *Potassium Phosphate, Monobasic/Sodium Phosphate, Dibasic/Sodium Phosphate, Monobasic***Kcentra** see *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***Kenalog-10** see *Triamcinolone Acetonide***Kenalog-40** see *Triamcinolone Acetonide***Kerr INSTA-CHAR with Sorbitol** see *Activated Charcoal***Kerr Triple Dye Dispos-A-Swabs** see *Brilliant Green/Gentian Violet/Proflavine hemisulfate***Ketalar** see *Ketamine Hydrochloride***Ketamine Hydrochloride**

Solution for injection	Ketamine Hydrochloride 10 mg/1 mL :: Ketalar (Restricted)
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**DEA class: schedule III;****Notes:**

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

**KetoCare Ketone** see *Miscellaneous Diagnostic Devices***Ketorolac Tromethamine**

Ophthalmic drops, solution	Ketorolac Tromethamine 0.5 % :: Generic
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Oral tablet	
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	Ketorolac Tromethamine 10 mg :: Generic (Restricted)
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Solution for injection	
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	Ketorolac Tromethamine 30 mg/1 mL :: Generic
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**Notes: Restriction:** 10 mg tablet- Post-op OR Short Stay Surgery discharge Use Only**Labetalol Hydrochloride**

Oral tablet	Labetalol Hydrochloride 200 mg :: Generic
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Solution for injection

Labetalol Hydrochloride 5 mg/1 mL :: Generic

**Lacrisert** *see Hydroxypropyl Cellulose*

**Lactobacillus Acidophilus**

Oral capsule

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

**Notes: Restriction:** Inpatient and Discharge Use ONLY. No refills will be given.

**Lactulose**

Oral solution

Lactulose 10 grams/15 mL :: Generic

**lamiVUDine**

Oral tablet

Lamivudine 150 mg :: Epivir

**lamiVUDine/Zidovudine**

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

**lamoTRigine**

Oral tablet

Lamotrigine 25 mg :: Generic

Lamotrigine 100 mg :: Generic

Lamotrigine 200 mg :: Generic

**LanaShield** *see Lanolin*

**Lancets and Lancet Devices**

Lancet

Lancets And Lancet Devices :: TRUEplus 33G

**Lanolin**

Topical ointment

Lanolin 50 % :: LanaShield (Restricted)

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

**Lanoxin** *see Digoxin*

**Latanoprost**

Ophthalmic drops, solution

Latanoprost 0.005 % :: Generic (Restricted)

**Notes: Restriction:** Latanoprost is now generic and less expensive than Travaprost (\$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.

**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.

**Latuda** see *Lurasidone Hydrochloride*

**Leflunomide**

Oral tablet                      Leflunomide 10 mg :: Generic

**Letrozole**

Oral tablet                      Letrozole 2.5 mg :: Generic

**Notes:** added 3/19/2020 P&T, okay for OB use for the non-cancer indication of polycystic ovarian syndrome

**Leucovorin Calcium**

Oral tablet                      Leucovorin Calcium 5 mg :: Generic

**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

**Levemir** see *Insulin Detemir (Recombinant)*

**Levemir FlexPen** see *Insulin Detemir (Recombinant)*

**levETIRAcetam**

Oral solution                      Levetiracetam 100 mg/1 mL :: Generic

Oral tablet                      Levetiracetam 500 mg :: Generic

Solution for injection                      Levetiracetam 100 mg/1 mL :: Generic

**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)

**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.

**Levonorgestrel**

Oral tablet                      Levonorgestrel 1.5 mg :: Plan B One-Step

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

**Locations:** Omnicell

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

**Levophed** see *Norepinephrine Bitartrate*



## Loratadine

**Notes:** new starts are non-formulary; any patient prescribed loratadine before April 2021 may continue receiving

## 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;**

**Lorcet** see *Acetaminophen/HYDROcodone bitartrate*

## Losartan Potassium

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

**Lotemax** see *Loteprednol Etabonate*

## Loteprednol Etabonate

Ophthalmic drops, suspension                                      Loteprednol Etabonate 0.2 % :: Alrex (Restricted)  
Loteprednol Etabonate 0.5 % :: Lotemax (Restricted)

**Notes: Restriction:** Eye Clinic Use ONLY

## 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

## Lovastatin

Oral tablet                                      Lovastatin 20 mg :: Generic  
Lovastatin 40 mg :: Generic

**Lovenox** see *Enoxaparin Sodium (Porcine)*

**Lumigan** see *Bimatoprost*

**Lupron Depot** see *Leuprolide Acetate*

## 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.

**M-M-R II Powder for Injection** see *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*

**M-PAP** see *Acetaminophen*

**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

**Mannitol**

Solution for injection

Mannitol 20 % :: Generic

**Marcaine** *see Bupivacaine Hydrochloride*

**Marcaine Spinal** *see Bupivacaine Hydrochloride/Dextrose*

**Maxitrol Ophthalmic Ointment** *see Dexamethasone/Neomycin/Polymyxin B*

**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.

**Meclizine Hydrochloride**

Oral tablet

Meclizine Hydrochloride 25 mg :: RITE AID Motion Sickness Relief

**medroxyPROGESTERone acetate**

Oral tablet

Medroxyprogesterone Acetate 2.5 mg :: Generic

Medroxyprogesterone Acetate 10 mg :: Provera

Suspension for injection

Medroxyprogesterone Acetate 150 mg/1 mL :: Generic

**Megestrol Acetate**

Oral suspension

Megestrol Acetate 40 mg/1 mL :: Generic

Oral tablet

Megestrol Acetate 40 mg :: Generic

**Meloxicam**

Oral tablet

Meloxicam 7.5 mg :: Generic

Meloxicam 15 mg :: Generic

**Melpaque HP** see *Hydroquinone*

**Memantine**

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

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

**Menomune A/C/Y/W-135 Powder for Injection** see *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*

**Menthol**

Oral lozenge                      Menthol 3.3 mg :: Vicks Cough Relief VapoDrop (Menthol) (Restricted)

**Notes: Restriction:** Inpatient Use Only

**Menthol/Methyl Salicylate**

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

**Notes: Restriction:** Inpatient Use Only

**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;**

**Mephyton** see *Vitamin K (Phytonadione)*

**Meropenem**

Powder for solution for injection      Meropenem 1 grams :: Generic  
   Meropenem 500 mg :: Generic

**Notes:** P&T added 11/10/2020

**metFORMIN hydrochloride**

Oral tablet                      Metformin Hydrochloride 1000 mg :: Generic  
Oral tablet, extended release              Metformin Hydrochloride 500 mg :: Generic

**Notes:** Metformin 500mg ER and 1000mg IR are formulary (revised P&T vote 3/7/23)

Metformin 500mg IR and 1000mg ER are non-formulary for new prescription numbers. Existing rxs can be filled until refills are exhausted or expire. New prescriptions for these, even for patients previously on them, require a non-formulary request.

**Methergine** see *Methylergonovine Maleate*

**methIMazole**

Oral tablet                      Methimazole 10 mg :: Generic



**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.

**Methyldopa**

Oral tablet Methyldopa 250 mg :: Generic

Methyldopa 500 mg :: Generic

**Methylene Blue**

Solution for injection Methylene Blue 1 % :: Generic

**Methylergonovine Maleate**

Oral tablet Methylergonovine Maleate 0.2 mg :: Methergine

Solution for injection Methylergonovine Maleate 0.2 mg/1 mL :: Methergine

**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;****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)

**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

**metOLazone**

Oral tablet Metolazone 2.5 mg :: 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

**MetroGel** see *metroNIDAZOLE*

**metroNIDAZOLE**

Oral tablet	Metronidazole 250 mg :: Generic
Solution for injection	Metronidazole 5 mg/1 mL :: Generic
Topical gel	Metronidazole 1 % :: Generic (Restricted)
Vaginal gel	Metronidazole 0.75 % :: MetroGel, Vandazole

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

**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**

**Miacalcin** see *Calcitonin (Salmon)*

**Midazolam Hydrochloride**

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

**DEA class: schedule IV;**

**Midodrine Hydrochloride**

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

**Mifeprex** see *miFEPRISone*

**miFEPRISone**

Oral tablet	Mifepristone 200 mg :: Mifeprex (Restricted)
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**Notes:**

Restricted: only for use by OB/GYN providers. Not for use by midwives.

Added 4/18/2019

**Mineral Oil**

Oral solution	Mineral Oil 100 % :: Today's Health Mineral Oil Solution (Restricted)
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**Notes: Restriction:** Inpatient and Group Home Use Only

**Mineral Oil/Petrolatum**

Ophthalmic ointment	Mineral Oil 15 % —Petrolatum 83 % :: Artificial Tears Ophthalmic Ointment (Restricted)
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**Notes: Restriction:** Eye Clinic, Bells Palsy (any CN VII palsy, paralysis, paresis) with Eye Clinic Referral, Group Home Use Only

**Minocin** see *Minocycline Hydrochloride*

**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

**Mirabegron**

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

**Mirena Intrauterine Device** see *Levonorgestrel*

**Mirtzapine**

Oral tablet                              Mirtzapine 15 mg :: Generic  
   Mirtzapine 30 mg :: Generic

**Miscellaneous Diagnostic Devices**

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

**miSOPROStol**

Oral tablet                              Misoprostol 200 mcg :: Generic

**Mometasone Furoate**

Inhalation powder                      Mometasone Furoate 110 mcg/1 actuation :: Asmanex  
   Mometasone Furoate 220 mcg/1 actuation :: Asmanex

**Montelukast Sodium**

Chewable tablet                      Montelukast Sodium 4 mg :: Generic  
   Montelukast Sodium 5 mg :: Generic

**MONUROL** see *Fosfomycin Tromethamine*

**Morphine Sulfate**

Oral solution                              Morphine Sulfate 10 mg/5 mL :: Generic  
 Oral tablet                                Morphine Sulfate 15 mg :: MSIR  
   Morphine Sulfate 30 mg :: Generic, MSIR  
 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

**DEA class: schedule II;**

**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).

**MSIR** see *Morphine Sulfate*

**Mucosil Acetylcysteine** see *Acetylcysteine*

**Multi-Vitamin with Iron** see *MULTI-VITAMINS*

**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

**Mupirocin**

Topical ointment

Mupirocin 2 % :: Generic

**Myambutol** see *Ethambutol Hydrochloride*

**Mycophenolate Mofetil**

Oral capsule

Mycophenolate Mofetil 250 mg :: Generic

Oral tablet

Mycophenolate Mofetil 500 mg :: Generic

**Myrbetriq** see *Mirabegron*

**Nabumetone**

Oral tablet

Nabumetone 500 mg :: Generic

**Nafcillin Sodium**

Powder for solution for injection

Nafcillin Sodium 1 grams :: Generic

Nafcillin Sodium 2 grams :: Generic

**Nalbuphine Hydrochloride**

Solution for injection

Nalbuphine Hydrochloride 10 mg/1 mL :: Generic

**Naloxone Hydrochloride**

Nasal spray, solution

Naloxone Hydrochloride 4 mg/0.1mL :: Generic

Solution for injection

Naloxone Hydrochloride 0.4 mg/1 mL :: Generic

**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

**Naphazoline Hydrochloride/Pheniramine Maleate**

Ophthalmic drops, solution

Naphazoline Hydrochloride 0.027 % —Pheniramine Maleate 0.315 % :: Opcon-A Eye Allergy Relief Ophthalmic Solution

**Naproxen**

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

**Naropin** see *Ropivacaine Hydrochloride Monohydrate*

**Needles, Syringes and Injection Supplies**

Needles, Syringes And Injection Supplies :: BD Home Sharps Container  
 Insulin Syringe                              Needles, Syringes And Injection Supplies :: BD Micro-Fine IV 1ML 28G 1/2 inch

**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 FHBP 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

**Neo-Syneprine Mild Formula** see *Phenylephrine Hydrochloride*  
**Neo-Syneprine Regular Strength** see *Phenylephrine Hydrochloride*

**Neomycin Sulfate**

Oral tablet                                  Neomycin Sulfate 500 mg :: Generic

**Neostigmine Methylsulfate**

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

**Neulasta Onpro Kit** see *Pegfilgrastim (E. coli)*  
**Neupogen** see *Filgrastim (E. coli)*

### **Nevirapine**

**Notes: Restriction:** Pediatric Use Only

**Nexplanon** see *Etonogestrel*

### **niCARDipine hydrochloride**

Solution for injection      Nicardipine Hydrochloride 0.2 mg/1 mL :: Cardene I.V. (Restricted)

**Notes: Restriction:** Mayo Clinic telestroke program Use Only

### **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

**Nichols Prep - Take both at 1300, 1400, and 2200 the day before surgery** see *METRONIDAZOLE/NEOMYCIN*

### **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)

### **NIFEdipine**

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

**Nimbex** see *Cisatracurium Besylate*

### **Nirmatrelvir/Ritonavir**

Oral tablet      Nirmatrelvir 300 mg —Ritonavir 100 mg :: PAXLOVID (Restricted)

**Notes:**

**Nitro Bid** see *Nitroglycerin*

### **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

### **Nitroglycerin**

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

**Nitropress** see *Sodium Nitroprusside*

**Nitrostat** see *Nitroglycerin*

**Nora-BE** see *Norethindrone*

**Norepinephrine Bitartrate**

Solution for injection	Norepinephrine Bitartrate 1 mg/1 mL :: Levophed
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**Norethindrone**

Oral tablet	Norethindrone 0.35 mg :: Nora-BE
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**Nortriptyline Hydrochloride**

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

**Norvir** see *Ritonavir*

**NovaFerrum** see *Iron*

**Novarel** see *Chorionic Gonadotropin*

**Novolin** see *Insulin Isophane (NPH) (Recombinant)/Insulin Regular (Recombinant)*

**Novolin N** see *Insulin Suspension Isophane (NPH) (Recombinant)*

**Novolin R** see *Insulin Regular (Recombinant)*

**Novolog** see *Insulin Aspart (Recombinant)*

**Novolog Flexpen Prefilled Syringe** see *Insulin Aspart (Recombinant)*

**NuvaRing Vaginal Ring** see *Ethinyl Estradiol/Etonogestrel*

**Nystatin**

Oral suspension	Nystatin 100000 units/1 mL :: Generic
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**Octreotide Acetate**

Solution for injection	Octreotide Acetate 100 mcg/1 mL :: Generic
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**Notes: Restriction:** PREFILLED SYRINGE FOR OUTPATIENT USE ONLY.

**Ocu-Caine** see *Proparacaine Hydrochloride*

**Ocu-Pentolate** see *Cyclopentolate Hydrochloride*

**Ocu-Phrin** see *Phenylephrine Hydrochloride*

**Ocu-Tropic** see *Tropicamide*

**ODACTRA** see *Dermatophagoides farinae/Dermatophagoides pteronyssinus*

**OFIRMEV** see *Acetaminophen*

**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<Anderrieden@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 Ocuflux 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

**OLANzapine**

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

**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.

**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.

**Omega-3 Fatty Acids**

Oral capsule, liquid filled      Omega-3 Fatty Acids 1 grams :: Generic (Restricted)

**Notes:** For use in triglycerides > 500

**Omeprazole**

Oral capsule, gastro-resistant sprinkles      Omeprazole 20 mg :: Generic (Restricted)

**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

**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 to far away, unable to miss work, etc).

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

### Ondansetron

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

**Opcon-A Eye Allergy Relief Ophthalmic Solution** *see Naphazoline Hydrochloride/Pheniramine Maleate*

**Optiray-350 Solution for Injection** *see Iodine/Ioversol*

**OraCoat XyliMelts Dry Mouth** *see Xylitol*

**Oral Pain Relief** *see Benzocaine*

**Oralyte Electrolyte Solution (Fruit)** *see Chloride/Dextrose/Fructose/Potassium/Sodium*

**Orsythia** *see Ethinyl Estradiol/Levonorgestrel*

### Oseltamivir Phosphate

Oral capsule      Oseltamivir Phosphate 30 mg :: Tamiflu (Restricted)  
Oseltamivir Phosphate 45 mg :: Tamiflu (Restricted)  
Oseltamivir Phosphate 75 mg :: Tamiflu (Restricted)

Powder for oral suspension      Oseltamivir Phosphate 12 mg/1 mL :: Tamiflu (Restricted)

### Notes:

Tamiflu must not be used for prophylaxis.

### Restriction (per P&T 12/15/2022):

#### Requirements:

Flu-like illness (confirmed by + rapid test) with high-risk criteria, and presents within 48 hours of onset of symptoms.

#### High Risk Criteria:

- Inpatients with influenza
- Child less than 2 years old
- Adult greater than equal to 65 years old
- Person less than 19 years old on long-term aspirin therapy
- Immunosuppressed patient (including HIV medications/infection)
- Pregnant woman (& up to 2 weeks post-partum)
- Nursing home or other chronic care facility resident
- Chronic disease:
  - Chronic pulmonary (including asthma)
  - Cardiovascular (except hypertension alone)
  - Renal disorder
  - Hepatic disorder
  - Hematological disorder (including sickle cell)
  - Metabolic disorder (including DM); BMI > 40
  - Neurologic and neurodevelopment condition

Also approved for postexposure prophylaxis for severely immunocompromised persons and for whom influenza vaccination is contraindicated, unavailable, or expected to have low effectiveness.

**Oti-Sone** see *Hydrocortisone/Neomycin/Polymyxin B*

**Oxybutynin Chloride**

Oral tablet                      Oxybutynin Chloride 5 mg :: Generic

**Oxymetazoline Hydrochloride**

Nasal spray, solution              Oxymetazoline Hydrochloride 0.05 % :: Walgreens Sinus Relief Mist (Restricted)

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

**Oxytocin**

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

**OZEMPIC** see *Semaglutide*

**Palivizumab (Murine)**

Solution for injection              Palivizumab (murine) 50 mg/0.5mL :: Synagis  
Palivizumab (murine) 100 mg/1 mL :: Synagis

**Palonosetron Hydrochloride**

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

**Notes:** Restricted: Oncology use only

**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

**PARoxetine hydrochloride**

Oral tablet                      Paroxetine Hydrochloride 20 mg :: Generic

**PAXLOVID** see *Nirmatrelvir/Ritonavir*

**Pazeo** see *Olopatadine Hydrochloride*

**Pectin**

Oral lozenge                      Pectin 10 mg :: Walgreens Sore Throat Lollipops (Restricted)

**Pediarix Suspension for Injection** see *Bordetella Pertussis Filamentous Hemagglutinin antigen (Formaldehyde inactivated)/Bordetella Pertussis Pertactin antigen (Formaldehyde inactivated)/Bordetella Pertussis Toxoid antigen (Formaldehyde, Glutaraldehyde inactivated)/Clostridium Tetani Toxoid an*

**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

**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

**Pentacel Vaccine Suspension for Injection** see *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*

**Periogard** see *Chlorhexidine Gluconate*

**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

**Petrolatum**

Topical ointment

Petrolatum 42 % :: Hydrophor Topical Ointment (Restricted)

**Pfizerpen** see *Penicillin G Potassium*

**Phenazopyridine Hydrochloride**

Oral tablet

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

**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;**

**Phenol**

Oral lozenge

Phenol 29 mg :: CEPASTAT Extra Strength Sore Throat Lozenge (Menthol Eucalyptus) (Restricted)

Topical solution

Phenol 89 % :: Generic (Restricted)

**Notes:** In-House use only.

**Phentolamine Mesylate**

Lyophilisate for solution for injection Phentolamine Mesylate 5 mg :: Generic

**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)

### Phenylephrine Hydrochloride

Nasal spray, solution Phenylephrine Hydrochloride 0.25 % :: Neo-Synephrine Mild Formula (Restricted)  
Phenylephrine Hydrochloride 0.5 % :: Neo-Synephrine Regular Strength (Restricted)

Ophthalmic drops, solution Phenylephrine Hydrochloride 2.5 % :: Ocu-Phrin  
Phenylephrine Hydrochloride 10 % :: Ocu-Phrin

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

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

### 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).

**PhosLo Gelcaps** see *Calcium Acetate*

### Physostigmine Salicylate

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

**Pilocar** see *Pilocarpine Hydrochloride*

### Pilocarpine Hydrochloride

Ophthalmic drops, solution Pilocarpine Hydrochloride 1 % :: Pilocar  
Pilocarpine Hydrochloride 2 % :: Akarpine

### 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.

### 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

**Pitocin** see *Oxytocin*

**Plan B One-Step** see *Levonorgestrel*

**Pneumovax-23** see *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*

**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

**Polycin Ophthalmic Ointment** see *Bacitracin Zinc/Polymyxin B Sulfate*

**Polyethylene Glycol 3350**

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

**Polyethylene Glycol 3350/Potassium Chloride/Sodium Bicarbonate/Sodium Chloride/Sodium Sulfate**

Powder for oral solution      Polyethylene Glycol 3350 236 grams —Potassium Chloride 2.97 grams —  
Sodium Bicarbonate 6.74 grams —Sodium Chloride 5.86 grams —Sodium  
Sulfate 22.74 grams    :: Golytely

**Notes:** Restricted: for inpatient use only if ORS packets are on backorder.

**Polymyxin B Sulfate/Trimethoprim Sulfate**

Ophthalmic drops, solution      Polymyxin B Sulfate 10000 units/1 mL —Trimethoprim Sulfate 1 mg/1 mL    ::  
Generic

**Polyvinyl Alcohol**

Ophthalmic drops, solution      Polyvinyl Alcohol 1.4 %    :: Artificial Tears (Restricted)

**Notes: Restriction:** Eye Clinic, Bells Palsy (any CN VII palsy, paralysis, paresis)  
with Eye Clinic Referral, Group Home Use Only

**Poractant Alfa (Porcine)**

Endotracheopulmonary instillation, suspension  
Poractant Alfa (porcine) 80 mg/1 mL    :: Curosurf

**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

**Potassium Iodide**

Oral solution      Potassium Iodide 1 grams/1 mL    :: SSKI

**Potassium Phosphate, Dibasic/Potassium Phosphate, Monobasic**

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

**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

**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

**Pramipexole Dihydrochloride**

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

**Prazosin Hydrochloride**

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

**PRE-PEN** see *BENZYL PENICILLOYL POLYLYSINE*

**Precedex** see *Dexmedetomidine Hydrochloride*

**Pred Mild** see *prednisolONE acetate*

**prednisolONE**

Oral solution Prednisolone 15 mg/5 mL :: Generic

**prednisolONE acetate**

Ophthalmic drops, suspension Prednisolone Acetate 0.12 % :: Pred Mild (Restricted)  
Prednisolone Acetate 1 % :: Generic (Restricted)

**Notes: Restriction:** Eye Clinic Use Only

**predniSONE**

Oral tablet Prednisone 1 mg :: Generic  
Prednisone 5 mg :: Generic  
Prednisone 20 mg :: Generic

**Premarin** see *Conjugated Estrogens*

**Premier Value Allergy Relief** see *diphenhydrAMINE hydrochloride*

**Prempro** see *Conjugated Estrogens/medroxyPROGESTERone acetate*

**Prenatal Multi-Vitamin with Folic Acid 1 mg** see *MULTI-VITAMINS*

**PreserVision AREDS Softgel** see *Copper/Vitamin A (Beta-Carotene)/Vitamin C (Ascorbic Acid)/Vitamin E (DL-Alpha Tocopheryl Acetate)/Zinc*

**PreviDent** see *Sodium Fluoride*

**Prenar** see *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*

**Prenar Suspension for Injection** see *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*  
**Priftin** see *Rifapentine*

**Probenecid**

Oral tablet Probenecid 500 mg :: Generic

**Procainamide Hydrochloride**

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

**Procardia** see *NIFEdipine*

**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

**Progesterone**

Oral capsule Progesterone 100 mg :: Generic

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.

**Prograf** see *Tacrolimus*

**Prolensa** see *Bromfenac Sodium*

**Prolia** see *Denosumab*

**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

**Proparacaine Hydrochloride**

Ophthalmic drops, solution Proparacaine Hydrochloride 0.5 % :: Ocu-Caine

**Propofol**

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

**Notes:**

**Restriction:** Anesthesia Use Only

**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

**Propylthiouracil**

Oral tablet Propylthiouracil 50 mg :: Generic

**Proscar** *see Finasteride*

**Prostin VR Pediatric** *see Alprostadil*

**Protamine Sulfate**

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

**Proventil** *see Albuterol Sulfate*

**Provera** *see medroxyPROGESTERone acetate*

**Prozac Weekly** *see FLUoxetine hydrochloride*

**Pseudoephedrine Hydrochloride**

Oral tablet Pseudoephedrine Hydrochloride 60 mg :: Sudogest (Restricted)

**Notes: Restriction:** Inpatient Use Only

**Psyllium**

Powder for oral suspension Psyllium 3.4 grams :: CVS Natural Daily Fiber Smooth Dissolving Sugar-Free Powder for Suspension (Berry) (Restricted)

**Notes: Restriction:** Restricted use in Spinal Patients on a Bowel program. Group Home, Inpatient use is unrestricted.

**Publix Glycerin Adult Laxative Rectal Suppository** *see Glycerin*

**Pulmicort** *see Budesonide*

**Pyrazinamide**

Oral tablet Pyrazinamide 500 mg :: Generic

**Quelicin** *see Succinylcholine Chloride*

**QUetiapine fumarate**

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

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

**Rabies Immune Globulin (Human)**

Solution for injection Rabies Immune Globulin (human) 150 units/1 mL :: HyperRAB S/D

**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

**Racpinephrine Hydrochloride**

Nebulizer solution Racpinephrine Hydrochloride 2.25 % :: S-2

**RAGWITEK** *see Short Ragweed Pollen Extract*

**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).

**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***

**Reclipsen** see *Desogestrel/Ethinyl Estradiol*

**Refresh Celluvisc** see *Carboxymethylcellulose Sodium*

**Regadenoson**

Solution for injection                      Regadenoson 0.08 mg/1 mL :: Lexiscan (Restricted)

**Notes: Restriction:** Restricted to Nuclear Cardiac Stress

**REGEN-COV** see *Casirivimab/Imdevimab*

**REGANEX** see *Becaplermin*

**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

## Remifentanyl Hydrochloride

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

**RENFLEXIS** see *inFLIXimab*

**Renvela** see *Sevelamer Carbonate*

**Respirol** see *Albuterol*

**Restasis** see *cycloSPORINE*

**Retacrit** see *Epoetin Alfa*

**Retin-A** see *Tretinoin*

**Retrovir** see *Zidovudine*

## 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

**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.

**Risperdal Consta Long-Acting** *see risperiDONE***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

**RITE AID Adult Tussin DM Cough & Chest Congestion** *see Dextromethorphan Hydrobromide/guaiFENesin*

**RITE AID Antacid & Gas Relief** *see Aluminum Hydroxide/Magnesium Hydroxide/Simethicone*

**RITE AID Children's Allergy Relief** *see diphenhydrAMINE hydrochloride*

**RITE AID Earwax Cleansing System** *see Carbamide Peroxide*

**RITE AID Laxative** *see Bisacodyl*

**RITE AID Motion Sickness Relief** *see Meclizine Hydrochloride*

**RITE AID Ready To Use Laxative Saline Enema** *see Sodium Phosphate, Dibasic/Sodium Phosphate,*

*Monobasic*

**RITE AID Stomach Relief** *see Bismuth Subsalicylate*

**Ritonavir**

Oral tablet Ritonavir 100 mg :: Norvir

**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

**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)

**Robinul** see *Glycopyrrolate*

**Rocklatan** see *Latanoprost/Netarsudil*

**Rocuronium Bromide**

Solution for injection Rocuronium Bromide 10 mg/1 mL :: Generic

**Ropivacaine Hydrochloride Monohydrate**

Solution for injection Ropivacaine Hydrochloride Monohydrate 0.2 % :: Naropin  
Ropivacaine Hydrochloride Monohydrate 0.5 % :: Naropin  
Ropivacaine Hydrochloride Monohydrate 1 % :: Naropin

**Rosuvastatin Calcium**

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

**RUXIENCE** see *riTUXimab (murine)*

**S-2** see *Racepinephrine Hydrochloride*

**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

**Salmeterol Xinafoate**

Inhalation powder Salmeterol Xinafoate 50 mcg/1 actuation :: Serevent Diskus

**Santyl** see *Collagenase*

**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.**

**Selenium Sulfide**

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

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

**Selfemra** see *FLUoxetine hydrochloride*

**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)

**Semglee** see *Insulin Glargine*

**Sensipar** see *Cinacalcet Hydrochloride*

**Sensorcaine MPF** see *Bupivacaine Hydrochloride*

**Serevent Diskus** see *Salmeterol Xinafoate*

**Sertraline Hydrochloride**

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

**Sevelamer Carbonate**

Oral tablet                                      Sevelamer Carbonate 800 mg :: Renvela

**Sevoflurane**

Inhalation vapour, liquid                  Sevoflurane 100 % :: Ultane

**SHINGRIX Powder for Suspension for Injection** see *Varicella Zoster Virus Recombinant Surface Glycoprotein E Antigen*

**Short Ragweed Pollen Extract**

Sublingual tablet                              Short Ragweed Pollen Extract (Unspecified Strength) :: RAGWITEK  
(Restricted)

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

**Silace Liquid** see *Docosate Sodium*

**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.

**Silver Nitrate**

**Notes: Restriction:** Inpatient Use Only

**Silver Sulfadiazine**

Topical cream                                      Silver Sulfadiazine 1 % :: Thermazene

**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)

**Simvastatin**

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

**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

**Notes: Restriction:** 650 mg tablet- Renal Insuff./Failure Use Only

**Sodium Chloride**

Nasal spray, solution           Sodium Chloride 0.65 % :: CVS Saline (Restricted)  
Nebulizer solution           Sodium Chloride 0.9 % :: Generic  
  
Ophthalmic ointment           Sodium Chloride 5 % :: Generic (Restricted)  
  
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

**SODIUM CHONDROITIN SULFATE/SODIUM HYALURONATE**

**Notes: Restriction:** Ophthalmology Use Only

**Sodium Fluoride** *see Sodium Fluoride*

**Sodium Fluoride**

Dental paste                      Sodium Fluoride 1.1 % :: PreviDent (Restricted), Sodium Fluoride (Restricted)  
Oral drops, solution           Sodium Fluoride 0.5 MG/ML :: Generic

**Notes: Restriction:** To Dental

**Sodium hypochlorite**

Topical solution                Sodium Hypochlorite 0.125 % :: DAKIN'S  
   Sodium Hypochlorite 0.25 % :: DAKIN'S  
   Sodium Hypochlorite 0.5 % :: DAKIN'S

**Sodium Nitroprusside**

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

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

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

### **Sodium Polystyrene Sulfonate**

Oral suspension Sodium Polystyrene Sulfonate 15 grams/60 mL :: Generic, SPS

### **Sodium Tetradecyl Sulfate**

Solution for injection Sodium Tetradecyl Sulfate 3 % :: Sotradecol

### **Sodium zirconium cyclosilicate**

Powder for oral suspension Sodium Zirconium Cyclosilicate 10 grams :: LOKELMA

**Solu-Cortef** see *Hydrocortisone Sodium Succinate*

**Solu-Medrol** see *methylPREDNISolone sodium succinate*

**Solu-Medrol (NOVAPLUS)** see *methylPREDNISolone sodium succinate*

**Sotradecol** see *Sodium Tetradecyl Sulfate*

### **Sotrovimab**

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

**Notes:** Restricted - treatment of mild-to-moderate coronavirusdisease 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 team's 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

### **Soybean Oil**

Emulsion for injection Soybean Oil 20 % :: Intralipid

**Spiriva Respimat** see *Tiotropium*

### **Spirolactone**

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

**SPS** see *Sodium Polystyrene Sulfonate*

**SSKI** see *Potassium Iodide*

### 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.

### **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

**STRIBILD** see *Cobicistat/Elvitegravir/Emtricitabine/Tenofovir Disoproxil Fumarate*

### **Succinylcholine Chloride**

Solution for injection

Succinylcholine Chloride 20 mg/1 mL :: Quelicin

### **Sucralfate**

Oral suspension

Sucralfate 1 grams/10 mL :: Carafate

Oral tablet

Sucralfate 1 grams :: Generic



**Sudogest** see *Pseudoephedrine Hydrochloride*

**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.

**Sulfacetamide Sodium**

Ophthalmic drops, solution      Sulfacetamide Sodium 10 % :: Generic

**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

**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)

**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 :: Generic, Imitrex Statdose System

**Sunmark** see *Isopropyl Alcohol*

**Sunmark Gas Relief** see *Simethicone*

**Sunscreen Vanicream SPF30** see *TIANIUM DIOXIDE/ZINC OXIDE*

**Suprane** see *Desflurane*

**Suprax** see *Cefixime*

**Symbicort** see *Budesonide/Formoterol Fumarate*

**Synagis** see *Palivizumab (Murine)*

**Synthroid** see *Levothyroxine Sodium*

**Synvisc** see *Hylan (Avian)*

**Synvisc-One** see *Hylan (Avian)*

**Tacrolimus**

Oral capsule                              Tacrolimus 0.5 mg :: Prograf  
    Tacrolimus 1 mg :: Prograf  
    Tacrolimus 5 mg :: Prograf  
Topical ointment                              Tacrolimus 0.1 % :: Generic (Restricted)

**Notes:**  
RESTRICTED: Dermatology or through consult with dermatology only

**Tamiflu** see *Oseltamivir Phosphate*

**Tamoxifen Citrate**

Oral tablet Tamoxifen Citrate 20 mg :: Generic

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

**Tamsulosin Hydrochloride**

Oral capsule Tamsulosin Hydrochloride 0.4 mg :: Generic

**Tazicef** see *cefTAZidime pentahydrate*

**Temazepam**

Oral capsule Temazepam 15 mg :: Generic

**DEA class: schedule IV;**

**Tenecteplase**

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

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

**TENIVAC Suspension for Injection** see *Clostridium Tetani Toxoid antigen (Formaldehyde inactivated)/ Corynebacterium Diphtheriae Toxoid antigen (Formaldehyde inactivated)*

**Terazosin Hydrochloride**

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

**Terbinafine Hydrochloride**

Oral tablet Terbinafine Hydrochloride 250 mg :: Generic

**Terbutaline Sulfate**

Solution for injection Terbutaline Sulfate 1 mg/1 mL :: Generic

**Terconazole**

Vaginal cream Terconazole 0.4 % :: Generic

**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

**Tetanus Immune Globulin (Human)**

Solution for injection Tetanus Immune Globulin (human) 250 units/1 mL :: HyperTET S/D

**Tetracaine Hydrochloride**

Ophthalmic drops, solution Tetracaine Hydrochloride 0.5 % :: 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

**Thermazene** see *Silver Sulfadiazine*

**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.

**Timolol Maleate**

Ophthalmic drops, solution Timolol Maleate 0.5 % :: Generic

**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)

**Tiotropium**

Respiratory spray, solution Tiotropium 2.5 mcg/1 actuation :: Spiriva Respimat (Restricted)

**Notes:** Restricted: COPD only

**Tivicay** see *Dolutegravir*

**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.

**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

**TNKase** see *Tenecteplase*

**Tobramycin**

Ophthalmic drops, solution Tobramycin 0.3 % :: AK-Tob  
Ophthalmic ointment Tobramycin 0.3 % :: Tobrex

**Tobramycin Sulfate**

Powder for solution for injection Tobramycin Sulfate 1.2 grams :: Generic  
Solution for injection Tobramycin Sulfate 40 mg/1 mL :: Generic

**Tobrex** see *Tobramycin*

**Tocilizumab**

Solution for injection Tocilizumab 20 mg/1 mL :: Actemra 200mg/10ml (Restricted), 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)

**Today's Health Mineral Oil Solution** see *Mineral Oil*

**Tolterodine Tartrate**

Oral tablet Tolterodine Tartrate 2 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)  
Quantity: 60 tablets.

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**tramadol hydrochloride**

Oral tablet Tramadol Hydrochloride 50 mg :: Generic (Restricted)  
**DEA class: schedule IV;**

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

**Tranexamic Acid**

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

**Transderm Scop** *see Scopolamine*

**Travatan Z** *see Travoprost*

**Travoprost**

Ophthalmic drops, solution      Travoprost 0.004 % :: Travatan Z

**traZODone hydrochloride**

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

**Tretinoin**

Oral capsule      Tretinoin 10 mg :: Generic (Restricted)  
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)

**Triamcinolone Acetonide**

Dental paste      Triamcinolone Acetonide 0.1 % :: Generic  
Suspension for injection

Triamcinolone Acetonide 10 mg/1 mL :: Kenalog-10

Triamcinolone Acetonide 40 mg/1 mL :: Generic (Restricted), Kenalog-40

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.

**Tridil** *see Nitroglycerin*

**Trifluridine**

Ophthalmic drops, solution      Trifluridine 1 % :: Generic

**Trinessa** *see Ethinyl Estradiol/Norgestimate*

**Tropicamide**

Ophthalmic drops, solution      Tropicamide 1 % :: Ocu-Tropic

**TRUEplus 33G** *see Lancets and Lancet Devices*

**Truvada** *see Emtricitabine/Tenofovir Disoproxil Fumarate*

**TRYPAN BLUE**

**Notes: Restriction:** Ophthalmology Use Only

**Tuberculin Purified Protein Derivative**

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

**Ulipristal Acetate**

Oral tablet      Ulipristal Acetate 30 mg :: ella (Restricted)

**Notes: Restriction:**

More Effective than Plan B in patient >160lbs. Ella has been added to the OB, ED, Women's Clinic, and FM Omnicells. It is prescription only. It may be administered in, but NOT dispensed from, clinic. If patient presents to the Pharmacy for Plan B, and appears to exceed the recommended weight, gently suggest that Plan B may not be as effective as Ella and offer the option to go to either Women's Clinic or OB for a prescription. If they still like Plan B, you may still dispense it. (added June 2014)

**Ultane** *see Sevoflurane*

**Urea**

Topical cream      Urea 10 % :: Generic (Restricted)

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

**Urocit K** *see Potassium Citrate*

**Ursodiol**

Oral capsule      Ursodiol 300 mg :: Generic

**valACYclovir hydrochloride**

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

**Notes:** SOUNDS LIKE: ACYCLOVIR

**Valproate Sodium**

Solution for injection      Valproate Sodium 100 mg/1 mL :: Generic

**Valproic Acid**

Oral solution      Valproic Acid 250 mg/5 mL :: Generic

**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.

**Vandazole** *see metroNIDAZOLE*

**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:**

**Varivax Powder for Injection** *see Varicella-Zoster Virus Strain OKA/MERCK Live antigen*

**Vascepa** *see Icosapent ethyl*

**Vasopressin**

Solution for injection                      Vasopressin 20 units/1 mL    :: Vasostriect

**Vasostriect** *see Vasopressin*

**Veklury** *see Remdesivir*

**Venlafaxine Hydrochloride**

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

**Venofer** *see Iron Sucrose*

**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  
Solution for injection                      Verapamil Hydrochloride 2.5 mg/1 mL    :: Generic

**Vi-Atro** *see Atropine Sulfate/Diphenoxylate Hydrochloride*

**Vibramycin** *see Doxycycline Calcium*

**Vicks Cough Relief VapoDrop (Menthol)** *see Menthol*

**Victoza** *see Liraglutide*

**Vigamox** *see Moxifloxacin Hydrochloride*

**Vitamin A**

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

**Vitamin A (Acetate)**

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

**Vitamin A and D Ointment** *see Ergocalciferol/Vitamin A*

**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 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

**Vitamin B6 (Pyridoxine)**

Oral tablet Vitamin B6 (pyridoxine) 50 mg :: Generic

Solution for injection

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

**Vitamin C (Ascorbic Acid)**

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

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

**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**

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.

**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

**Vivitrol** see *Naltrexone*

**Voltaren** see *Diclofenac Sodium*



**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)

**Walgreens Cold Remedy Zinc Lozenge (Cherry)** see *Zinc Gluconate*

**Walgreens Hydrogen Peroxide** see *Hydrogen Peroxide*

**Walgreens Men's** see *Biotin/Calcium/Chloride/Chromium/Copper/Folic Acid/Iodine/Lutein/Lycopene/Magnesium/Manganese/Molybdenum/Niacin/Nickel/Pantothenic Acid/Phosphorus/Potassium/Potassium Chloride/Selenium/Silicon/Vanadium/Vitamin A (Acetate)/Vitamin A (Beta-Carotene)/Vitamin*

**Walgreens Pain Relief Roll-On** see *Lidocaine Hydrochloride*

**Walgreens Sinus Relief Mist** see *Oxymetazoline Hydrochloride*

**Walgreens Sore Throat Lollipops** see *Pectin*

**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

**Wellbutrin XL** see *buPROPion hydrochloride*

**Wixela Inhub** see *Fluticasone Propionate/Salmeterol*

**WYMZYA Fe Chewable Tablet** see *Ferrous Fumarate*

**Xarelto** see *Rivaroxaban*

**Xifaxan** see *rifAXIMin*

**Xolair** see *Omalizumab (Hamster)*

**Xulane** see *Ethinyl Estradiol/Norelgestromin*

**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)

**Xylocaine** see *Lidocaine Hydrochloride*

**Xylocaine MPF** see *Lidocaine Hydrochloride*

**Xylocaine MPF with Epinephrine** see *EPINEPHrine/Lidocaine Hydrochloride*

**Yaz** see *Drospirenone/Ethinyl Estradiol*

**Zafirlukast**

Oral tablet Zafirlukast 20 mg :: Generic (Restricted)

**Notes: Restriction:** compliant patients on multiple MDI's Only

**ZENATANE** see *ISOTretinoin*

**Zidovudine**

Oral capsule Zidovudine 100 mg :: Generic  
Oral solution

