

**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

DRUG FORMULARY



January 2026 - V1

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HEALTH CARE SERVICES**



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INTRODUCTION

The CCHCS formulary is a list of drug products which have been approved by the Systemwide Pharmacy and Therapeutics (P&T) Committee for prescribing within California Correctional Health Care Services (CCHCS). Drug products are periodically assessed and reviewed for inclusion, exclusion, or restrictions in the formulary based on current evidence-based clinical practices, guidelines, safety, and pharmacoeconomics. The purpose of the formulary is to promote rational, safe, clinically appropriate, and cost-effective prescribing within CCHCS.

Providers are encouraged to use the drugs listed in the CCHCS formulary and pharmacy shall dispense generic equivalents when available. If there is not a suitable agent on the formulary, a provider may prescribe a drug that is nonformulary on a patient specific basis.

Nonformulary Drug Requests (NFDR) must contain the following justification:

1. Documented treatment failures with medications listed in the formulary
2. Documented allergy, side effect, or adverse reaction that prevents the use of a formulary medication
3. Medications having the potential to prevent mortality and morbidity when formulary options do not exist. The requesting clinician may be asked to supply strong supporting scientific literature with the NFDR.

The CCHCS Systemwide P&T Committee has the exclusive authority to add or delete drugs from the CCHCS formulary and to add or remove use criteria or restrictions from formulary drugs. Providers may request to add, remove, or change restrictions for formulary drugs by the following process:

1. The provider shall submit a CDCR 7373, Formulary Change Request, and supporting scientific literature to the Facility Medical Authority (FMA)*.
2. If the FMA determines the request should be considered further, the request and supporting documentation shall be forwarded to the CCHCS Systemwide P&T Committee at PharmacyandTherapeuticsCommunications@cdcr.ca.gov
3. Denied formulary addition requests may be reconsidered again 12 months after the initial review or when new practice standards are published indicating a different role for the

The most up-to-date CCHCS formulary along with recent memoranda on the formulary changes can be found on Lifeline under the CCHCS Formulary and P&T and MMC Memorandums tabs at https://cdcr.sharepoint.com/sites/cchcs_lifeline_pharmacy

*Facility Medical Authority (FMA):

- For medical indications, the FMA is the Chief Medical Executive (CME) or designee
- For dental indications, the FMA is the Regional Dental Director or designee
- For mental health indications, the FMA is the Chief Psychiatrist, senior psychiatry leadership or designee. For institutions without psychiatry leadership, the headquarters Chief Psychiatrist or designee shall be the FMA.

AMERICAN HOSPITAL FORMULARY SERVICE (AHFS) THERAPEUTIC CATEGORIES

AHFS	Therapeutic Category
4.00	ANTI-HISTAMINES
8.00	ANTI-INFECTIVES
10.00	ANTINEOPLASTICS
12.00	AUTONOMIC DRUGS
20.00	BLOOD FORMATION & COAGULATION
24.00	CARDIOVASCULAR AGENTS
28.00	CENTRAL NERVOUS SYSTEM AGENTS
36.00	DIAGNOSTIC AGENTS
40.00	ELECTROLYTE, CALORIC & WATER BALANCE
48.00	RESPIRATORY TRACT AGENTS
52.00	EYE, EAR, NOSE & THROAT (EENT) PREPARATIONS
56.00	GASTROINTESTINAL AGENTS
68.00	HORMONES & SYNTHETIC SUBSTITUTES
72.00	LOCAL ANESTHETICS
80.00	SERUMS, TOXOIDS & VACCINES
84.00	SKIN & MUCOUS MEMBRANE AGENTS (TOPICAL)
86.00	SMOOTH MUSCLE RELAXANTS
88.00	VITAMINS
92.00	MISCELLANEOUS THERAPEUTIC AGENTS

Formulary Agents by Therapeutic Category

4:00 ANTI-HISTAMINES

cetirizine
chlorpheniramine/phenylephrine
diphenhydramine inj
hydroxyzine HCl inj
hydroxyzine pamoate
loratadine
meclizine
promethazine

8:00 ANTI-INFECTIVES

8:08 Anthelmintics

ivermectin
mebendazole

8:12 Antibacterials

8:12.02 Aminoglycosides

gentamicin
neomycin

8:12.06 Cephalosporins

1st Generation
cefazolin
cephalexin

3rd Generation
ceftazidime
ceftriaxone

8:12.12 Macrolides

azithromycin
clarithromycin
erythromycin base
erythromycin lactobionate
erythromycin stearate

8:12.16 Penicillins

penicillin G benzathine
penicillin G potassium
penicillin G procaine
penicillin VK

Formulary Agents by Therapeutic Category

8:12.16 Penicillins (continued)

Penicillinase-Resistant Penicillins

nafcillin

Aminopenicillins

amoxicillin

amoxicillin-clavulanate

ampicillin

8:12.18 Quinolones

ciprofloxacin

levofloxacin

8:12.20 Sulfonamides

sulfamethoxazole/trimethoprim

sulfasalazine

8:12.24 Tetracyclines

doxycycline hyclate

tetracycline

8:12.28 Miscellaneous Antibiotics

clindamycin

dapsone

rifaximin

vancomycin

8:14 Antifungals

amphotericin B deoxycholate

amphotericin B lipid complex (ABLC)

clotrimazole

fluconazole

itraconazole

nystatin

8:16 Antimycobacterials

ethambutol

isoniazid

pyrazinamide

rifampin

rifapentine

Formulary Agents by Therapeutic Category

8:18

Antivirals

acyclovir
amantadine
oseltamivir
pegylated interferon alfa-2a
remdesivir
ribavirin

8:18.08 Antiretrovirals

Integrase Strand Transfer Inhibitor

dolutegravir
raltegravir

NRTI - Nucleoside/Nucleotide Reverse Transcriptase Inhibitors

abacavir
didanosine
emtricitabine
lamivudine
tenofovir alafenamide
tenofovir disoproxil fumarate
zidovudine

NNRTI - Non-Nucleoside Reverse Transcriptase Inhibitors

efavirenz
nevirapine
rilpivirine

Protease Inhibitors

atazanavir
darunavir
fosamprenavir
lopinavir/ritonavir
nelfinavir
ritonavir

Formulary Agents by Therapeutic Category

Combination Products

abacavir/dolutegravir/lamivudine
abacavir/lamivudine
bictegravir/emtricitabine/tenofovir alafenamide
cabotegravir/rilpivirine
darunavir/cobicistat/emtricitabine/tenofovir alafenamide
dolutegravir/rilpivirine
efavirenz/emtricitabine/tenofovir DF
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide
emtricitabine/rilpivirine/tenofovir alafenamide
emtricitabine/tenofovir alafenamide
emtricitabine/tenofovir disoproxil fumarate

8:18.40 HCV Antivirals

ledipasvir/sofosbuvir
sofosbuvir
sofosbuvir/velpatasvir/voxilaprevir
velpatasvir/sofosbuvir

8:18.92 Antivirals, Miscellaneous

nirmatrelvir/ritonavir

8:30 Antiprotozoals

hydroxychloroquine
metronidazole
pentamidine
pyrimethamine

8:36 Urinary Anti-Infectives

nitrofurantoin

10:00 ANTINEOPLASTICS

megestrol
methotrexate

12:00 AUTONOMIC DRUGS

12:04 Parasympathomimetic Agents

donepezil
physostigmine

12:08 Anticholinergic Agents

12:08.04 Antiparkinson Agents

benztropine

Formulary Agents by Therapeutic Category

12:08.08 Antimuscarinic/Antispasmodic Agents

atropine
dicyclomine
glycopyrrolate
ipratropium
ipratropium/albuterol
tiotropium
tiotropium/olodaterol

12:12 Sympathomimetic Agents

albuterol
chlorpheniramine/phenylephrine
dopamine
epinephrine
levalbuterol
midodrine
mometasone/formoterol INH
salmeterol
terbutaline

12:16 Sympatholytic Agents

tamsulosin

12:20 Skeletal Muscle Relaxants

currently none formulary

20:00 BLOOD FORMATION & COAGULATION

20:04 Antianemia Drugs

20:04.04 Iron Preparations

ferrous sulfate
iron sucrose

20:12 Antithrombotic Agents

20:12.04 Anticoagulants

apixaban
enoxaparin
heparin
rivaroxaban
warfarin

20:12.18 Platelet-Aggregation Inhibitors

clopidogrel

Formulary Agents by Therapeutic Category

20:16 Hematopoietic Agents
epoetin alfa-epbx

24:00 CARDIOVASCULAR AGENTS

24:04 Cardiac Drugs
adenosine
amiodarone
digoxin
flecainide
lidocaine
mexiletine
procainamide
quinidine gluconate

24:06 Antilipemic Agents

24:06.04 Bile Acid Sequestrants
cholestyramine

24:06.05 Cholesterol-absorption Inhibitors
ezetimibe

24:06.06 Fibric Acid Derivatives
fenofibrate

24:06.08 HMG-CoA Reductase Inhibitors
atorvastatin
pravastatin
rosuvastatin

24:06.92 Miscellaneous Antilipemic Agents
icosapent ethyl
niacin (immediate release)

24:08 Hypotensive Agents

24:08.16 Central Alpha-Adrenergic Agonists
clonidine
guanfacine

24:08.20 Direct Vasodilators
hydralazine
minoxidil

Formulary Agents by Therapeutic Category

24:12 Vasodilating Agents

dipyridamole
isosorbide dinitrate
isosorbide mononitrate
nitroglycerin

24:20 Alpha-Adrenergic Blocking Agents

doxazosin
prazosin
terazosin

24:24 Beta-Adrenergic Blocking Agents

atenolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol

24:28 Calcium Channel Blockers

24:28.08 Dihydropyridines

amlodipine
nifedipine

24:28.92 Miscellaneous Calcium Channel Blocking Agents

diltiazem
verapamil

24:32 Renin-Aldosterone System Inhibitors

24:32.04 Angiotensin Converting Enzyme Inhibitors

enalapril
lisinopril

24:32.08 Angiotensin Receptor Blockers

losartan

24:32.08 Mineralocorticoids (Aldosterone) Receptor Antagonist

spironolactone

Formulary Agents by Therapeutic Category

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08 Analgesics and Antipyretics

28:08.04 Non-Steroidal Anti-Inflammatory Agents

aspirin
ibuprofen
ketorolac
naproxen
salsalate
sulindac

28:08.08 Opiate Agonists

acetaminophen/codeine
methadone
morphine

28:08.92 Miscellaneous Analgesics & Antipyretics

acetaminophen

28:10 Opiate Antagonists

naloxone
naltrexone

28:12 Anticonvulsants

28:12.08 Benzodiazepines

lorazepam

28:12.92 Miscellaneous Anticonvulsants

carbamazepine
divalproex sodium
lamotrigine
levetiracetam
magnesium sulfate
oxcarbazepine
valproate sodium
valproic acid
zonisamide

28:16 Psychotherapeutic Agents

28:16.04 Antidepressants

Selective Serotonin and Norepinephrine Reuptake Inhibitors

duloxetine
venlafaxine

Formulary Agents by Therapeutic Category

Selective Serotonin Reuptake Inhibitors

citalopram
escitalopram
fluoxetine
fluvoxamine
paroxetine
sertraline

Tricyclic Antidepressants

amitriptyline
nortriptyline

Miscellaneous Antidepressants

mirtazapine

28:16.08 Antipsychotics

Atypical

aripiprazole
clozapine
lurasidone
olanzapine
paliperidone palmitate
risperidone
ziprasidone

Typical

chlorpromazine
fluphenazine
haloperidol
loxapine
perphenazine
thiothixene
trifluoperazine

28:24 Anxiolytics, Sedatives, Hypnotics

28:24.08 Benzodiazepines

lorazepam

Formulary Agents by Therapeutic Category

28:24.92 Miscellaneous

buspirone
donepezil
hydroxyzine
meclizine
memantine
promethazine

28:28 Antimanic Agents

lithium

28:32 Antimigraine Agents

sumatriptan

28:36 Antiparkinsonian Agents

amantadine
carbidopa/levodopa

28:92 Miscellaneous Central Nervous System Agents

acamprosate
atomoxetine
buprenorphine/naloxone
flumazenil
memantine

36:00 DIAGNOSTIC AGENTS

36:56 Myasthenia Gravis

edrophonium

36:84 Tuberculosis

tuberculin PPD

40:00 ELECTROLYTE, CALORIC & WATER BALANCE

40:08 Alkalinizing Agents

sodium bicarbonate
sodium citrate/citric acid

40:10 Ammonia Detoxicants

lactulose

Formulary Agents by Therapeutic Category

40:12 Replacement Preparations

calcium acetate
calcium carbonate
calcium chloride
potassium chloride
sodium chloride
sodium-potassium phosphate

40:18 Ion Removing Agents

40:18.18 Potassium Removing Agents

sodium polystyrene sulfonate

40:18.19 Phosphate Removing Agents

lanthanum carbonate
sevelamer

40:20 Caloric Agents

dextrose

40:28 Diuretics

40:28.08 Loop Diuretics

bumetanide
furosemide

40:28.16 Potassium Sparing Diuretics

amiloride
triamterene/HCTZ

40:28.20 Thiazide Diuretics

hydrochlorothiazide

40:28.24 Thiazide-like Diuretics

chlorthalidone
metolazone

40:36 Irrigating Solutions

ophthalmic irrigating solution (eye wash)
sodium chloride

40:40 Uricosuric Agents

probenecid

Formulary Agents by Therapeutic Category

48:00 Respiratory Tract Agents

48:08 Antitussives

benzonatate

48:10 Leukotriene Modifiers

montelukast

48:16 Expectorants

banned

52:00 EYE, EAR, NOSE & THROAT (EENT) PREPARATIONS

52:02 Anti-Allergic Agent

ketotifen fumarate ophth soln

52:04 Anti-Infectives

52:04.04 Antibacterials

bacitracin/neomycin/polymyxin ophth oint

bacitracin/polymyxin ophth oint

ciprofloxacin ophth soln

erythromycin ophth oint

gentamicin ophth soln

moxifloxacin ophth soln

neomycin/polymyxin/dexamethasone ophth susp

neomycin/polymyxin/gramicidin ophth soln

neomycin/polymyxin/hydrocortisone otic susp

sulfacetamide ophth soln

tobramycin ophth oint

52:04.20 Antivirals

trifluridine ophth soln

52:04.92 Miscellaneous Anti-Infectives

acetic acid/aluminum acetate otic soln

acetic acid/hydrocortisone otic soln

carbamide peroxide soln

chlorhexidine oropharyngeal

52:08 Anti-Inflammatory Agents

hydrocortisone topical

ketorolac ophth soln

mometasone INH (ASMANEX)

mometasone/formoterol INH (DULERA)

prednisolone ophth susp

triamcinolone acetonide nasal

Formulary Agents by Therapeutic Category

- 52:16 Local Anesthetics**
benzocaine/menthol
lidocaine
proparacaine ophth soln
- 52:24 Mydriatics**
atropine ophth soln
cyclopentolate ophth soln
phenylephrine ophth soln
tropicamide ophth soln
- 52:28 Mouth Washes & Gargles**
hydrogen peroxide
- 52:32 Vasoconstrictors**
naphazoline/pheniramine ophth soln
- 52:40 Antiglaucoma Agents**
52:40.04 Alph Adrenergic Agonists
brimonidine ophth soln
52:40.08 Beta Adrenergic Agents
timolol ophth soln
52:40.12 Carbonic Anhydrase Inhibitors
acetazolamide
dorzolamide ophth soln
dorzolamide/timolol ophth soln
52:40.20 Miotics
pilocarpine ophth soln
52:40.28 Prostaglandin Analogs
latanoprost ophth soln

Formulary Agents by Therapeutic Category

52:92 Miscellaneous EENT Drugs

carbamide peroxide otic soln
fluorescein/benoxinate ophth soln
hypromellose ophth gel
mineral oil/white petrolatum ophth oint
polyvinyl alcohol ophth soln (artificial tears)
polyvinyl alcohol/povidone ophth soln (artificial tears)
sodium chloride ophth oint/soln
sodium chloride nasal

56:00 GASTROINTESTINAL AGENTS

56:04 Antacids & Adsorbents

aluminum/magnesium hydroxide/simethicone
calcium carbonate
magnesium hydroxide
magnesium oxide

56:08 Antidiarrheal Agents

bismuth subsalicylate
loperamide

56:10 Antiflatulents

simethicone

56:12 Cathartics & Laxatives

Bowel Evacuants

polyethylene glycol/electrolytes

Bulk Forming Laxatives

calcium polycarbophil

Saline Laxatives

magnesium citrate
magnesium hydroxide

Stimulant Laxatives

bisacodyl
sennosides
sennosides/docusate

Stool Softeners

docusate sodium

Formulary Agents by Therapeutic Category

Other

lactulose
polyethylene glycol 3350
sodium phosphate

56:16 Digestants
pancrelipase

56:22 Antiemetics
meclizine
ondansetron
prochlorperazine
promethazine

56:28 Antiulcer Agents and Acid Suppressants

56:28.12 H2 Antagonists
famotidine

56:28.32 Protectants
sucralfate

56:28.36 Proton Pump Inhibitors
omeprazole
pantoprazole

56:32 Prokinetics
metoclopramide

56:36 Anti-Inflammatory Agents
mesalamine

68:00 HORMONES & SYNTHETIC SUBSTITUTES

68:04 Adrenals
dexamethasone
methylprednisolone
prednisone

68:08 Androgens
testosterone cypionate

Formulary Agents by Therapeutic Category

68:12 Contraceptives

ethinyl estradiol/etonogestrel
ethinyl estradiol/norelgestromin
etonogestrel
levonorgestrel
norethindrone
norethindrone/ethinyl estradiol
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol

68:16 Estrogens

estradiol
estradiol valerate
estrogens, conjugated

68:20 Antidiabetic Agents

68:20.04 Biguanides

metformin

68:20.06 Incretin Mimetics

dulaglutide

68:20.08 Insulins

insulin, glargine YFGN
insulin, human - NPH
insulin, human - regular
insulin, human - 70/30

68:20.18 Sodium-Glucose Transporter 2 (SGLT2) Inhibitor

empagliflozin

68:20.20 Sulfonylureas

glipizide

68:20.28 Thiazolidinediones

pioglitazone

68:22 Anti-Hypoglycemic Agents

glucagon
glucose

68:32 Progestins

medroxyprogesterone
progesterone, micronized

Formulary Agents by Therapeutic Category

68:36 Thyroid & Antithyroid Agents

68:36.04 Thyroid Agents

levothyroxine

68:36.08 Antithyroid Agents

methimazole

propylthiouracil

72:00 LOCAL ANESTHETICS

articaine/epinephrine

benzocaine

bupivacaine

bupivacaine/epinephrine

lidocaine

lidocaine/epinephrine

lidocaine/prilocaine

mepivacaine

80:00 SERUMS, TOXOIDS & VACCINES

80:08 Toxoids

tetanus & diphtheria

tetanus, diphtheria & pertussis

80:12 Vaccines

COVID-19 vaccine, mRNA

hepatitis A vaccine

hepatitis B vaccine

hepatitis A & B vaccine

herpes zoster vaccine

human papillomavirus vaccine

influenza virus vaccine

measles-mumps-rubella vaccine

meningococcal conjugate vaccine

meningococcal groups A, B, C, W, and Y vaccine

pneumococcal 21-valent conjugate vaccine

poliovirus vaccine, inactivated

respiratory syncytial virus vaccine

smallpox and monkeypox vaccine, live, non-replicating

varicella vaccine

Formulary Agents by Therapeutic Category

84:00 SKIN & MUCOUS MEMBRANE AGENTS (TOPICAL)

84:04 Anti-Infectives

84:04.04 Antibacterials

bacitracin/polymyxin
mupirocin

84:04.08 Antifungals

clotrimazole
ketoconazole
miconazole
nystatin
nystatin/triamcinolone
tolnaftate

84:04.12 Scabicides & Pediculocides

permethrin

84:04.92 Miscellaneous Local Anti-Infectives

alcohol, ethyl
alcohol, isopropyl
chlorhexidine
hydrogen peroxide
povidone iodine
selenium sulfide
silver sulfadiazine

84:06 Anti-Inflammatory Agents

clobetasol
fluocinolone
fluocinonide
hydrocortisone
nystatin/triamcinolone
triamcinolone
triamcinolone/orabase

84:08 Antipruritics & Local Anesthetics

benzocaine
calamine
phenazopyridine

84:28 Keratolytic Agents

benzoyl peroxide
salicylic acid

Formulary Agents by Therapeutic Category

84:80 Sunscreen Agents

zinc oxide

84:92 Miscellaneous Skin & Mucous Membrane

benzoin tincture

calcipotriene

capsaicin

colloidal oatmeal

diclofenac

fluorouracil

imiquimod

moisturizing lotion

petrolatum

phenylephrine suppositories

phenylephrine-cocoa butter suppositories

86:00 SMOOTH MUSCLE RELAXANTS

86:12 Genitourinary Smooth Muscle Relaxants

oxybutynin

86:16 Respiratory Smooth Muscle Relaxants

currently none formulary

88:00 VITAMINS

88:08 Vitamin B Complex

cyanocobalamin

folic acid

pyridoxine

thiamine

vitamin B-complex/vitamin C/biotin/folic acid (NEPHRO-VITE)

88:16 Vitamin D

calcitriol

paricalcitol

vitamin D

88:24 Vitamin K

phytonadione

88:28 Multivitamin Preparations

eye vitamin and mineral supplements

prenatal vitamins

Formulary Agents by Therapeutic Category

92:00 MISCELLANEOUS THERAPEUTIC AGENTS

acetylcysteine
adalimumab-adbm
adalimumab-atto
alendronate
allopurinol
azathioprine
barium sulfate
bromocriptine
cinacalcet
colchicine
cyclosporine
cyclosporine modified
finasteride
leucovorin
mycophenolate mofetil
mycophenolic acid, delayed release
octreotide
sodium chloride inhalant
tacrolimus

FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
abacavir	ZIAGEN [®]	Tablet: 300 mg	
abacavir/dolutegravir/ lamivudine	TRIUMEQ [®]	See brand cross-reference	
abacavir/lamivudine	EPZICOM [®]	Tablet: 600/300 mg	
ABELCET [®]	amphotericin B lipid complex	Injectable: 5 mg/ml	
ABILIFY [®]	aripiprazole	See generic cross-reference	HEAT DRUG*
ABILIFY MAINTENA [®]	aripiprazole, extended-release	Injectable (ER): 300 mg kit, pre-filled syringe; 400 mg kit, pre-filled syringe	HEAT DRUG* Preferred dosage form: pre-filled syringe Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Administer oral aripiprazole (10 mg to 20 mg) or current oral antipsychotic for 14 consecutive days in conjunction with first dose
ABRYSVO [®]	respiratory syncytial virus (RSV) vaccine	Injectable: 0.5 ml	Recommended use criteria: All adults 75 and older; or Adults 50-74 at increased risk of severe RSV including those with chronic heart or lung disease or certain other chronic medical conditions; or Pregnant individuals at 32 through 36 weeks gestational age
acamprosate	CAMPRAL [®]	Tablet (DR): 333 mg	
acetaminophen/codeine	TYLENOL #3 [®]	Tablet: 30/300 mg Elixir: 12-120 mg/5 ml	Crush and float
acetazolamide	DIAMOX [®]	Tablet: 250 mg	
acetic acid + aluminum acetate otic solution	DOMEBORO [®] otic	Otic Solution: 2% - 60 ml	
acetic acid 2% + hydrocortisone 1%	VOSOL-HC [®]	Otic Solution: 2%/1% - 10 ml	
acetylcysteine	MUCOMYST [®]	Inhalation Solution: 20% - 4 ml and 10 ml	To be used only as mucolytic within CCHCS/CDCR. For acetaminophen overdose, patient should be sent to a higher level of care (e.g., hospital)
ACTOS [®]	pioglitazone	See generic cross-reference	

CAPS = BRAND NAME

lower case = generic name

* HEAT DRUG = Medications that can impair the body's ability to regulate temperature

FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
ACULAR®	ketorolac ophthalmic	See generic cross-reference	
acyclovir	ZOVIRAX®	Tablet: 400 mg, 800 mg	
ADACEL®	tetanus/reduced diphtheria toxoids and acellular pertussis vaccine (Tdap)	Injectable: 0.5 ml	Clinic use only
adalimumab-adbm		Injectable: 20 mg/0.4 ml, 40 mg/0.8 ml, 40 mg/0.4 ml	Formulary biosimilar for Humira®
adalimumab-atto	AMJEVITA™	See brand cross-reference	
ADENOCARD®	adenosine	See generic cross-reference	
ADENOSCAN®	adenosine	See generic cross-reference	
adenosine	ADENOCARD®, ADENOSCAN®	Injectable: 6 mg/2 ml vial	Treatment cart approved; 3 mg/ml, 2 ml vial
ADRENALIN®	epinephrine	See generic cross-reference	
AK-DILATE® Ophthalmic Solution	phenylephrine ophthalmic	See generic cross-reference	
AK-POLY-BAC® Ophthalmic Ointment	bacitracin/polymyxin B ophthalmic	See generic cross-reference	
albuterol sulfate	various	Nebulizer Solution: 0.083% (2.5 mg/3 ml)	Nebulizer solution only. Restricted to acute asthma/COPD management
ALCAINE®	proparacaine ophthalmic	See generic cross-reference	
ALDACTONE®	spironolactone	See generic cross-reference	
ALDARA®	imiquimod	See generic cross-reference	
alendronate	FOSAMAX®	Tablet: 70 mg weekly	
allopurinol	ZYLOPRIM®	Tablet: 100 mg, 300 mg	
ALPHAGAN®	brimonidine ophthalmic	See generic cross-reference	
amantadine	SYMMETREL®	Capsule: 100 mg	
amiloride	MIDAMOR®	Tablet: 5 mg	
amiodarone	CORDARONE®, PACERONE®	Tablet: 200 mg Injectable: 50 mg/ml	Treatment cart approved; 50 mg/ml, 3 ml vial

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
amitriptyline	ELAVIL®	Tablet: 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	HEAT DRUG* May not be ordered KOP. May not be ordered for sleep. Nonformulary approval required for psychiatric diagnoses. Mandatory crush and float.
AMJEVITA™	adalimumab-atto	Injectable: 80 mg/0.8 ml	Formulary biosimilar for Humira®
amlodipine	NORVASC®	Tablet: 2.5 mg, 5 mg, 10 mg	
amoxicillin	AMOXIL®	Capsule: 250 mg, 500 mg	
amoxicillin/clavulanate	AUGMENTIN®	Tablet: 875/125 mg	Recommended use criteria: Bite wounds and hand lacerations from teeth. Recommended dose is 875 mg BID for 5-7 days.
AMOXIL®	amoxicillin	See generic cross-reference	
amphotericin B deoxycholate	FUNGIZONE®	Injectable: 50 mg vial	
amphotericin B lipid complex (ABLC)	ABELCET®	See brand cross-reference	
ampicillin	OMNIPEN®	Injectable: 500 mg vial Capsule: 250 mg, 500 mg	
ANCEF®	cefazolin	See generic cross-reference	
ANTILIRIUM®	physostigmine	See generic cross-reference	
ANTIVERT®	meclizine	See generic cross-reference	HEAT DRUG*
ANUCORT-HC®	hydrocortisone acetate	See generic cross-reference	
ANUSOL-HC®	hydrocortisone acetate	See generic cross-reference	
APRESOLINE®	hydralazine	See generic cross-reference	
apixaban	ELIQUIS®	See brand cross-reference	
AQUAMEPHYTON®	phytonadione	See generic cross-reference	
ARICEPT®	donepezil	See generic cross-reference	
aripiprazole	ABILIFY®	Tablet: 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	HEAT DRUG* NA/DOT ONLY Oral disintegrating tablet non-formulary

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
aripiprazole, extended-release	ABILIFY MAINTENA [®]	See brand cross-reference	HEAT DRUG* Preferred dosage form: pre-filled syringe Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Administer oral aripiprazole (10 mg to 20 mg) or current oral antipsychotic for 14 consecutive days in conjunction with first dose
articaine/epinephrine		Injection: 4%/1:100,000, 4%/1:200,000	For dental use only
ASMANEX HFA [®]	mometasone	Metered Dose Inhaler: 100 mcg/spray, 200 mcg/spray	Rinse mouth after use
atazanavir	REYATAZ [®]	Capsule: 200 mg, 300 mg	
atenolol	TENORMIN [®]	Tablet: 25 mg, 50 mg, 100 mg	NA/DOT if ordered by a psychiatrist
ATIVAN [®]	lorazepam	See generic cross-reference	
atomoxetine	STRATTERA [®]	Capsule: 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg	
atorvastatin	LIPITOR [®]	Tablet: 10 mg, 20 mg, 40 mg, 80 mg	
ATRIPLA [®]	efavirenz/emtricitabine/tenofovir DF	Tablet: 600/200/300 mg	
atropine	ISOPTO-ATROPINE [®] , various	Injectable: 0.1 mg/ml Ophthalmic solution: 1%	Treatment cart approved; 0.1 mg/ml, 10 ml syringe
ATROVENT HFA [®]	ipratropium inhaled	See generic cross-reference	
ATROVENT [®] NASAL SPRAY	ipratropium intranasal	See generic cross-reference	Recommended use criteria: For treatment of clozapine-induced sialorrhea only
AUGMENTIN [®]	amoxicillin/clavulanate	See generic cross-reference	
azathioprine	IMURAN [®]	Tablet: 50 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
azithromycin	ZITHROMAX [®]	Tablet: 250 mg, 500 mg, 600 mg	Recommended use criteria: Treatment of • Community acquired pneumonia, or • Sexually Transmitted Diseases (STD), or • Opportunistic infections in HIV, or • Acute exacerbation of chronic bronchitis
AZULFIDINE [®]	sulfasalazine	See generic cross-reference	
bacitracin/neomycin/ polymyxin B ophthalmic ointment	NEOSPORIN [®] Ophthalmic Ointment	Ophthalmic Ointment - 3.5 gm	
bacitracin/polymyxin B ophthalmic ointment	AK-POLY-BAC [®] Ophthalmic Ointment	Ophthalmic Ointment - 3.5 gm	
BACTRIM [®] , BACTRIM DS [®]	sulfamethoxazole/ trimethoprim	See generic cross-reference	
BACTROBAN [®]	mupirocin	See generic cross-reference	
barium sulfate	READI-CAT [®] 2	See brand cross-reference	
BENADRYL [®]	diphenhydramine	See generic cross-reference	HEAT DRUG*
BENEMID [®]	probenecid	See generic cross-reference	
BENTYL [®]	dicyclomine	See generic cross-reference	
BENZAC AC [®]	benzoyl peroxide topical	See generic cross-reference	
benzocaine oromucosal		Oral swab: 20%	For dental use only
benzonatate	TESSALON [®]	Capsule: 100 mg	Should not be used for chronic cough
benzoyl peroxide topical	BENZAC AC [®]	Topical Gel: 10%	
benztropine	COGENTIN [®]	Tablet: 0.5 mg, 1 mg, 2 mg Injectable: 1 mg/ml ampule	HEAT DRUG* NA/DOT ONLY
BIAXIN [®]	clarithromycin	See generic cross-reference	
BICILLIN LA [®]	penicillin G benzathine	Injectable: 2.4 million units/4 ml	Recommended use criteria: Treatment of syphilis
BICITRA [®]	sodium citrate/citric acid	See generic cross-reference	
bictegravir/emtricitabine/ tenofovir alafenamide	BIKTARVY [®]	See brand cross-reference	
BIKTARVY [®]	bictegravir/emtricitabine/tenofovir alafenamide	Tablet: 50/200/25 mg	
BLEPH-10 [®]	sulfacetamide ophthalmic	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
BOOSTRIX®	tetanus/reduced diphtheria toxoids and acellular pertussis vaccine (TDAP)	Injection, suspension: diphtheria toxoid 2.5 Lf units, tetanus toxoid 5 Lf units, acellular pertussis antigens (pertactin 2.5 mcg, FHA 8 mcg, inactivated pertussis toxins 8 mcg) per 0.5 mL	Clinic use only
BRETHINE®	terbutaline	See generic cross-reference	
brimonidine ophthalmic	ALPHAGAN®	Ophthalmic Solution: 0.2% - 5 ml	
bromocriptine	PARLODEL®	Capsule: 5 mg Tablet: 2.5 mg	
bumetanide	BUMEX®	Tablet: 0.5 mg, 1 mg, 2 mg	
BUMEX®	bumetanide	See generic cross-reference	
bupivacaine	MARCAINE®	Injectable: 2.5 mg/ml (0.25%); 5 mg/ml (0.5%)	
bupivacaine/epinephrine		Injection: 0.5%/1:200,000	For dental use only
buprenorphine/naloxone	SUBOXONE®	Sublingual film: 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg	Place one film under the tongue, close to the base on the left or right side. If an additional film is necessary to achieve the prescribed dose, place an additional film sublingually on the opposite side from the first film. Place the film in a manner to minimize overlapping as much as possible. The film must be kept under the tongue until the film is completely dissolved.
BUSPAR®	buspirone	See generic cross-reference	
buspirone	BUSPAR®	Tablet: 5 mg, 10 mg, 15 mg, 30 mg	
CABENUVA®	cabotegravir/rilpivirine	Injectable: 600 mg/900 mg, 400 mg/600 mg	Requires HIV specialist review and approval No known resistance to cabotegravir or rilpivirine Must not be on a contraindicated medication: phenytoin, phenobarbital, oxcarbazepine, carbamazepine, rifampin, or rifapentine

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
cabotegravir/rilpivirine	CABENUVA [®]	See brand cross-reference	Requires HIV specialist review and approval No known resistance to cabotegravir or rilpivirine Must not be on a contraindicated medication: phenytoin, phenobarbital, oxcarbazepine, carbamazepine, rifampin, or rifapentine
CALAN [®] , CALAN SR [®]	verapamil	See generic cross-reference	
calcipotriene topical	DOVONEX [®]	Cream: 0.005%	Avoid contact with face and eyes. Do not exceed 100 grams per week.
calcitriol	ROCATROL [®]	Capsule: 0.25 mcg, 0.5 mcg	
calcium acetate	PHOSLO [®]	Capsule: 667 mg	
calcium chloride		Injectable: 10% - 10 ml syringe	Treatment cart only; 10%, 10 ml syringe
CAMPRAL [®]	acamprosate	See generic cross-reference	
CAPVAXIME [™]	pneumococcal 21-valent conjugate vaccine	Injectable: 0.5 ml IM syringe	
CARAFATE [®]	sucralfate	See generic cross-reference	
carbamazepine	TEGRETOL [®]	Tablet (chew): 100 mg Tablet (IR): 200 mg	Avoid splitting tablets Carbamazepine 100 mg - Restricted to patients who currently have medical justification for half tablet dosing of carbamazepine 200 mg (100 mg dose). Prescribing multiple tablets to make up higher doses must be avoided Screen for the HLA-B*1502 allele in patients with ancestry in genetically at-risk populations prior to initiating carbamazepine
carbidopa/levodopa	SINEMET [®] , SINEMET CR [®]	Tablet (IR): 10/100 mg, 25/100 mg, 25/250 mg Tablet (controlled release): 50/200 mg, 25/100 mg	
CARDIZEM [®] , CARDIZEM CD [®]	diltiazem	See generic cross-reference	
CARDURA [®]	doxazosin	See generic cross-reference	
carvedilol	COREG [®]	Tablet: 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	NA/DOT if ordered by a psychiatrist

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
CATAPRES®	clonidine	See generic cross-reference	
cefazolin	ANCEF®, KEFZOL®	Injectable: 1 gm vial	
ceftazidime sodium	FORTAZ®, TAZICEF®	Injectable: 500 mg, 1 gm vial	
ceftriaxone	ROCEPHIN®	Injectable: 250 mg, 1 gm vial	Recommended use criteria: Treatment of STDs. (Not indicated for use as initial dose or empiric treatment prior to oral therapy for non-STD indications).
CELEXA®	citalopram	See generic cross-reference	
CELLCEPT®	mycophenolate mofetil	See generic cross-reference	Do not interchange with mycophenolic acid
cephalexin	KEFLEX®	Capsule: 250 mg, 500 mg	
chlorhexidine AF oropharyngeal	PERIDEX AF®	Alcohol free Oral Rinse - 16 oz.	
chlorpromazine	THORAZINE®	Tablet: 10 mg, 25 mg, 50 mg, 100 mg, 200 mg Injectable: 25 mg/ml	HEAT DRUG*
chlorthalidone	HYGROTON®	Tablet: 25 mg, 50 mg	Tablet splitting of chlorthalidone is strictly prohibited. For patients needing 12.5 mg orally daily, the order should be entered as 25 mg orally every other day.
cholestyramine	QUESTRAN®, QUESTRAN LIGHT®, PREVALITE®	4 gm packets	
CHRONULAC®	lactulose	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
CILOXAN®	ciprofloxacin	See generic cross-reference	
cinacalcet	SENSIPAR®	Tablet: 30 mg	
CIPRO®	ciprofloxacin	See generic cross-reference	
ciprofloxacin	CIPRO®, CILOXAN®	Tablet: 250 mg, 500 mg Ophthalmic Solution: 0.3% - 5 ml Injectable: all IV strengths (200 mg, 400 mg)	FDA Warning: Systemic fluoroquinolones should be reserved for use in patients who have NO other treatment options for acute bacterial sinusitis, acute exacerbation of chronic bronchitis, and uncomplicated UTIs

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
citalopram	CELEXA®	Tablet: 10 mg, 20 mg, 40 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT). FDA Warning: CELEXA should not be used at doses greater than 40 mg per day because it can cause abnormal changes in the electrical activity of the heart.
clarithromycin	BIAXIN®	Tablet: 250 mg, 500 mg	Recommended use criteria: Treatment of • Opportunistic infections in HIV patients, or • H.pylori, or • As prescribed by an Infectious Disease Specialist
CLEOCIN®	clindamycin	See generic cross-reference	
CLIMARA®	estradiol	See generic cross-reference	
clindamycin	CLEOCIN®	Capsule (HCL): 150 mg Injectable (Phosphate): 150 mg/ml - 6 ml	
CLINORIL®	sulindac	See generic cross-reference	
clobetasol	TEMOVATE®	Cream/Gel/Ointment: 0.05% - 15 gm, 30 gm Solution: 0.05% - 25 ml	Very High Potency Topical Corticosteroid (Class 1 category) Precautions: Not to be applied to face, axillae, or groin. Avoid using greater than 2 weeks.
clonidine	CATAPRES®	Tablet: 0.1 mg, 0.2 mg, 0.3 mg	
clopidogrel	PLAVIX®	Tablet: 75 mg	
clotrimazole	LOTRIMIN®, MYCELEX®	Cream: 1% Troches: 10 mg	
clozapine	CLOZARIL®	Tablet: 25 mg, 50 mg, 100 mg, 200 mg	HEAT DRUG*
CLOZARIL®	clozapine	See generic cross-reference	HEAT DRUG*
COGENTIN®	benztropine	See generic cross-reference	HEAT DRUG* NA/DOT ONLY
colchicine		Tablet: 0.6 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
COLYTE®	polyethylene glycol/electrolytes	See generic cross-reference	
COMIRNATY®	COVID-19 vaccines, mRNA	Injectable: 0.3 mL	
COMPAZINE®	prochlorperazine	See generic cross-reference	HEAT DRUG*
COPEGUS®	ribavirin	See generic cross-reference	
CORDARONE®	amiodarone	See generic cross-reference	
COREG®	carvedilol	See generic cross-reference	NA/DOT if ordered by a psychiatrist
CORTISPORIN® OTIC	neomycin/polymyxin B/ hydrocortisone otic	See generic cross-reference	
COSOPT®	dorzolamide/timolol ophthalmic	See generic cross-reference	
COVID-19 vaccines, mRNA	COMIRNATY®, SPIKEVAX®	See brand cross-reference	
COZAAR®	losartan	See generic cross-reference	
CREON®	pancrelipase	See generic cross-reference	
CRESTOR®	rosuvastatin	See generic cross-reference	
CRYSSELLE®	norgestrel/ethinyl estradiol	28 day pack: norgestrel/ethinyl estradiol 0.3 mg/0.03 mg tabs x 21 then inert tabs x 7	
cyanocobalamin	vitamin B12	Injectable: 1,000 mcg/ml Tablet: 1,000 mcg	Injectable only: For use in patients with a documented diagnosis of Vitamin B12 deficiency, Pernicious Anemia, or Vitamin B12 Deficiency Megaloblastic or Macrocytic Anemia.
CYCLOGYL®	cyclopentolate ophthalmic	See generic cross-reference	
cyclopentolate ophthalmic	CYCLOGYL®	Ophthalmic Solution: 1% - 15 ml	
cyclosporine	SANDIMMUNE®	Capsule: 25 mg, 100 mg	Do not interchange with cyclosporine modified
cyclosporine modified	NEORAL®	Capsule: 25 mg, 50 mg, 100 mg	Do not interchange with cyclosporine
CYMBALTA®	duloxetine	See generic cross-reference	
CYTRA-2®	sodium citrate/citric acid	See generic cross-reference	
dapsone		Tablet: 100 mg	
DARAPRIM®	pyrimethamine	Tablet: 25 mg	
darunavir	PREZISTA®	Tablet: 600 mg, 800 mg	
daunavir/cobicistat/emtricitabine/tenofovir alafenamide	SYMITUZA®	See brand cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
DECADRON®	dexamethasone	See generic cross-reference	
DECAVAC®	tetanus/diphtheria toxoids, adult	Injectable: 0.5 ml	Clinic use only
DELESTROGEN IM®	estradiol valerate IM	See generic cross-reference	
DELTASONE®	prednisone	See generic cross-reference	
DELZICOL DR®	mesalamine	Capsule: 400 mg	
DEPACON® IV	valproate sodium IV	See generic cross-reference	
DEPAKENE®	valproic acid	See generic cross-reference	
DEPAKOTE ER®	divalproex sodium	See generic cross-reference	
DEPO-PROVERA®	medroxyprogesterone	See generic cross-reference	
DEPO-TESTOSTERONE®	testosterone cypionate	See generic cross-reference	
DESCOVY®	emtricitabine/tenofovir alafenamide	Tablet: 200/25 mg	
dexamethasone	DECADRON®	Tablet: 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate	DECADRON INJ®	Injectable: 4 mg/ml vial	
dextrose 10%		Injectable: 250 ml pre-mixed bag	Treatment cart approved; 250 ml pre-mixed bag
dextrose 50%		Injectable: 50 ml syringe	Treatment cart approved; 50W, 50 ml syringe
DIAMOX®	acetazolamide	See generic cross-reference	
dicyclomine	BENTYL®	Tablet: 20 mg Capsule: 10 mg	
didanosine	VIDEX EC®	Capsule (delayed-release): 250 mg, 400 mg	
DIFLUCAN®	fluconazole	See generic cross-reference	
digoxin	LANOXIN®	Tablet: 0.125 mg, 0.25 mg Injectable: 0.25 mg/ml - 2 ml ampule	Treatment cart approved; 0.5 mg/2 mL
DILT-CD®	diltiazem	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
diltiazem	CARDIZEM [®] , CARDIZEM CD [®] , DILT-CD [®]	Tablet (IR): 60 mg, 90 mg Capsule (24hr): 120 mg ER, 180 mg ER, 240 mg ER, 300 mg ER Injectable: 5 mg/ml, 5 ml vial***	***Refrigerated item ***Injectable restricted to treatment cart supply. Should not be stored in the treatment cart but shall be immediately available in a secured refrigerated location near the treatment cart.
diphenhydramine	BENADRYL [®]	Injectable: 50 mg/ml	HEAT DRUG* Injectable only - All other dosage forms are nonformulary. Treatment cart approved; 50 mg/ml, 1 ml vial
dipyridamole	PERSANTINE [®]	Tablet: 25 mg, 50 mg	
DISALCID [®]	salsalate	See generic cross-reference	
DITROPAN [®]	oxybutynin	See generic cross-reference	HEAT DRUG*
divalproex sodium	DEPAKOTE ER [®]	Tablet (ER): 250 mg, 500 mg	
dolutegravir	TIVICAY [®]	See brand cross-reference	
dolutegravir/rilpivirine	JULUCA [®]	See brand cross-reference	Consult an HIV specialist prior to switching or starting a patient on Juluca [®]
DOMEBORO [®] otic	acetic acid + aluminum acetate otic solution	See generic cross-reference	
donepezil	ARICEPT [®]	Tablet: 5 mg, 10 mg Tablet (ODT): 5 mg, 10 mg	
dopamine	INTROPIN [®]	Injectable: 400 mg in 5% dextrose - 250 ml bag	
dorzolamide ophthalmic	TRUSOPT [®]	Ophthalmic Solution: 2% - 10 ml	
dorzolamide/timolol ophthalmic	COSOPT [®]	Ophthalmic Solution: 2%/0.5% - 10 ml	
DOVONEX [®]	calcipotriene topical	See generic cross-reference	
doxazosin	CARDURA [®]	Tablet: 1 mg, 2 mg, 4 mg, 8 mg	
doxycycline hyclate	VIBRAMYCIN [®] , VIBRA-TABS [®]	Capsule/Tablet: 100 mg Injectable: 100 mg - 10 ml	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
dulaglutide	TRULICITY®	See brand cross-reference	Recommended use criteria: Not to be used solely for obesity and weight loss. P&T approved indication: • Type 2 Diabetes (T2D)
DULERA®	mometasone/formoterol inhaled	Metered Dose Inhaler: 100 mcg/5 mcg/spray, 200 mcg/5 mcg/spray	Standardized sig: <i>2 puffs twice daily for ASTHMA/COPD maintenance. Should last 30 days.</i>
duloxetine	CYMBALTA®	Capsule (DR): 20 mg, 30 mg, 60 mg	
DUONEB® nebulizer solution	ipratropium/albuterol nebulizer solution	See generic cross-reference	
DYAZIDE®	triamterene/ hydrochlorothiazide	See generic cross-reference	
edrophonium	ENLON®	See brand cross-reference	
EDURANT®	rilpivirine	Tablet: 25 mg	
efavirenz	SUSTIVA®	See brand cross-reference	
efavirenz/emtricitabine/ tenofovir DF	ATRIPLA®	See brand cross-reference	
EFFEXOR XR®	venlafaxine ER	See generic cross-reference	Capsules only; (IR) Tablets are banned. NA or DOT Only. Each capsule should be swallowed whole with fluid, and not divided, crushed, chewed, or placed in water.
EFUDEX®	fluorouracil topical	See generic cross-reference	
ELAVIL®	amitriptyline	See generic cross-reference	HEAT DRUG*
ELIQUIS®	apixaban	Tablet: 2.5 mg, 5 mg	
elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	GENVOYA®	See brand cross-reference	
empagliflozin	JARDIANCE®	See brand cross-reference	
emtricitabine	EMTRIVA®	Capsule: 200 mg	
emtricitabine/rilpivirine/ tenofovir alafenamide	ODEFSEY®	See brand cross-reference	
emtricitabine/tenofovir alafenamide	DESCOVY®	See brand cross-reference	
emtricitabine/tenofovir disoproxil fumarate	TRUVADA®	Tablet: 200/300 mg	
EMTRIVA®	emtricitabine	See generic cross-reference	
enalapril	VASOTEC®	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
ENLON [®]	edrophonium	Injectable: 10 mg/ml	
enoxaparin	LOVENOX [®]	Injectable (prefilled syringes): 30 mg, 40 mg, 60 mg, 80 mg, 100 mg	
ENULOSE [®]	lactulose	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
EPCLUSA [®]	velpatasvir/sofosbuvir	Tablet: 100/400 mg	Provisionally available – the HCV Central Oversight Program will review and recommend the use of this agent. Providers shall submit the CCHCS HCV Treatment Authorization form to the HCV Oversight Committee. NA/DOT (exception: patients deploying to or residing in fire camps may have as KOP)
epinephrine	ADRENALIN [®] , EPIPEN [®]	Injectable: 1:1,000 - 1 ml (1 mg) ampule 1:10,000 - 10 ml syringe (0.1 mg) EPIPEN 2-Pak 1:1,000 syringe (0.3 mg/0.3 ml)	Treatment cart approved; 1:1,000, 1 mg/ml, 1 ml ampule; 1:10,000, 0.1 mg/ml, 10 ml syringe
EPIPEN [®]	epinephrine	See generic cross-reference	
EPIVIR [®]	lamivudine	See generic cross-reference	
epoetin alfa-epbx	RETACRIT [®]	See brand cross-reference	
EPZICOM [®]	abacavir/lamivudine	See generic cross-reference	
ERYTHROCIN [®]	erythromycin stearate	See generic cross-reference	
ERYTHROCIN [®] IV	erythromycin lactobionate	See generic cross-reference	
erythromycin base		Tablet: 250 mg, 500 mg	Use the base salt if the stearate salt is not available via manufacturer. Pharmacy will automatically substitute stearate vs. base salt of erythromycin based upon best price and availability at the time of purchase.
erythromycin lactobionate	ERYTHROCIN [®] IV	Injectable: 1 gm	
erythromycin ophthalmic	ILOTYCIN [®]	Ophthalmic Ointment: 0.5% - 3.5 gm	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
erythromycin stearate	ERYTHROCIN [®]	Tablet: 250 mg, 500 mg	Use the base salt if the stearate salt is not available via manufacturer. Pharmacy will automatically substitute stearate vs. base salt of erythromycin based upon best price and availability at the time of purchase.
escitalopram	LEXAPRO [®]	Tablet: 5 mg, 10 mg, 20 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT). Note: Maximum recommended daily dose is 20 mg (10 mg for most elderly patients or those with hepatic impairment)
ESIDRIX [®]	hydrochlorothiazide	See generic cross-reference	
ESKALITH [®]	lithium	See generic cross-reference	HEAT DRUG*
ESTRACE [®] , ESTRACE [®] VAGINAL	estradiol	See generic cross-reference	
estradiol	ESTRACE [®] , ESTRACE VAGINAL [®] , CLIMARA [®]	Tablet: 0.5 mg, 1 mg, 2 mg Vaginal cream: 0.01% Once weekly transdermal patch: 0.025 mg, 0.0375 mg, 0.05 mg, 0.06 mg, 0.075 mg, 0.1 mg	
estradiol valerate	DELESTROGEN [®]	Injectable: 10 mg/ml	
estrogens, conjugated	PREMARIN [®]	See generic cross-reference	
ethambutol	MYAMBUTOL [®]	Tablet: 400 mg	
ethinyl estradiol/etonogestrel ring	NUVARING [®]	See brand cross-reference	
ethinyl estradiol/norelgestromin	XULANE [®]	See brand cross-reference	
etonogestrel implant	NEXPLANON [®]	See brand cross-reference	
ezetimibe	ZETIA [®]	Tablet: 10 mg	
famotidine	PEPCID [®]	Tablet: 20 mg, 40 mg Injectable: 10 mg/mL	
fenofibrate	LOFIBRA [®]	Tablet: 54 mg, 160 mg	
finasteride	PROSCAR [®]	Tablet: 5 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
FLAGYL®	metronidazole	See generic cross-reference	
flecainide	TAMBOCOR®	Tablet: 50 mg, 100 mg, 150 mg	
FLOMAX®	tamsulosin	See generic cross-reference	
fluconazole	DIFLUCAN®	Tablet: 100 mg, 150 mg, 200 mg	
flumazenil	ROMAZICON®	Injectable: 0.1 mg/ml - 5 ml	
fluocinolone topical	SYNALAR® solution	Topical Solution: 0.01% - 60 mL	Low Potency Topical Corticosteroid (Class 4 category)
fluocinonide topical	LIDEX®	Cream/Ointment: 0.05% - 15 gm, 30 gm, 60 gm	High Potency Topical Corticosteroid (Class 2 category)
		Topical Solution: 0.05% - 60 mL	Gels not covered
fluorescein sodium/ benoxinate HCl	FLURESS®	Ophthalmic solution: 0.25%/0.4% - 5 ml	
fluorouracil topical	EFUDEX®	Cream: 5%	
fluoxetine	PROZAC®	Capsule: 10 mg, 20 mg, 40 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT).
fluphenazine	PROLIXIN®	Tablet: 1 mg, 2.5 mg, 5 mg, 10 mg	HEAT DRUG*
		Elixir: 2.5 mg/5 ml	
		Injectable: 2.5 mg/ml vial	
fluphenazine decanoate	PROLIXIN DECANOATE®	Injectable: 25 mg/ml	HEAT DRUG*
FLURESS®	fluorescein/benoxinate ophthalmic	See generic cross-reference	
fluvoxamine	LUVOX®	Tablet: 25 mg, 50 mg, 100 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT).
folic acid		Tablet: 1 mg	
FORTAZ®	ceftazidime sodium	See generic cross-reference	
FOSAMAX®	alendronate	See generic cross-reference	
fosamprenavir	LEXIVA®	See brand cross-reference	
FOSRENOL®	lanthanum carbonate	Tablet: 500 mg, 1,000 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
FUNGIZONE®	amphotericin B deoxycholate	See generic cross reference	
furosemide	LASIX®	Tablet: 20 mg, 40 mg Injectable: 10 mg/ml	Treatment cart approved; 10 mg/ml, 10 ml vial
GARDASIL-9®	human papillomavirus 9-valent vaccine	Injectable: 0.5 ml	
GENTAK® Solution	gentamicin	See generic cross-reference	
gentamicin IV		Injectable: 40 mg/ml, 80 mg/100 ml, 100 mg/100 ml	
gentamicin ophthalmic	GENTAK® Solution	Ophthalmic Soln: 0.3% - 5 ml	
GENVOYA®	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Tablet: 150/150/200/10 mg	
GEODON®	ziprasidone	See generic cross-reference	HEAT DRUG*
GI Cocktail - antacid/viscous lidocaine		Mylanta 30 ml unit dose + viscous lidocaine 15 ml unit dose 45 ml (30:15)	one time dose
glipizide	GLUCOTROL®, GLUCOTROL XL®	Tablet (IR): 5 mg, 10 mg Tablet (ER): 2.5 mg	Avoid splitting tablets Glipizide ER 2.5mg - Restricted to patients who currently have medical justification for half tablet dosing of glipizide 5 mg (2.5 mg dose). Prescribing multiple tablets to make up higher doses must be avoided
glucagon	GLUCOGEN®	Injectable: 1 mg kit	Treatment cart approved
GLUCOGEN®	glucagon	See generic cross-reference	
GLUCOPHAGE®	metformin	See generic cross-reference	
GLUCOTROL®, GLUCOTROL XL®	glipizide	See generic cross-reference	
glycopyrrolate	ROBINUL®	Tablet: 1 mg, 2 mg	
GOLYTELY®	polyethylene glycol/electrolytes	See generic cross-reference	
guanfacine	TENEX®	Tablet: 1 mg, 2 mg	
HALDOL®	haloperidol	See generic cross-reference	
HALDOL DECANOATE®	haloperidol decanoate	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
haloperidol	HALDOL®	Tablet: 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg Oral Solution (lactate): 2 mg/ml Injectable (lactate): 5 mg/ml	HEAT DRUG*
haloperidol decanoate	HALDOL DECANOATE®	Injectable: 50 mg/ml, 100 mg/ml	HEAT DRUG*
HARVONI®	ledipasvir/sofosbuvir	Tablet: 90/400 mg	Provisionally available – the HCV Central Oversight Program will review and recommend the use of this agent. Providers shall submit the CCHCS HCV Treatment Authorization form to the HCV Oversight Committee. NA/DOT (exception: patients deploying to or residing in fire camps may have as KOP)
HAVRIX®	hepatitis A vaccine, inactivated	Injectable: 1440 EL.U/ml	Clinic use only
heparin		Injectable: 100 units/ml; 1,000 units/ml; 5,000 units/ml; 20,000 units/ml	
hepatitis A vaccine, inactivated	HAVRIX®	See brand cross-reference	Clinic use only
hepatitis A, inactivated/hepatitis B (recombinant) vaccine	TWINRIX®	See brand cross-reference	Clinic use only
hepatitis B vaccine (recombinant, adjuvanted)	HEPLISAV-B®	See brand cross-reference	
HEPLISAV-B®	hepatitis B vaccine (recombinant, adjuvanted)	Injectable: 20 mcg/0.5 mL	
herpes zoster vaccine	SHINGRIX®	See brand cross-reference	
human papillomavirus 9-valent vaccine	GARDASIL-9®	See brand cross-reference	
hydralazine	APRESOLINE®	Tablet: 25 mg, 50 mg	
hydrochlorothiazide (HCTZ)	ESIDRIX®, MICROZIDE®	Capsule: 12.5 mg Tablet: 25 mg, 50 mg	
hydrocortisone topical	ANUSOL-HC®	Cream: 2.5% - 28, 30 gm	Low Potency Topical Corticosteroid (Class 4 category)

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
hydrocortisone acetate rectal	PROTOCORT® 1% Cream (general variety) PROCTO-PAK® 1% Cream (with rectal tip) ANUSOL-HC® 2.5% (general variety) ANUCORT-HC® 25mg suppository (general variety)	Rectal cream: 1%, 2.5% Rectal suppository: 25 mg	
hydrocortisone sodium succinate	SOLU-CORTEF®	See brand cross-reference	
hydroxychloroquine	PLAQUENIL®	Tablet: 200 mg	
hydroxyzine	VISTARIL®	Capsule (pamoate): 25 mg, 50 mg Injectable (HCl): 50 mg/ml	Effective October 1, 2015: HCl tablets will be unavailable within CCHCS
HYGROTON®	chlorthalidone	See generic cross-reference	Tablet splitting of chlorthalidone is strictly prohibited. For patients needing 12.5 mg orally daily, the order should be entered as 25 mg orally every other day.
HYTRIN®	terazosin	See generic cross-reference	
ibuprofen	MOTRIN®	Tablet: 200 mg, 400 mg, 600 mg, 800 mg Oral Suspension: 100 mg/5 ml	
icosapent ethyl	VASCEPA®	Capsule: 0.5 gm, 1 gm	Recommended use criteria: Patient already on icosapent ethyl/Vascepa® upon Reception Center arrival; or Prescribed/recommended by consulting cardiologist for clinical ASCVD diagnosis or diabetes with additional cardiovascular risk factors, on statin therapy, LDL-C <100 mg/dL, and triglycerides (TG) ≥150 mg/dL
ILOTYCIN®	erythromycin ophthalmic	See generic cross-reference	
IMDUR®	isosorbide mononitrate	See generic cross-reference	
imiquimod	ALDARA®	Cream: 5%	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
IMITREX®	sumatriptan	See generic cross-reference	Recommended use criteria: Limit to the treatment of no more than 4 migraines per month. Consider and/or review prophylaxis treatment if patient's needs exceed recommended limits.
IMODIUM®	loperamide	See generic cross-reference	
IMURAN®	azathioprine	See generic cross-reference	
insulin glargine-YFGN			Interchangeable with non-formulary Lantus®
INDERAL®	propranolol	See generic cross-reference	NA/DOT if ordered by a psychiatrist
influenza vaccine	various	In preservative-free, 0.5 ml, prefilled, single-dose syringes and 5 ml multidose vials with preservative (thimerosal)	Clinic use only
INTROPIN®	dopamine	See generic cross-reference	
IPOL®	poliovirus vaccine, inactivated	Injectable: 0.5 ml	Clinic use only
INVEGA SUSTENNA®	paliperidone palmitate	Injectable: 39 mg, 78 mg, 117 mg, 156 mg, 234 mg	HEAT DRUG* Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Establish tolerability first with oral paliperidone, oral risperidone, or injectable risperidone
INVEGA TRINZA®	paliperidone palmitate	Injectable: 273 mg, 410 mg, 546 mg, 819 mg	HEAT DRUG* Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -For patients who have been adequately treated with Invega Sustenna® for at least four months

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
ipratropium inhaled	ATROVENT HFA [®]	Inhaler: 17 mcg/actuation - 200 doses Nebulizer Solution: 0.02% - 2.5 ml	
ipratropium intranasal	ATROVENT [®] NASAL SPRAY	Nasal spray: 0.03%, 0.06%	Recommended use criteria: For treatment of clozapine-induced sialorrhea only
ipratropium/albuterol	DUONEB [®]	Nebulizer Solution: 0.5 mg/2.5 mg - 3 ml	
iron sucrose	VENOFER [®]	See brand cross-reference	
ISENTRESS [®]	raltegravir	Tablet: 400 mg	
isoniazid (INH)		Tablet: 100 mg, 300 mg	
ISOPTIN SR [®]	verapamil	See generic cross-reference	
ISOPTO ATROPINE [®]	atropine	See generic cross-reference	
ISOPTO CARPINE [®]	pilocarpine ophthalmic	See generic cross-reference	
ISORDIL [®]	isosorbide dinitrate	See generic cross-reference	
isosorbide dinitrate	SORBITRATE [®] , ISORDIL [®]	Tablet: 10 mg, 20 mg, 30 mg, 40 mg	
isosorbide mononitrate	IMDUR [®]	Tablet (ER): 30 mg, 60 mg, 120 mg	
itraconazole	SPORANOX [®]	Capsule: 100 mg	
ivermectin	STROMEKTOL [®]	Tablet: 3 mg	Recommended dose for the treatment of scabies: 200 mcg/kg/dose DOT for two doses given 1 to 2 weeks apart
JANTOVEN [®]	warfarin	See generic cross-reference	
JARDIANCE [®]	empagliflozin	Tablet: 10 mg, 25 mg	
JOLIVETTE [®]	norethindrone	Tablet: 0.35 mg x 28 tabs	
JULUCA [®]	dolutegravir/rilpivirine	Tablet: 50/25 mg	Consult an HIV specialist prior to switching or starting a patient on Juluca [®]
JUNEL 21 1/20 [®]	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.02 mg x 21 tabs	
JYNNEOS [®]	smallpox and monkeypox vaccine, live, non-replicating	Injectable: 0.5 mL/dose subcutaneous	
KALETRA [®]	lopinavir/ritonavir	Tablet: 200/50 mg	
KAYEXALATE [®]	sodium polystyrene sulfonate	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
K-DUR [®]	potassium chloride	See generic cross-reference	
KEFLEX [®]	cephalexin	See generic cross-reference	
KEFZOL [®]	cefazolin	See generic cross-reference	
KENALOG [®]	triamcinolone topical	See generic cross-reference	
KEPPRA [®]	levetiracetam	See generic cross-reference	
ketoconazole topical	NIZORAL [®]	Cream/Shampoo: 2%	
ketorolac	TORADOL [®]	Injectable: 30 mg/ml	Restricted to infirmary, CTC, TTA, and OHU settings.
ketorolac ophthalmic	ACULAR [®]	Ophthalmic Solution: 0.5% - 5ml	Recommended use criteria: Pre and post-operative surgical care
KLOR-CON [®] , KLOR-CON M [®]	potassium chloride	See generic cross-reference	
K-PHOS NEUTRAL [®]	sodium phosphate/potassium phosphate	Tablet: 1 tab = 250 mg phosphorus, 8 mmol phosphate, 1.1 mEq potassium, 13 mEq sodium	
labetalol	NORMODYNE [®] , TRANDATE [®]	Tablet: 100 mg, 200 mg, 300 mg	NA/DOT if ordered by a psychiatrist
lactulose	CHRONULAC [®] , ENULOSE [®]	Oral Solution: 10 gm/15 ml - 473 ml	Permissible for keep-on-person (KOP) by any provider
LAMICTAL [®]	lamotrigine	See generic cross-reference	
lamivudine	EPIVIR [®]	Tablet: 150 mg, 300 mg	
lamotrigine	LAMICTAL [®]	Tablet: 25 mg, 100 mg, 150 mg, 200 mg	
LANOXIN [®]	digoxin	See generic cross-reference	
lanthanum carbonate	FOSRENOL [®]	See brand cross-reference	
LATUDA [®]	lurasidone	See generic cross-reference	HEAT DRUG*
LASIX [®]	furosemide	See generic cross-reference	
latanoprost ophthalmic	XALATAN [®]	Ophthalmic Solution: 0.005% - 2.5 ml	
ledipasvir/sofosbuvir	HARVONI [®]	See brand cross-reference	
leucovorin	WELLCOVORIN [®]	Tablet: 5 mg	
levalbuterol inhaled	XOPENEX HFA [®]	Metered Dose Inhaler: 45 mcg/spray	Shall be given KOP in outpatient settings unless clinical indication for NA
LEVAQUIN [®]	levofloxacin	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
levetiracetam	KEPPRA®	Tablet (IR): 250 mg, 500 mg, 750 mg, 1,000 mg	Use for adjunctive therapy in partial or generalized tonic & clonic seizure types and psychiatric mood disorders.
levofloxacin	LEVAQUIN®	Tablet: 250 mg, 500 mg, 750 mg Injectable: all IV strengths (250 mg, 500 mg, 750 mg)	Recommended use criteria: Treatment of community acquired pneumonia. FDA Warning: Systemic fluoroquinolones should be reserved for use in patients who have NO other treatment options for acute bacterial sinusitis, acute exacerbation of chronic bronchitis, and uncomplicated UTIs
levonorgestrel IUD	MIRENA®	See brand cross-reference	
levonorgestrel	PlanB One-Step®	Tablet: 1.5 mg	
LEVOTHROID®	levothyroxine	See generic cross-reference	
levothyroxine	LEVOXYL®, LEVOTHROID®, SYNTHROID®, UNITHROID®	Tablet: 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	
LEVOXYL®	levothyroxine	See generic cross-reference	
LEXAPRO®	escitalopram	See generic cross-reference	
LEXIVA®	fosamprenavir	Tablet: 700 mg	
LIDEX®	fluocinonide topical	See generic cross-reference	
lidocaine	XYLOCAINE®, LIDODERM®	Viscous Oral Soln: 2% - 100 ml Topical Jelly: 2% - prefilled syringe Topical Ointment: 5% - 30 gm, 35.44 gm, 50 gm Topical Patch: 4% Injection: 0.4% D5W IV Injection - 500 ml 2% IV Injection (20 mg/ml) - 5 ml 1% Local Injection (10 mg/ml)	Treatment cart approved; 2% injection only; 20 mg/ml, 5 ml syringe Topical lidocaine 2% jelly for procedural use only
lidocaine/epinephrine		Injection: 1%/1:100,000; 2%/1:100,000; 2%/1:50,000	2%/1:100,000 and 2%/1:50,000 for dental use only

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
lidocaine/prilocaine	ORAQIX [®]	See brand cross-reference	For dental use only
LIDODERM [®]	lidocaine topical	See generic cross-reference	
LIPITOR [®]	atorvastatin	See generic cross-reference	
lisinopril	PRINIVIL [®] , ZESTRIL [®]	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg Capsule: 300 mg	
lithium	ESKALITH [®] , LITHOBID [®] , CIBALITH-S [®]	Tablet (ER): 300 mg, 450 mg Oral Citrate Solution: 8 meq/5 ml	HEAT DRUG*
LITHOBID [®]	lithium	See generic cross-reference	HEAT DRUG*
LO/OVRAL-28 [®]	norgestrel/ethinyl estradiol	28 day pack: norgestrel/ethinyl estradiol 0.3mg/0.03 mg tabs x 21 then inert tabs x 7	
LOFIBRA [®]	fenofibrate	See generic cross-reference	
loperamide	IMODIUM [®]	Capsule: 2 mg	
lopinavir/ritonavir	KALETRA [®]	See brand cross-reference	
LOPRESSOR [®]	metoprolol tartrate	See generic cross-reference	NA/DOT if ordered by a psychiatrist
lorazepam	ATIVAN [®]	Tablet: 1 mg Injectable: 2 mg/ml - 1 ml	Treatment cart approved; 2 mg/ml, 1 ml inj Tablets restricted to a 7 day supply (renewals beyond 7 days will require a nonformulary approval) Recommended use criteria: Treatment of acute agitation in psychiatric diagnoses or delirium tremens.
losartan	COZAAR [®]	Tablet: 25 mg, 50 mg, 100 mg	Recommended use criteria: Documented failure or intolerance to ACEI or for patients already controlled on ARB
LOTRIMIN [®]	clotrimazole	See generic cross-reference	
LOVENOX [®]	enoxaparin	See generic cross-reference	
LOW-OGESTREL [®]	norgestrel/ethinyl estradiol	28 day pack: norgestrel/ethinyl estradiol 0.3mg/0.03 mg tabs x 21 then inert tabs x 7	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
loxapine	LOXITANE [®]	Capsule: 5 mg, 10 mg, 25 mg, 50 mg	HEAT DRUG*
LOXITANE [®]	loxapine	See generic cross-reference	HEAT DRUG*
lurasidone	LATUDA [®]	Tablet: 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	HEAT DRUG*
LUVOX [®]	fluvoxamine	See generic cross-reference	
MACROBID [®]	nitrofurantoin monohydrate/ macrocrystalline	See generic cross-reference	
MACRODANTIN [®]	nitrofurantoin macrocrystals	See generic cross-reference	
magnesium sulfate	MAGNESIUM SULFATE	Injectable: 50% - 2 ml	Treatment cart approved; 0.5 g/ml, 2 ml vial
MARCAINE [®]	bupivacaine	See generic cross-reference	
MAXITROL [®]	neomycin/polymyxin B/dexamethasone ophthalmic	See generic cross-reference	
MAXZIDE [®]	triamterene/ hydrochlorothiazide	See generic cross-reference	
measles/mumps/rubella vaccine	MMR II [®]	Injectable: 0.5 ml SDV	Clinic use only
mebendazole	VERMOX [®]	Chewable Tablet: 100 mg	
meclizine	ANTIVERT [®]	Tablet: 25 mg	HEAT DRUG*
MEDROL [®]	methylprednisolone	See generic cross-reference	
medroxyprogesterone	PROVERA [®] , DEPO-PROVERA [®]	Tablet: 2.5 mg, 5 mg, 10 mg Injectable: 150 mg/ml SDV	
MEGACE [®]	megestrol	See generic cross-reference	
megestrol	MEGACE [®]	Tablet: 20 mg, 40 mg Oral Suspension: 40 mg/ml	
memantine	NAMENDA [®]	See brand cross-reference	
meningococcal conjugate vaccine	MENQUADFI [®] , MENVEO [®]	See brand cross-reference	MEDQUADFI preferred. Use MENVEO if MENQUADFI is not available
meningococcal groups A, B, C, W, and Y vaccine	PENBRAYA [™]	See brand cross-reference	
MENQUADFI [®]	meningococcal conjugate vaccine	Injectable: 0.5 mL/dose	MEDQUADFI preferred. Use MENVEO if MENQUADFI is not available
MENVEO [®]	meningococcal conjugate vaccine	Injectable: 0.5 mL/dose	MENQUADFI preferred. Use MENVEO if MENQUADFI is not available
MEPHYTON [®]	phytonadione	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
mepivacaine		Injectable: 3%	For dental use only
mesalamine	DELZICOL [®]	See brand cross-reference	
metformin	GLUCOPHAGE [®]	Tablet: 500 mg, 850 mg, 1,000 mg	
methadone		Tablet: 5 mg, 10 mg	Crush and float
methimazole	TAPAZOLE [®]	Tablet: 5 mg, 10 mg	
methotrexate		Tablet: 2.5 mg	
methylprednisolone	MEDROL [®]	Tablet: 4 mg, 4 mg Dose Pak	
methylprednisolone sodium succinate	SOLU-MEDROL [®]	Injectable: 125 mg/2 ml vial	Treatment cart approved
metoclopramide	REGLAN [®]	Tablet: 5 mg, 10 mg Injectable: 10 mg/2 ml vial	
metolazone	ZAROXOLYN [®]	Tablet: 2.5 mg, 5 mg, 10 mg	
metoprolol succinate	TOPROL-XL [®]	Tablet (ER): 25 mg, 50 mg, 100 mg, 200 mg	NA/DOT if ordered by a psychiatrist
metoprolol tartrate	LOPRESSOR [®]	Tablet: 25 mg, 50 mg, 100 mg Injectable: 5 mg/5 ml	Avoid splitting tablets Treatment cart approved; 1mg/ml, 5ml Vial NA/DOT if ordered by a psychiatrist
metronidazole	FLAGYL [®]	Tablet: 250 mg, 500 mg Injectable: 500 mg/100 ml	
mexiletine	MEXITIL [®]	Capsule: 150 mg, 200 mg, 250 mg	
MEXITIL [®]	mexiletine	See generic cross-reference	
MICROCHAMBER [®]	spacer	spacer	
MICROGESTIN 1/20 [®]	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.02 mg x 21 tabs	
MICROZIDE [®]	hydrochlorothiazide	See generic cross-reference	
MIDAMOR [®]	amiloride	See generic cross-reference	
midodrine		Tablet: 2.5 mg, 5 mg, 10 mg	
MINIPRESS [®]	prazosin	See generic cross-reference	
minoxidil		Tablet: 2.5 mg, 10 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
MIRENA®	levonorgestrel	Intrauterine device	
mirtazapine	REMERON®	Tablet: 7.5 mg, 15 mg, 30 mg, 45 mg SolTab: 15 mg, 30 mg, 45 mg	
MMR II®	measles/mumps/rubella vaccine, live		Clinic use only
mometasone inhaled	ASMANEX HFA®	See brand cross-reference	
mometasone/formoterol inhaled	DULERA®	See brand cross-reference	
montelukast	SINGULAIR®	Tablet: 10 mg	Recommended use: Alternate, but not preferred, treatment for asthma; prophylaxis of exercise-induced bronchoconstriction (EIB); allergic rhinitis for patients with inadequate response or intolerance to alternative therapy
morphine sulfate IR/ER	MS CONTIN®, ORAMORPH SR®	Tablet (IR): 15 mg, 30mg Tablet (ER): 15 mg, 30 mg, 60 mg Oral Solution: 10 mg/5 ml Injectable: 10 mg/ml vial	IR - Crush and float
MOTRIN®	ibuprofen	See generic cross-reference	
moxifloxacin ophthalmic	VIGAMOX®	Ophthalmic solution: 0.5%	Recommended use: If inadequate response, intolerance, or contraindication to preferred 1st line options for moderate to severe bacterial conjunctivitis
MS CONTIN®	morphine sulfate	See generic cross-reference	
MUCOMYST®	acetylcysteine	See generic cross-reference	
mupirocin	BACTROBAN®	Topical ointment: 2% (22 gm)	Use beyond 10 days is discouraged because of the possible development of resistance. If ordered as nurse administered (NA), consider this a single-use tube; portions unused after a single dressing change per patient must be discarded.
MYAMBUTOL®	ethambutol	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
MYCELEX®	clotrimazole	See generic cross-reference	
MYCOLOG-II®	nystatin/triamcinolone topical	See generic cross-reference	
mycophenolate mofetil	CELLCEPT®	Capsule: 250 mg, Tablet: 500 mg	Do not interchange with mycophenolic acid
mycophenolic acid	MYFORTIC®	Tablet (delayed-release): 180 mg, 360 mg	Do not interchange with mycophenolate mofetil
MYCOSTATIN®	nystatin	See generic cross-reference	
MYDRIACYL®	tropicamide ophthalmic	See generic cross-reference	
MYFORTIC®	mycophenolic acid	See generic cross-reference	Do not interchange with mycophenolate mofetil
nafcillin	UNIPEN®	Injectable: 1 gm vial	
naloxone	NARCAN®	Injectable: 0.4 mg/ml - 1 ml, 1 mg/ml - 1 ml vial Nasal spray: 4 mg/spray	Narcan Nasal Spray: Available for first responder staff usage and upon release for all patients; available for personal use to patients in housing units. Treatment cart approved: 0.4 mg/ml - 1 ml, 1 mg/ml - 1 ml vial
naltrexone	REVIA®	Tablet: 50 mg	
naltrexone injection	VIVITROL®	See brand cross-reference	Provisionally available. Providers shall submit the MAT Alternative Agent Authorization (AAA) form for approval for patients not adherent with therapy as evidenced by urine drug screening results but is committed to the program and agreeable to the monthly injection. Dispense patient wallet card with each administration.
NAMENDA®	memantine	Tablet: 5 mg, 10 mg	
NAPROSYN®	naproxen	See generic cross-reference	
naproxen	NAPROSYN®	Tablet: 250 mg, 500 mg	220 mg OTC strength restricted to RN Standardized Procedures only.
NARCAN®	naloxone	See generic cross-reference	
NAVANE®	thiothixene	See generic cross-reference	HEAT DRUG*
NECON 1/35®	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.035 mg x 21 tabs	
nelfinavir	VIRACEPT®	See brand cross-reference	
neomycin sulfate		Tablet: 500 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
neomycin/polymyxin B/ dexamethasone ophthalmic	MAXITROL [®]	Ophthalmic Suspension: 0.35%/10000 U/0.1% - 5 ml bottle Ophthalmic Ointment: 0.35%/10000 U/0.1% - 3.5 gm tube	
neomycin/polymyxin B/ gramicidin ophthalmic solution	NEOSPORIN [®] Ophthalmic solution	Ophthalmic Solution: 1.75%/10000 U/0.025% - 10 ml bottle	
neomycin/polymyxin B/ hydrocortisone otic suspension	CORTISPORIN [®] OTIC suspension	Otic Suspension: 0.35%/10000 U/1% - 10 ml bottle	
NEORAL [®]	cyclosporine modified	See generic cross-reference	Do not interchange with cyclosporine
NEOSPORIN [®] OPTHALMIC ointment	bacitracin/neomycin/polymyxin B ophthalmic ointment	See generic cross-reference	
NEOSPORIN [®] OPTHALMIC solution	neomycin/polymyxin B/gramicidin ophthalmic solution	See generic cross-reference	
NEO-SYNEPHRINE [®]	phenylephrine ophthalmic	See generic cross-reference	
nevirapine	VIRAMUNE [®]	Tablet: 200 mg	
NEXPLANON [®]	etonogestrel implant	Contraceptive implant	
NIACIN [®]	nicotinic acid or vitamin B3 (common names)	See generic cross-reference	
nicotinic acid or vitamin B3 (common names)	NIACIN [®]	Tablet: 250 mg, 500 mg	
nifedipine	PROCARDIA XL [®]	Tablet (ER): 30 mg, 60 mg, 90 mg	
nirmatrelvir/ritonavir	PAXLOVID [®]	See brand cross-reference	Recommended use criteria: -Adult patients with mild-to-moderate COVID-19 who are at high risk of progression to severe COVID-19 including hospitalization or death -Start as soon as possible and within 5 days of symptom onset -Patient profile is reviewed for potential drug-drug interactions and contraindications
NITRO-BID [®]	nitroglycerin topical	See generic cross-reference	
NITRO-DUR [®]	nitroglycerin transdermal	See generic cross-reference	
nitrofurantoin monohydrate/ macrocrystalline	MACROBID [®]	Capsule: 100 mg	100 mg should be MACROBID or twice daily formulation.
nitrofurantoin macrocrystals	MACRODANTIN [®]	Capsule: 50 mg, 100 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
nitroglycerin	NITROSTAT [®] , NITRO-BID [®] , NITRO-DUR [®] , IV	Tablet (SL): 0.4 mg Injectable: 5 mg/ml - 10 ml vial Topical Ointment: 2% Transdermal Patch: 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Treatment cart approved; SL 0.4 mg #25 Tablet bottle AND 2% Topical Ointment, 1 g Unit/Dose
NITROSTAT [®]	nitroglycerin	See generic cross-reference	
NIZORAL TOPICAL [®]	ketoconazole topical	See generic cross-reference	
NORA-BE [®]	norethindrone	Tablet: 0.35 mg x 28 tabs	
norethindrone	NORA-BE [®]	See brand cross-reference	
norethindrone/ethinyl estradiol	JUNEL 21 1/20 [®] , MICROGESTIN 1/20 [®] , NECON 1/35 [®] , NORINYL 1/35 [®] , NORTREL 1/35 [®] , ORTHO-NOVUM 1/35 [®]	See brand cross-reference	
norgestimate/ethinyl estradiol	ORTHO TRI-CYCLEN [®] , TRINESSA [®] , TRI-SPRINTEC [®]	See brand cross-reference	
norgestrel/ethinyl estradiol	CRYSSELLE [®] , LO/OVRAL [®] , LOW-OGESTREL [®]	See brand cross-reference	
NORINYL 1/35 [®]	norethindrone/ethinyl estradiol	28 day pack: norethindrone/ethinyl estradiol 1 mg/0.035 mg tabs x 21, then inert tabs x 7	
NORMODYNE [®]	labetalol	See generic cross-reference	NA/DOT if ordered by a psychiatrist
NORTREL 1/35 [®]	norethindrone/ethinyl estradiol	28 day pack: norethindrone/ethinyl estradiol 1 mg/0.035 mg tabs x 21, then inert tabs x 7	
nortriptyline	PAMELOR [®]	Capsule: 10 mg, 25 mg, 50 mg, 75 mg	HEAT DRUG* May not be ordered KOP. May not be ordered for sleep. Nonformulary approval required for psychiatric diagnoses. Mandatory open and float.
NORVASC [®]	amlodipine	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
NORVIR [®]	ritonavir	See generic cross-reference	
NUVARING [®]	ethinyl estradiol/etonogestrel ring	Vaginal ring	
nystatin	MYCOSTATIN [®]	Topical cream: 100,000 units/gm - 30 gm Oral Suspension: 100,000 units/ml	
nystatin/ triamcinolone topical	MYCOLOG II [®]	Cream/ointment: 30 gm	
octreotide	SANDOSTATIN [®]	Injection: 50 mcg/mL, 100 mcg/mL, 200 mcg/mL 500 mcg/mL, 1,000 mcg/mL	
octreotide LAR depot	SANDOSTATIN [®] LAR Depot	See brand cross-reference	
ODEFSEY [®]	emtricitabine/rilpivirine/tenofovir alafenamide	Tablet: 200/25/25 mg	
olanzapine	ZYPREXA [®]	Tablet: 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg ODT: 5 mg, 10 mg, 15 mg, 20 mg IM (short-acting): 10 mg/vial (5 mg/ml)	HEAT DRUG* Relprevv (pamoate) - long acting is banned
omeprazole	PRILOSEC [®]	Capsule: 20 mg	Recommended use criteria: PPI use > 90 days not recommended unless one of the following: 1. Grade 3 or higher esophagitis; or 2. Barrett's or ZE syndrome; or 3. Failed ranitidine step down therapy BID dosing > 30 days requires nonformulary approval
OMNIPEN [®]	ampicillin	See generic cross-reference	
ondansetron	ZOFRAN [®]	ODT tablet: 4 mg, 8 mg	
ORAMORPH SR [®]	morphine sulfate	See generic cross-reference	
ORAQIX [®]	lidocaine/prilocaine	Periodontal gel: 2.5%/2.5%	For dental use only

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
ORTHO TRI-CYCLEN [®]	norgestimate/ethinyl estradiol	28 day pack: norgestimate/ethinyl estradiol 0.18 mg/0.035 mg tabs x 7, then 0.215 mg/0.035 mg tabs x 7, then 0.25 mg/0.035 mg tabs x 7, then inert tabs x 7	
ORTHO-NOVUM 1/35 [®]	norethindrone/ethinyl estradiol	28 day pack: norethindrone/ethinyl estradiol 1 mg/0.035 mg tabs x 21, then inert tabs x 7	
oseltamivir	TAMIFLU [®]	Capsule: 75 mg	75 mg twice a day for 5 days (must be initiated within 48 hours of symptom onset).
oxcarbazepine	TRILEPTAL [®]	Tablet: 150 mg, 300 mg, 600 mg	P&T approved medical indication: Seizures BAN on "Crush and Float" Suspension non-formulary Screen for the HLA-B*1502 allele in patients with ancestry in genetically at-risk populations prior to initiating oxcarbazepine
oxybutynin	DITROPAN [®]	Tablet: 5 mg	HEAT DRUG*
PACERONE [®]	amiodarone	See generic cross-reference	
paliperidone palmitate	INVEGA SUSTENNA [®] , INVEGA TRINZA [®]	See brand cross-reference	HEAT DRUG* Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Invega Sustenna [®] : Establish tolerability first with oral paliperidone, oral risperidone, or injectable risperidone -Invega Trinza [®] : For patients who have been adequately treated with Invega Sustenna [®] for at least four months
PAMELOR [®]	nortriptyline	See generic cross-reference	HEAT DRUG*

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
pancrelipase	CREON [®]	Capsule: lipase 12,000/ protease 38,000/ amylase 60,000 units	
pantoprazole	PROTONIX [®]	Tablet (delayed-release): 20 mg, 40 mg Injection: 40 mg vial	Recommended use criteria: PPI use > 90 days not recommended unless one of the following: 1. Grade 3 or higher esophagitis; or 2. Barrett's or ZE syndrome; or 3. Failed ranitidine step down therapy BID dosing > 30 days requires nonformulary approval
paricalcitol	ZEMPLAR [®]	See brand cross-reference	
PARLODEL [®]	bromocriptine	See generic cross-reference	
paroxetine	PAXIL [®]	Tablet: 10 mg, 20 mg, 30 mg, 40 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT).
PAXIL [®]	paroxetine	See generic cross-reference	
PAXLOVID [®]	nirmatrelvir/ritonavir	Tablet: 300 mg/100 mg, 150 mg/100 mg	Recommended use criteria: -Adult patients with mild-to-moderate COVID-19 who are at high risk of progression to severe COVID-19 including hospitalization or death -Start as soon as possible and within 5 days of symptom onset -Patient profile is reviewed for potential drug-drug interactions and contraindications
PEGASYS [®]	peginterferon alfa 2a	Injectable: 180 mcg/ml, 1 ml vial	
peginterferon alfa 2a	PEGASYS [®]	See brand cross-reference	
PENBRAYA [™]	meningococcal groups A, B, C, W, and Y vaccine	Injectable: 0.5 mL	
penicillin G benzathine	BICILLIN LA [®]	See brand cross-reference	
penicillin G potassium aqueous	PFIZERPEN [®]	Injectable: 5 million units/injection	
penicillin G procaine	WYCILLIN [®]	Injectable: 1.2 million units/2 ml syringe	
penicillin VK	VEETIDS [®]	Tablet: 250 mg, 500 mg Oral Suspension: 250 mg/5 ml	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
PENTAM [®]	pentamidine	See generic cross-reference	
pentamidine	NEBUPENT [®] , PENTAM [®]	Injectable: 300 mg Inhalation Solution: 300 mg	
PEPCID [®]	famotidine	See generic cross-reference	
PERIDEX AF [®]	chlorhexidine oropharyngeal AF	See generic cross-reference	
permethrin topical	NIX [®] , ELIMITE [®]	Topical Cream: 5% - 60 gm Lotion: 1% - 2 oz.	
perphenazine	TRILAFON [®]	Tablet: 2 mg, 4 mg, 8 mg, 16 mg	HEAT DRUG*
PERSANTINE [®]	dipyridamole	See generic cross-reference	
phenazopyridine	PYRIDIUM [®]	Tablet: 200 mg	
PHENERGAN [®]	promethazine	See generic cross-reference	HEAT DRUG*
phenylephrine ophthalmic	AK-DILATE [®] , NEO-SYNEPHRINE [®]	Ophthalmic Solution: 2.5% - 5 ml	
PHOSLO [®]	calcium acetate	See generic cross-reference	
physostigmine	ANTILIRIUM [®]	Injectable: 1 mg/ml - 2 ml ampule	
phytonadione	AQUAMEPHYTON [®] , MEPHYTON [®] , vitamin k	Tablet: 5 mg Injectable: 10 mg/ml	
pilocarpine ophthalmic	ISOPTO CARPINE [®]	Ophthalmic Solution: 2%, 4% - 15 ml	
pioglitazone	ACTOS [®]	Tablet: 15 mg, 30 mg, 45 mg	
PlanB One-Step [®]	levonorgestrel	See generic cross-reference	
PLAQUENIL [®]	hydroxychloroquine	See generic cross-reference	
PLAVIX [®]	clopidogrel	See generic cross-reference	
pneumococcal 21-valent conjugate vaccine	CAPVAXIVE [®]	See brand cross-reference	
poliovirus vaccine, inactivated	IPOL [®]	See brand cross-reference	Clinic use only
polyethylene glycol/ electrolytes	COLYTE [®] , GOLYTELY [®]	Oral solution: 4 liters	
potassium chloride	various	Tablet: 10 meq, 20 meq Injectable: 20 meq in D5W - 1,000 ml & 1/2NS-D5W 1,000 ml	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
PRAVACHOL®	pravastatin	See generic cross-reference	
pravastatin	PRAVACHOL®	Tablet: 10 mg, 20 mg, 40 mg	
prazosin	MINIPRESS®	Capsule: 1 mg, 2 mg, 5 mg	Restriction: May be prescribed by mental health providers only for PTSD associated nightmares.
PRED FORTE®	prednisolone acetate ophthalmic	See generic cross-reference	
PRED MILD®	prednisolone acetate ophthalmic	See generic cross-reference	
prednisolone acetate ophthalmic	PRED FORTE®, PRED MILD®	Ophthalmic Suspension: 0.12%, 1% - 5 ml	
prednisone	DELTASONE®	Tablet: 5 mg, 10 mg, 20 mg	
PREMARIN®	estrogens, conjugated	Injection: 25 mg vial	See estradiol for tablets
PREVALITE®	cholestyramine	See generic cross-reference	
PREZISTA®	darunavir	See generic cross-reference	
PRIFTIN®	rifapentine	Tablet: 150 mg	
PRILOSEC®	omeprazole	See generic cross-reference	
PRINIVIL®	lisinopril	See generic cross-reference	
probenecid	BENEMID®	Tablet: 500 mg	
procainamide		Tablet (SR): 500 mg, 750 mg, 1,000 mg Injectable: 100 mg/ml - 10 ml vial	
PROCARDIA XL®	nifedipine	See generic cross reference	
prochlorperazine	COMPazine®	Tablet: 5 mg, 10 mg Injectable: 5 mg/ml - 2 ml vial Rectal suppository: 25 mg	HEAT DRUG*
PROGRAF®	tacrolimus	See generic cross-reference	
PROTOCOL® 1% Cream	hydrocortisone acetate rectal	See generic cross-reference	
PROCTO - PAK® 1% Cream (with rectal tip)	hydrocortisone acetate rectal	See generic cross-reference	
progesterone, micronized	PROMETRIUM®	Capsule: 100 mg, 200 mg	
PROLIXIN®	fluphenazine	See generic cross-reference	HEAT DRUG*
PROLIXIN DECANOATE®	fluphenazine decanoate	See generic cross-reference	HEAT DRUG*

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
promethazine	PHENERGAN [®]	Tablet: 25 mg Injectable: 25 mg/ml - 1 ml vial Suppository: 25 mg - 12/Box	HEAT DRUG* 50 mg/ml inj = Nonformulary
PROMETRIUM [®]	progesterone, micronized	See generic cross-reference	
proparacaine ophthalmic	ALCAINE [®]	Ophthalmic soln: 0.5% - 15 ml	
propranolol	INDERAL [®]	Tablet: 10 mg, 20 mg, 40 mg, 60 mg Injectable: 1 mg/ml - 1 ml	NA/DOT if ordered by a psychiatrist
propylthiouracil (PTU)		Tablet: 50 mg	
PROSCAR [®]	finasteride	See generic cross-reference	
PROTONIX [®]	pantoprazole	see generic cross-reference	
PROVERA [®]	medroxyprogesterone	See generic cross-reference	
PROZAC [®]	fluoxetine	See generic cross-reference	
pyrazinamide (PZA)		Tablet: 500 mg	
PYRIDIUM [®]	phenazopyridine	See generic cross-reference	
pyrimethamine	DARAPRIM [®]	See brand cross-reference	
QUESTRAN [®] , QUESTRAN LIGHT [®]	cholestyramine	See generic cross-reference	
quinidine gluconate		Tablet (ER): 324 mg	
raltegravir	ISENTRESS [®]	See brand cross-reference	
READI-CAT [®] 2	barium sulfate	Oral suspension: 2%	
REGLAN [®]	metoclopramide	See generic cross-reference	
remdesivir	VEKLURY [®]	See brand cross-reference	
REMERON [®] , REMERON SOLTAB [®]	mirtazapine	See generic cross-reference	
RENEVELA [®]	sevelamer	Tablet: 800 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
respiratory syncytial virus (RSV) vaccine	ABRYSVO®	See brand cross-reference	Recommended use criteria: All adults 75 and older; or Adults 50-74 at increased risk of severe RSV including those with chronic heart or lung disease or certain other chronic medical conditions; or Pregnant individuals at 32 through 36 weeks gestational age
RETACRIT®	epoetin alfa-epbx	Injectable: 4,000 units/ml; 10,000 units/ml; 20,000 units/ml	Formulary biosimilar for Epogen® and Procrit®
RETROVIR®	zidovudine	See generic cross-reference	
REVIA®	naltrexone	See generic cross-reference	
REYATAZ®	atazanavir	See generic cross-reference	
RIBASPHERE®	ribavirin	See generic cross-reference	
ribavirin	COPEGUS®, RIBASPHERE®	Tablet: 200 mg	
RIFADIN®	rifampin	See generic cross-reference	
rifampin	RIFADIN®	Capsule: 150 mg, 300 mg	
rifapentine	PRIFTIN®	See brand cross-reference	
rifaximin	XIFAXAN®	See brand cross-reference	Treatment and reduction in risk of overt hepatic encephalopathy (HE) recurrence after optimized treatment with lactulose is established to be inadequate.
rilpivirine	EDURANT®	See brand cross-reference	
RISPERDAL®, RISPERDAL M-TAB®	risperidone	See generic cross-reference	HEAT DRUG*
RISPERDAL CONSTA®	risperidone, long-acting	Injectable: 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	HEAT DRUG* Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Administer oral risperidone with the first injection and continue for 3 weeks

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
risperidone	RISPERDAL [®] , RISPERDAL M-TAB [®]	Tablet: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg M-Tab: 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg Oral solution: 1 mg/ml	HEAT DRUG*
risperidone, long-acting	RISPERDAL CONSTA [®]	See brand cross-reference	HEAT DRUG* Recommended use criteria: -Patients with a history of non-adherence, multiple relapses, and rehospitalizations -Able to tolerate the oral doses of atypical antipsychotic without significant adverse effects -Patients under a PC2602 court order who regularly refuse oral medications -Administer oral risperidone with the first injection and continue for 3 weeks
ritonavir	NORVIR [®]	Tablet: 100 mg	
rivaroxaban	XARELTO [®]	See brand cross-reference	
ROBINUL [®]	glycopyrrolate	See generic cross-reference	
ROCATROL [®]	calcitriol	See generic cross-reference	
ROCEPHIN [®]	ceftriaxone	See generic cross-reference	
ROMAZICON [®]	flumazenil	See generic cross-reference	
rosuvastatin	CRESTOR [®]	Tablet: 5 mg, 10 mg, 20 mg, 40 mg	
salmeterol inhaled	SEREVENT DISKUS [®]	See brand cross-reference	
salsalate	DISALCID [®]	Tablet: 500 mg, 750 mg	
SANDIMMUNE [®]	cyclosporine	See generic cross-reference	Do not interchange with cyclosporine modified
SANDOSTATIN [®]	octreotide	See generic cross-reference	
SANDOSTATIN [®] LAR	octreotide LAR depot	Injection: 10 mg, 20 mg, 30 mg	
SELSUN [®]	selenium sulfide topical	See generic cross-reference	
selenium sulfide topical	SELSUN [®]	Topical lotion: 2.5%	
SENSIPAR [®]	cinacalcet	See generic cross-reference	
SEPTRA [®] , SEPTRA DS [®]	sulfamethoxazole/trimethoprim	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
SEREVENT DISKUS [®]	salmeterol inhaled	Dry Powder Inhaler: 50 mcg/blister	1) CONTRAINDICATED: LABA alone w/out use of a long-term asthma control meds (i.e. ICS); 2) NOT to be used in pts where asthma is adequately controlled on low/medium dose ICS OR when used as additive therapy not adequately controlled on a long-term controller.
sertraline	ZOLOFT [®]	Tablet: 25 mg, 50 mg, 100 mg	May be prescribed as KOP to outpatients in CCCMS level of care in Mental Health Services Delivery System at the clinical discretion of the Psychiatrist (EOP = NA/DOT).
sevelamer	REVELA [®]	See brand cross-reference	
SHINGRIX [®]	herpes zoster vaccine	Injectable: 0.5ml	Second dose to be administered at 3 months after first dose.
SILVADENE [®]	silver sulfadiazine topical	See generic cross-reference	
silver sulfadiazine topical	SILVADENE [®]	Topical cream: 1% - 20 gm, 50 gm, 400 gm	20 gm size restricted to RN Standardized Procedures only. 400 gm size restricted to clinic use only.
SINEMET [®] , SINEMET CR [®]	carbidopa/levodopa	See generic cross-reference	
SINGULAIR [®]	montelukast	See generic cross-reference	
smallpox and monkeypox vaccine, live, non-replicating	JYNNEOS [®]	See brand cross-reference	
sodium bicarbonate		Injectable: 50 mEq/50 ml syringe (8.4%)	Restricted to treatment cart
sodium chloride for nebulizer		Solution: 0.9% - 5 ml	Treatment cart approved; 0.9% 10 ml vial
sodium citrate/citric acid	BICITRA [®] , CYTRA-2 [®]	Solution: 334 mg/500 mg/5 ml	
sodium phosphate/ potassium phosphate	K-PHOS NEUTRAL [®]	See brand cross-reference	
sodium polystyrene sulfonate	KAYEXALATE [®]	15 gm/60 ml Suspension	
sofosbuvir	SOVALDI [®]	See brand cross-reference	
sofosbuvir/velpatasvir/ voxilaprevir	VOSEVI [®]	See brand cross-reference	
SOLU-CORTEF [®]	hydrocortisone sodium succinate	Injectable: 100 mg, 250 mg, 500 mg vial	
SOLU-MEDROL [®]	methylprednisolone sodium succinate	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
SOVALDI®	sofosbuvir	Tablet: 400 mg	Provisionally available – the HCV Central Oversight Program will review and recommend the use of this agent. Providers shall submit the CCHCS HCV Treatment Authorization form to the HCV Oversight Committee. NA/DOT (exception: patients deploying to or residing in fire camps may have as KOP)
spacer	MICROCHAMBER®	See brand cross-reference	
SPIKEVAX®	COVID-19 vaccines, mRNA	Injectable: 0.5 mL	
SPIRIVA HANDIHALER®	Tiotropium Inhaler	Dry Powder Inhaler: 18 mcg/cap	Recommended use criteria: • I/P not controlled with SABA therapy • Daily symptoms moderate or worse in severity, and • Must discontinue all other inhaled anticholinergics including ipratropium and ipratropium/albuterol prior to initiating tiotropium Rx.
spironolactone	ALDACTONE®	Tablet: 25 mg, 50 mg, 100 mg	
SPORANOX®	itraconazole	See generic cross-reference	
STELAZINE®	trifluoperazine	See generic cross-reference	HEAT DRUG*
STIOLTO® RESPIMAT®	tiotropium/oladaterol	Inhaler: 2.5 mcg/2.5 mcg/actuation - 60 actuations	
STRATTERA®	atomoxetine	See generic cross-reference	
STROMEKTOL®	ivermectin	See generic cross-reference	
SUBOXONE®	buprenorphine/naloxone	See generic cross-reference	Place one film under the tongue, close to the base on the left or right side. If an additional film is necessary to achieve the prescribed dose, place an additional film sublingually on the opposite side from the first film. Place the film in a manner to minimize overlapping as much as possible. The film must be kept under the tongue until the film is completely dissolved.
sucralfate	CARAFATE®	Tablet: 1 gm	
sulfacetamide sodium ophthalmic	BLEPH-10®	Ophthalmic Solution: 10% - 5 ml, 15 ml	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
sulfamethoxazole/ trimethoprim	BACTRIM [®] , SEPTRA [®] , SULFATRIM [®]	Tablet (single strength): 80/400 mg Tablet (double strength): 160/800 mg Oral Susp: 40-200 mg/5 ml	
sulfasalazine	AZULFIDINE [®]	Tablet (IR): 500 mg	
SULFATRIM [®]	sulfamethoxazole/trimethoprim	See generic cross-reference	
sulindac	CLINORIL [®]	Tablet: 150 mg, 200 mg	
sumatriptan	IMITREX [®]	Tablet: 25 mg, 50 mg, 100 mg	Recommended use criteria: Limit to the treatment of no more than 4 migraines per month. Consider prophylaxis treatment if patient's needs exceed recommended limits.
SUMYCIN [®]	tetracycline	See generic cross-reference	
SUSTIVA [®]	efavirenz	Tablet: 600 mg	
SYMMETREL [®]	amantadine	See generic cross-reference	
SYMTUZA [®]	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Tablet: 800/150/200/10 mg	
SYNALAR [®]	fluocinolone topical	See generic cross-reference	
SYNTHROID [®]	levothyroxine	See generic cross-reference	
tacrolimus	PROGRAF [®]	Capsule: 0.5 mg, 1 mg, 5 mg	
TAMBOCOR [®]	flecainide	See generic cross-reference	
TAMIFLU [®]	oseltamivir	See generic cross-reference	75 mg twice a day for 5 days (must be initiated within 48 hours of symptom onset).
tamsulosin	FLOMAX [®]	Capsule: 0.4 mg	
TAPAZOLE [®]	methimazole	See generic cross-reference	
TAZICEF [®]	ceftazidime sodium	See generic cross-reference	
TEGRETOL [®]	carbamazepine	See generic cross-reference	Screen for the HLA-B*1502 allele in patients with ancestry in genetically at-risk populations prior to initiating carbamazepine
TEMOVATE [®]	clobetasol	See generic cross-reference	
TENEX [®]	guanfacine	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
tenofovir alafenamide	VEMLIDY®	See brand cross-reference	
tenofovir DF	VIREAD®	Tablet: 300 mg	
TENORMIN®	atenolol	See generic cross-reference	NA/DOT if ordered by a psychiatrist
terazosin	HYTRIN®	Capsule: 1 mg, 2 mg, 5 mg, 10 mg	
TESSALON®	benzonatate	See generic cross-reference	
testosterone cypionate	DEPO-TESTOSTERONE®	Injectable: 100 mg/ml, 200 mg/ml vial	For use in patients with documented gender dysphoria in females and documented primary moderate to severe hypogonadism in males
tetanus/diphtheria toxoids, adult (Td)	DECAVAC®	See brand cross-reference	Clinic use only
tetanus, diphtheria & pertussis (TDAP)	ADACEL®, BOOSTRIX®	See brand cross-reference	Clinic use only
terbutaline	BRETHINE®	Tablet: 2.5 mg, 5 mg Injectable: 1 mg/ml vial	
tetracycline	SUMYCIN®	Capsule: 250 mg, 500 mg	
thiamine	vitamin B1	Injectable: 100 mg/ml	Injectable only - Oral formulations have nonformulary status for treatment of deficiency states.
thiothixene	NAVANE®	Capsule: 1 mg, 2 mg, 5 mg, 10 mg	HEAT DRUG*
THORAZINE®	chlorpromazine	See generic cross-reference	HEAT DRUG*
timolol ophthalmic	TIMOPTIC®	Ophthalmic solution: 0.25%, 0.5% - 5 ml, 10 ml	
TIMOPTIC®	timolol ophthalmic	See generic cross-reference	
tiotropium inhaled	SPIRIVA HANDIHALER®	See brand cross-reference	
tiotropium/olodaterol	STIOLTO® RESPIMAT®	See brand cross-reference	
TIVICAY®	dolutegravir	Tablet: 50 mg	
tobramycin ophthalmic	TOBREX®	See brand cross-reference	
TOBREX®	tobramycin ophthalmic	Ophthalmic ointment: 0.3% - 3.5 g	
TOPROL-XL®	metoprolol succinate	See generic cross-reference	NA/DOT if ordered by a psychiatrist
TORADOL®	ketorolac	See generic cross-reference	
TRANDATE®	labetalol	See generic cross-reference	NA/DOT if ordered by a psychiatrist

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
triamcinolone	KENALOG®	Injectable: 10 mg/ml, 40 mg/ml Cream: 0.025% - 15 gm, 80 gm, 454 gm Cream: 0.1% - 15 gm, 30 gm, 80 gm Ointment: 0.025%- 15 gm, 80 gm Oral paste: 0.1% - 5 gm	Medium Potency Topical Corticosteroid (Class 3 category) Lotions not covered
triamterene/ hydrochlorothiazide	MAXZIDE®, DYAZIDE®	Capsule: 37.5/25 mg Tablet: 75/50 mg	
trifluoperazine	STELAZINE®	Tablet: 1 mg, 2 mg, 5 mg	HEAT DRUG*
trifluridine ophthalmic	VIROPTIC®	Ophthalmic Solution: 1% - 7.5 ml	
TRILAFON®	perphenazine	See generic cross-reference	HEAT DRUG*
TRILEPTAL®	oxcarbazepine	See generic cross-reference	P&T approved medical indication: Seizures BAN on "Crush and Float" Suspension non-formulary Screen for the HLA-B*1502 allele in patients with ancestry in genetically at-risk populations prior to initiating oxcarbazepine
TRINESSA®	norgestimate/ethinyl estradiol	28 day pack: norgestimate/ethinyl estradiol 0.18 mg/0.035 mg tabs x 7, 0.215 mg/0.035 mg tabs x 7, 0.25 mg/0.035 mg tabs x 7, then inert tabs x 7	
TRIUMEQ®	abacavir/dolutegravir/ lamivudine	Tablet: 600/50/300 mg	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
TRI-SPRINTEC®	norgestimate/ethinyl estradiol	28 day pack: norgestimate/ethinyl estradiol 0.18 mg/0.035 mg tabs x 7, 0.215 mg/0.035 mg tabs x 7, 0.25 mg/0.035 mg tabs x 7, then inert tabs x 7	
tropicamide ophthalmic	MYDRIACYL®	Ophthalmic Solution: 1%	
TRULICITY®	dulaglutide	Injectable: 0.75 mg/0.5 mL, 1.5 mg/0.5 mL, 3 mg/0.5 mL, 4.5 mg/0.5 mL	Recommended use criteria: Not to be used solely for obesity and weight loss. P&T approved indication: • Type 2 Diabetes (T2D)
TRUSOPT®	dorzolamide ophthalmic	See generic cross-reference	
TRUVADA®	emtricitabine/tenofovir disoproxil fumarate	See generic cross-reference	
tuberculin PPD		Injectable: 50 tests/5 ml, 10 tests/1 ml	Clinic use only
TWINRIX®	hepatitis A, inactivated/ hepatitis B (recombinant) vaccine	Injection, suspension: 720 ELU an inactivated hepatitis A virus/ml, 20 mcg recombinant HBsAg protein/ml	Clinic use only
TYLENOL #3®	acetaminophen/codeine	See generic cross-reference	Crush and float
UNITHROID®	levothyroxine	See generic cross-reference	
valproate sodium	DEPACON IV®	Injectable: 500 mg/5 ml vial	
valproic acid	DEPAKENE®	Capsule: 250 mg Oral solution: 250 mg/5 ml	
VANCOCIN®	vancomycin HCl	See generic cross-reference	
vancomycin HCl	VANCOCIN®	Injectable: All IV strengths	
varicella vaccine, live	VARIVAX®	See brand cross-reference	Clinic use only
VARIVAX®	varicella vaccine, live	Injectable: 1350 PFU/0.5 ml	Clinic use only
VASCEPA®	icosapent ethyl	See generic cross-reference	Recommended use criteria: Patient already on icosapent ethyl/Vascepa® upon Reception Center arrival; or Prescribed/recommended by consulting cardiologist for clinical ASCVD diagnosis or diabetes with additional cardiovascular risk factors, on statin therapy, LDL-C <100 mg/dL, and triglycerides (TG) ≥150 mg/dL

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
VASOTEC®	enalapril	See generic cross-reference	
VEKLURY®	remdesivir	Injectable: 100 mg/vial	
velpatasvir/sofosbuvir	EPCLUSA®	See brand cross-reference	
VEMLIDY®	tenofovir alafenamide	Tablet: 25 mg	
venlafaxine ER	EFFEXOR ER®	Capsule (ER-24hr): 37.5 mg, 75 mg, 150 mg	Capsules only; (IR) Tablets are banned. NA or DOT Only. Each capsule should be swallowed whole with fluid, and not divided, crushed, chewed, or placed in water.
VENOFER®	iron sucrose	Injectable: 20 mg/ml	
verapamil	CALAN®, CALAN-SR®, ISOPTIN SR®	Tablet (IR): 40 mg, 80 mg, 120 mg Tablet (ER-12hr): 120 mg, 180 mg, 240 mg	
VERMOX®	mebendazole	See generic cross-reference	
VIBRAMYCIN®	doxycycline hyclate	See generic cross-reference	
VIBRA-TABS®	doxycycline hyclate	See generic cross-reference	
VIDEX EC®	didanosine	See generic cross-reference	
VIGAMOX®	moxifloxacin ophthalmic	See generic cross-reference	Recommended use: If inadequate response, intolerance, or contraindication to preferred 1st line options for moderate to severe bacterial conjunctivitis
VIRACEPT®	nelfinavir	Tablet: 625 mg	
VIRAMUNE®	nevirapine	See generic cross-reference	
VIREAD®	tenofovir DF	See generic cross-reference	
VIROPTIC®	trifluridine ophthalmic	See generic cross-reference	
VISTARIL®	hydroxyzine	See generic cross-reference	
Vitamin B1	thiamine	Injectable: 100 mg/ml - 2 ml	Oral formulations have nonformulary status for treatment of deficiency states.
Vitamin B12	cyanocobalamin	Injectable: 1,000 mcg/ml Tablet: 1,000 mcg	Injectable only: For use in patients with a documented diagnosis of Vitamin B12 deficiency, Pernicious Anemia, or Vitamin B12 Deficiency Megaloblastic or Macrocytic Anemia.

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
Vitamin K (common name)	phytonadione	See cross-reference	
VIVITROL®	naltrexone injection	Injectable (ER): 380 mg	Provisionally available. Providers shall submit the MAT Alternative Agent Authorization (AAA) form for approval for patients not adherent with therapy as evidenced by urine drug screening results but is committed to the program and agreeable to the monthly injection. Dispense patient wallet card with each administration
VOSEVI®	sofosbuvir/velpatasvir/ voxilaprevir	Tablet: 400/100/100 mg	Provisionally available – the HCV Central Oversight Program will review and recommend the use of this agent. Providers shall submit the CCHCS HCV Treatment Authorization form to the HCV Oversight Committee. NA/DOT (exception: patients deploying to or residing in fire camps may have as KOP)
VOSOL-HC®	acetic acid 2% + hydrocortisone 1%	See generic cross-reference	
warfarin	JANTOVEN®	Tablet: 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5mg, 6 mg, 7.5 mg, 10 mg	
XARELTO®	rivaroxaban	Tablet: 2.5 mg, 10 mg, 15 mg, 20 mg	
XALATAN®	latanoprost ophthalmic	See generic cross-reference	
XIFAXAN®	rifaximin	Tablet: 550 mg	Treatment and reduction in risk of overt hepatic encephalopathy (HE) recurrence after optimized treatment with lactulose is established to be inadequate.
XOPENEX HFA®	levalbuterol inhaled	See generic cross-reference	
XULANE®	ethinyl estradiol/norelgestromin	Transdermal patch: 0.035 mg/0.15 mg	FDA warns against venous thromboembolism (VTE): should not be considered first-line when selecting a birth control method
XYLOCAINE®	lidocaine	See generic cross-reference	
ZAROXOLYN®	metolazone	See generic cross-reference	
ZEMPLAR®	paricalcitol	Injectable: 2 mcg/ml, 5 mcg/ml	
ZESTRIL®	lisinopril	See generic cross-reference	
ZETIA®	ezetimibe	See generic cross-reference	

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FORMULARY PRESCRIPTION AGENTS (A to Z) - Listed by Generic and Common Trade Names

DRUG NAME	CROSS REFERENCE	COVERED DOSAGE FORMS	MESSAGE
ZIAGEN [®]	abacavir	See generic cross-reference	
zidovudine	RETROVIR [®]	Tablet: 100 mg, 300 mg	100 mg capsule restricted to dialysis use only.
ziprasidone	GEODON [®]	Capsule: 20 mg, 40 gm, 60 mg, 80 mg Injectable: 20 mg/ml	HEAT DRUG*
ZITHROMAX [®]	azithromycin	See generic cross-reference	
ZOFRAN [®]	ondansetron	See generic cross-reference	
ZOLOFT [®]	sertraline	See generic cross-reference	
ZONEGRAN [®]	zonisamide	See generic cross-reference	
zonisamide	ZONEGRAN [®]	Capsule: 25 mg, 50 mg, 100 mg	Use for focal onset seizures ONLY
ZOVIRAX [®]	acyclovir	See generic cross-reference	
ZYLOPRIM [®]	allopurinol	See generic cross-reference	
ZYPREXA [®]	olanzapine	See generic cross-reference	HEAT DRUG*
NOTE: Pharmacy will substitute for a generic product if one becomes commercially available			

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FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
acetaminophen	TYLENOL®	Tablet: 325 mg Suppositories: 650 mg Suspension: 160 mg/5 ml	
ACTIFED COLD & ALLERGY®	chlorpheniramine/ phenylephrine	See generic cross-reference	HEAT DRUG*
ADVIL®	ibuprofen	See generic cross-reference	
aluminum hydroxide/ magnesium hydroxide/ simethicone	MAALOX®, MYLANTA®, ALMACONE®	Chew Tablet: 200/200/25 mg Suspension: 200 mg/200 mg/20 mg/5 ml, 400 mg/400 mg/40 mg/5 ml	
ALEVE®	naproxen sodium	See generic cross-reference	OTC strength 220 mg restricted to RN Standardized Procedures only.
ALMACONE®	aluminum hydroxide / magnesium hydroxide/ simethicone	See generic cross-reference	
aspirin	BAYER®, ECOTRIN®	Tablet: 325 mg, 325 mg EC, 325 mg buffered, 81 mg EC	Treatment cart approved; 325 mg non-coated
bacitracin/polymyxin B topical	POLYSPORIN®	15 gm, unit dose foil packs	
BENZAC®	benzoyl peroxide topical	See generic cross-reference	
benzocaine topical		burn spray	Restricted to Fire Camps
benzocaine/ menthol oropharyngeal	CEPACOL® SORE THROAT PAIN RELIEF LOZENGES	Oral lozenge: 15 mg benzocaine/ 2.6 mg menthol	
benzoin Tincture		2 oz. Tincture	Clinic use only
benzoyl peroxide topical	BENZAC®	Topical Gel: 10% - 1.5 oz.	
BETADINE®	povidone iodine	See generic cross-reference	
bisacodyl	DULCOLAX®	Tablet: 5 mg Suppository: 10 mg	Permissible for keep-on-person (KOP) by any provider
bismuth subsalicylate	PEPTO BISMOL®	Chewable Tablet: 262 mg	
calamine lotion		Lotion: 177 ml bottle	
calcium carbonate	OS-CAL®, TUMS®	Tablet: 500 mg Chewable Tablet: 500 mg	
calcium carbonate/vit D.	Os-Cal 500+D®	Tablet: 500 mg/200 IU	
calcium polycarbophil	FIBERCON, FIBERLAX®	Tablet: 625 mg	Permissible for keep-on-person (KOP) by any provider

FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
capsaicin	TRIXAICIN®	Cream: 0.025% - 60 gram	
carbamide peroxide	DEBROX OTIC®, GLY-OXIDE®	Otic Solution: 6.5% - 15 ml Oral Rinse: 10% - 2 oz.	
cetirizine	ZYRTEC®	Tablet: 5 mg, 10 mg	
chlorhexidine topical	HIBICLENS®	Liquid: 1 bottle, 120 ml	
chlorpheniramine/ phenylephrine	ACTIFED COLD & ALLERGY®	Tablet: 4 mg/10 mg	HEAT DRUG* Quantity limit: restricted to a 7 day supply per prescription
cholecalciferol	vitamin D3	See cross-reference	
CLARITIN®	loratadine	See generic cross-reference	
clotrimazole	LOTRIMIN®, GYNE-LOTRIMIN VAGINAL®	Topical Cream: 1% Vaginal Cream: 1%	
COLACE®	docusate sodium	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
colloidal oatmeal	Eucerin® Eczema Relief Cream	See brand cross-reference	
DEBROX OTIC®	carbamide peroxide	See generic cross-reference	
diclofenac	VOLTAREN®	Gel: 1% - 100 gm	
docusate sodium	COLACE®	Capsule: 100 mg	Permissible for keep-on-person (KOP) by any provider
DULCOLAX®	bisacodyl	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
DUOFILM®	salicylic acid topical	See generic cross-reference	
ethyl alcohol		70% - 16 oz	Clinic use only
Eucerin® Eczema Relief Cream	colloidal oatmeal	Topical cream: 8 oz	
eye wash		Irrigation Solution - 4 oz.	Clinic use only
FEOSOL®	ferrous sulfate	See generic cross-reference	
ferrous sulfate	FEOSOL®	Tablet: 325 mg	
FIBERCON®	calcium polycarbophil	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
FIBERLAX®	calcium polycarbophil	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
FLEET ENEMA®	sodium phosphate rectal	See generic cross-reference	
GAS-X®	simethicone	See generic cross-reference	
GenTeal® Tears Severe Gel	hypromellose	Ophthalmic Gel: 0.3%	

FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
glucose		Tablet: 4 gm Gel: 40%	
GLY-OXIDE®	carbamide peroxide	See generic cross-reference	
GYNE-LOTRIMIN®	clotrimazole	See generic cross-reference	
HIBICLENS®	chlorhexidine topical	See generic cross-reference	
HUMULIN 70/30®	insulin NPH/insulin regular	Vial: 70 NPH/30 regular units/ml	
HUMULIN N®	insulin NPH	Vial: 100 units/ml	
HUMULIN R®	insulin regular	Vial: 100 units/ml	
hydrocortisone topical		Topical Cream: 1% Topical OTC products for hemorrhoids: hydrocortisone acetate 1% cream [e.g. PROCTOCORT 1% Cream, PROCTO-PAK 1% Cream (with rectal tip)]	Low Potency (Class 4 category) See RX section for Hydrocortisone acetate rectal for additional products
hydrogen peroxide		variable	
hypromellose	GenTeal® Tears Severe Gel	See brand cross-reference	
ibuprofen	ADVIL®	Tablet: 200 mg Oral Susp: 100 mg/5 ml	
IMODIUM®	loperamide	See generic cross-reference	
insulin NPH	HUMULIN N®	See brand cross-reference	
insulin NPH/insulin regular	HUMULIN 70/30®	See brand cross-reference	
insulin regular	HUMULIN R®	See brand cross-reference	
isopropyl alcohol		70%	Clinic use only
ketotifen furmarate ophthalmic	ZADITOR®	Ophthalmic Solution: 0.025% - 5 ml	
K-Y® JELLY		Topical jelly: 57 gm, 113 gm	
loperamide	IMODIUM®	Capsule: 2 mg	
loratadine	CLARITIN®	Tablet: 10 mg	
LOTRIMIN®	clotrimazole	See generic cross-reference	
MAALOX®	aluminum hydroxide/ magnesium hydroxide/ simethicone	See generic cross-reference	
magnesium citrate		Oral solution: 300 ml	Permissible for keep-on-person (KOP) by any provider

FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
magnesium hydroxide	MILK OF MAGNESIA®	Liquid: 400 mg/5 ml	Info: 400 mg Mag hydroxide = 166.7 mg (13.7 mEq) elemental Mg; doses expressed as Mg hydroxide salt Permissible for keep-on-person (KOP) by any provider
magnesium oxide	MAG-OX®	Tablet: 250 mg, 400 mg	
MAG-OX®	magnesium oxide	See generic cross-reference	
MICATIN®	miconazole	See generic cross-reference	
miconazole	MICATIN®, VAGINAL® MONISTAT 7	Topical cream: 2% - 30 gm Vaginal cream: 2% Vag supp: 100 mg - 7 supp/box	
MILK OF MAGNESIA®	magnesium hydroxide	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
mineral oil (42.5%)/white petrolatum (56.8%) ophthalmic	REFRESH LACRI-LUBE®	Ointment: 3.5 gm, 7 gm	
MIRALAX®	polyethylene glycol 3350	See generic cross-reference	
moisturizing lotion	Thera Derm™	See brand cross-reference	
MONISTAT 7 VAGINAL®	miconazole vaginal	See generic cross-reference	
MURO-128®	sodium chloride ophthalmic	See generic cross-reference	
MYLANTA®	aluminum hydroxide/ magnesium hydroxide/ simethicone	See generic cross-reference	
NAPHCON-A®	naphazoline/pheniramine	See generic cross-reference	Do NOT use for periods exceeding 3 days
naphazoline/pheniramine	NAPHCON-A®	Ophthalmic Solution: 0.025%/0.3% - 15 ml	Do NOT use for periods exceeding 3 days
naproxen sodium	ALEVE®	Tablet: 220 mg	OTC strength 220 mg restricted to RN Standardized Procedures only.
NASACORT® allergy 24 hr	triamcinolone acetonide nasal	Nasal Spray: 0.57 oz or 120 actuation size Max: 2 sprays in each nostril/day	60 actuation size restricted to RN Standardized Procedures only. Recommended use criteria: Failed trials of loratadine or cetirizine
NEPHRO-VITE®	vitamin B-complex/vitamin c/biotin/folic acid	See generic cross-reference	
niacin		Tablet (IR): 250 mg, 500 mg	
OCEAN NASAL®	sodium chloride nasal	See generic cross-reference	
PEPTO BISMOL®	bismuth subsalicylate	See generic cross-reference	
petrolatum		Ointment: 42% - 100 gm, 454 gm	

FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
phenylephrine rectal suppository		Rectal Suppository: 0.25%	
phenylephrine-cocoa butter rectal suppository		Rectal Suppository: 0.25%	
polyethylene glycol 3350	MIRALAX®	Powder: 238 gm, 510 gm bottle, 17 gm packets	Reserve use of packets for short duration or inpatient use only
POLYSPORIN®	bacitracin/polymyxin B topical	See generic cross-reference	
polyvinyl alcohol ophthalmic	ARTIFICIAL TEARS®	Ophthalmic Solution: 1.4% (1 bottle, 15ml)	
polyvinyl alcohol/povidone ophthalmic	ARTIFICIAL TEARS®	Ophthalmic Solution: 0.5%-0.6% (1 bottle, 15ml)	Formulary preferred
povidone iodine	BETADINE®	Topical Solution: 10%	
prenatal vitamins		Tablet	Prenatal vitamin tablets are restricted for use as dietary supplements ONLY for pregnant or breastfeeding patients. Preferred NDCs: 00904-5313-60, 46122-0098-78
PRESERVISION® AREDS2	eye vitamin and mineral supplements	Capsule	For progression of intermediate to advanced age-related macular degeneration (AMD) when recommended by an ophthalmologist or optometrist
pyridoxine	vitamin B6	See generic cross-reference	
REFRESH LACRI-LUBE®	mineral oil (42.5%)/white petrolatum (56.8%) ophthalmic	See generic cross-reference	
salicylic acid topical	DUOFILM®	Topical liquid: 17% - 9 ml bottle	
SENOKOT®	sennosides	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
SENOKOT-S®	sennosides/docusate	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
SENNALAX®	sennosides	See generic cross-reference	Permissible for keep-on-person (KOP) by any provider
sennosides	SENNALAX®, SENOKOT®	Tablet: sennosides 8.6 mg	Permissible for keep-on-person (KOP) by any provider
sennosides/docusate	SENOKOT-S®	Tablet: sennosides 8.6 mg/ docusate 50 mg	Permissible for keep-on-person (KOP) by any provider
simethicone	GAS-X®	Chew Tab: 80 mg	
sodium bicarbonate		Tablet: 325 mg, 650 mg	

FORMULARY OVER-THE COUNTER AGENTS (A to Z) - Listed by Generic and Common Trade Names

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
sodium chloride ophthalmic	MURO-128®	Ophthalmic Oint: 5% - 3.5 gm Ophthalmic Drops: 2%, 5% - 15 ml	
sodium chloride nasal	OCEAN NASAL®	Nasal Spray: 0.65% - 45 ml	
sodium phosphate rectal	FLEET ENEMA®	Rectal solution: 118 ml	A single dose given once in 24 hours, may be repeated, not to exceed three doses in three days Additional doses are not recommended within 24 hours for patients who do not have a bowel movement.
Thera Derm™	moisturizing lotion	Topical lotion: 8 oz	
TINACTIN®	tolnaftate topical	See generic cross-reference	
TRIXAICIN®	capsaicin	See generic cross-reference	
tolnaftate topical	TINACTIN®	Topical Cream: 1%	
triamcinolone acetonide nasal	NASACORT® allergy 24 hr	See brand cross-reference	60 actuation size restricted to RN Standardized Procedures only. Recommended use criteria: Failed trials of loratadine or cetirizine
TUMS®	calcium carbonate	See generic cross-reference	
TYLENOL®	acetaminophen	See generic cross-reference	
vitamin B-complex/ vitamin c/biotin/folic acid	NEPHRO-VITE®	Tablet	Restricted to dialysis patients
vitamin B6	pyridoxine	Tablet: 50 mg	
vitamin D3	cholecalciferol	Tablet: 400 units, 1,000 units, 2,000 units	All other strengths of vitamin D3 (OTC) will be banned from ordering via Central Pharmacy. These will not be available via NF requests. Ergocalciferol (D2) is available via NF request.
VOLTAREN®	diclofenac	See generic cross-reference	
ZADITOR®	ketotifen fumarate	See generic cross-reference	
zinc oxide		Ointment: 20% - 30 gm, 60 gm	
ZYRTEC®	cetirizine	See generic cross-reference	
NOTE: Pharmacy will substitute for a generic product if one becomes commercially available			

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 7/28/08 Revised: 7/8/24 Reviewed: 7/28/25	contact lens solutions	• To allow temporary use of contact lenses during the reception center process and immediate post-reception period while waiting for provisioning of spectacles to replace the use of contact lenses • To allow temporary "bandage" contact lens use to protect an injured or diseased eye during the healing process. The prescribing ophthalmologist must provide the indication for the bandage lens. Typical indications include bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocoele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, and neurotrophic keratoconjunctivitis. • To allow use of long-term contact lenses prescribed to treat a chronic ocular disease that has been shown to benefit from contact lens use. Typical indications are keratoconus, irregular astigmatism, and aniseikonia. • Where use of eyeglasses is impossible, such as a patient with no external ears
Effective: 12/1/09 Reviewed: 7/28/25	coal tar	Seborrheic dermatitis; psoriasis of the scalp
Effective: 12/1/09 Revised: 5/17/23 Reviewed: 7/28/25	diphenhydramine (BENADRYL®) - PO	Restricted to urticarial eruptions, prophylaxis and treatment of extrapyramidal movement disorders and syndromes in psychiatric patients, and emergency use (anaphylaxis, acute agitation, etc.)
Effective: 1/18/12 Revised: 7/28/25	thiamine (oral formulation)	1) Treatment of diagnosed deficiency states, or 2) Adjunct use in hunger strike patients, or 3) Refeeding syndrome
Effective: 6/28/12 Revised: 7/28/25	multivitamins	1) Adjunct use in hunger strike patients, or 2) Refeeding syndrome, or 3) Documented mal-absorption diagnosis, or 4) HIV with CD4 count <350 not receiving liquid nutritional supplements, or 5) Adjunct use in patients after bariatric surgery
Effective: 11/28/12 Revised: 7/28/25	vitamin C 500 mg (all other strengths banned)	1) For co-administration with iron supplementation after failing iron alone, or 2) Acidification of the urine, or 3) Documented deficiency states

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective 12/7/12 Revised: 7/28/25	vitamin B complex	1) For nocturnal leg cramping, or 2) Adjunct use in hunger strike patients, or 3) Refeeding syndrome
Effective: 3/18/13 Reviewed: 7/28/25	omega-3 ethyl esters (LOVAZA®)	Reserved for patients who fail or are intolerant to fibrate/statin combination after a six-month trial
Effective: 6/9/15 Reviewed: 7/28/25	posaconazole (NOXAFIL®)	Documented failure due to lack of therapeutic response or intolerable adverse effects from either itraconazole or voriconazole
Effective: 6/9/15 Reviewed: 7/28/25	voriconazole (VFEND®)	Documented failure due to lack of therapeutic response or intolerable adverse effects of fluconazole
Effective: 7/21/15 Revised: 1/21/25 Reviewed: 7/28/25	bupropion (WELLBUTRIN®)	NF use criteria for IR bupropion (Wellbutrin®): • Must be crushed and floated for administration • Required documentation includes: ○ Diagnosis of major depression or other mood disorders ○ Failed trials of at least 3 antidepressants (each given for a minimum of 6 weeks) ○ Doses used, duration of treatment, side effects, and response to each failed therapy at maximum tolerated therapeutic doses ○ Risk benefit consideration in cases involving patients with history of institutional substance use or community illicit substance use within past 2 years, history of prescription medication misuse or hoarding, history of anorexia or bulimia, or conditions that increase seizure risk • Use is limited to psychiatrists and psychiatric nurse practitioners

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 7/21/15 Revised: 11/16/22 Reviewed: 7/28/25	quetiapine (SEROQUEL®)	NF use criteria for IR quetiapine (Seroquel®): • Must be crushed and floated for administration • May be considered as first-line treatment for bipolar depression • Required documentation includes: ○ Diagnosis of bipolar disorder or a disorder with a psychotic component including, but not limited to, Schizophrenia, Parkinsonism with psychosis, or tardive dyskinesia with psychosis ○ If prescribed for a psychotic disorder, failed trials of at least 3 antipsychotics each given for a minimum of 6 weeks at maximum tolerated therapeutic doses ○ If prescribed for bipolar disorder, failed trials of at least 3 mood stabilizing agents each given for a minimum of 6 weeks at maximum tolerated doses, unless prescribed for bipolar depression ○ Doses used, duration of treatment, side effects, and response to each failed therapy ○ Risk benefit consideration in cases involving patients with history of institutional substance use or community illicit substance use, history of prescription medication misuse or hoarding, or treatment of insomnia alone
Effective: 8/31/15 Revised: 5/17/23 Reviewed: 7/28/25	baclofen	1) DOT administration only 2) NF approval will be considered for observable, documented muscle spasms due to: • Cerebral palsy, or • Multiple sclerosis, or • Spinal cord injury or intrinsic cord lesions, or • Stroke • Note: NOT to be used for treating herniated spinal discs or low back pain due to muscle spasm 3) NF approval may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents
Effective: 3/15/17 Reviewed: 7/28/25	indomethacin (INDOCIN®)	Hemicrania continua only

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 1/31/18 Revised: 5/17/23 Reviewed: 7/28/25	A&D ointment	1) Severe chronic xerosis with potential of significant sequelae, or 2) Prevention of cheilitis in patients with intermaxillary fixation
Effective: 10/8/19 Revised: 12/19/24 Reviewed: 7/28/25	buprenorphine injection (SUBLOCADE [®] , BRIXADI [®])	1) Provisionally available – the ISUDT Central Oversight Program will review and recommend the use of this agent. Providers shall submit the CCHCS MAT Alternative Agent Authorization (AAA) form to the Addiction Medicine Central Team (AMCT). 2) Do not dispense buprenorphine injection directly to a patient 3) All REMS requirements shall be met https://www.sublocaderems.com/#Main https://brixadirems.com/
Effective: 8/11/20 Reviewed: 7/28/25	fostemsavir (RUKOBIA [®])	For use only with CCHCS HIV specialist recommendation in the treatment of MDR HIV-1 infection
Effective: 3/9/21 Reviewed: 7/28/25	fluoxetine oral solution	Restrict to PC 2602 patients; patients with documented swallowing issues; and patients in PIP, MHCB, and EOP (shall be changed to oral capsules upon discharge unless documented swallowing issues)
Effective: 3/18/21 Reviewed: 7/28/25	PCSK9 inhibitors (PRALUENT [®] , REPATHA [®] , etc.)	Addition of a PCSK9 inhibitor may be considered in the following upon the recommendation of a specialist (cardiologist or endocrinologist): - In patients with very high-risk ASCVD (history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions) and LDL-C level remains ≥ 70 mg/dL on maximally tolerated statin PLUS ezetimibe therapy - In patients with severe primary hypercholesterolemia (LDL-C level ≥ 190 mg/dL) and the LDL-C level remains ≥ 100 mg/dL on high-intensity or maximally tolerated statin PLUS ezetimibe AND the patient has multiple factors that increase subsequent risk of ASCVD events - In patients 30 to 75 years of age with heterozygous FH and with an LDL-C level of 100 mg/dL or higher while taking maximally tolerated statin PLUS ezetimibe therapy - In patients 40 to 75 years of age with a baseline LDL-C level of 220 mg/dL or higher who achieve an on-treatment LDL-C level of 130 mg/dL or higher while receiving maximally tolerated statin PLUS ezetimibe therapy

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 4/28/21 Revised: 5/17/23 Reviewed: 7/28/25	cabotegravir (VOCABRIA®)	- Requires HIV specialist review and approval - Planned use of Cabenuva® or when needed to bridge or replace Cabenuva® - Must be used in combination with oral rilpivirine - Must not be on a contraindicated medication: phenytoin, phenobarbital, oxcarbazepine, carbamazepine, rifampin, or rifapentine
Effective: 10/6/23 Reviewed: 7/28/25	sacubitril/valsartan (ENTRESTO®)	- Initiation Use Criteria - Patient already on Entresto® upon Reception Center arrival or prescribed/recommended by consulting cardiologist, and - No history of angioedema in EHRS Allergy, and - Documented heart failure diagnosis to reflect LVEF ≤ 40% on EHRS Problem List by using the SNOMED code 50993974 - Continuation Use Criteria - Prescribed/recommended by consulting cardiologist or upon hospital discharge, and - No history of angioedema in EHRS Allergy, and - Documented heart failure diagnosis to reflect LVEF ≤ 40% on EHRS Problem List by using the SNOMED code 50993974
Effective: 10/17/23 Revised: 4/23/25 Reviewed: 7/28/25	topical silicone scar gel (SCARAWAY® GEL)	- Recommended use by a gender-affirming surgeon (i.e., post gender-affirming chest surgery) - Limited use to a maximum of 12 months
Effective: 4/22/24 Reviewed: 7/28/25	serotonin-receptor 1B and 1D agonist (triptans)	- Recommended to limit to the treatment of: - Sumatriptan nasal spray and subcutaneous injection: no more than 4 migraines per month - Rizatriptan tablet: no more than 4 migraines per month - Frovatriptan tablet: no more than 4 migraines per month - Eletriptan tablet: no more than 3 migraines per month - Zolmitriptan tablet: no more than 3 migraines per month - Consider prophylaxis treatment if patient's needs exceed recommended limits
Effective: 4/22/24 Reviewed: 7/28/25	podofilox 0.5% solution (CONDYLOX®)	Clinic use only

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 7/8/24 Reviewed: 7/28/25	lenacapavir (SULENCA [®])	For use only with CCHCS HIV specialist recommendation in the treatment of MDR HIV-1 infection
Effective: 10/23/24 Reviewed: 7/28/25	oral paliperidone (INVEGA [®])	To establish tolerability prior to initiating treatment with the long-acting injectable Invega Sustenna [®] (paliperidone palmitate)
Effective: 12/19/24 Reviewed: 7/28/25	buprenorphine sublingual tablet (SUBUTEX [®])	Limit use for pregnancy only
Effective: 4/23/25 Reviewed: 7/28/25	lacosamide (VIMPAT [®])	• Prescribed or recommended lacosamide use be initiated or continued by a consulting neurologist, epileptologist, or neurosurgeon
Effective: 4/23/25 Reviewed: 7/28/25	phenytoin (DILANTIN [®])	• Prescribed or recommended phenytoin use be initiated or continued by a consulting neurologist, epileptologist, or neurosurgeon AND • Optimized doses of formulary antiseizure medications have not resulted in seizure freedom AND/OR have been discontinued due to adverse effects • Exceptions: - For patients taking phenytoin who present to a reception center or for patients currently prescribed phenytoin, providers have a 6-month grace period to refer to neurology to either recommend continuation or co-manage a taper off phenytoin
Effective: 4/23/25 Reviewed: 7/28/25	topiramate (TOPAMAX [®])	• Prescribed or recommended topiramate use be initiated or continued by a consulting neurologist, epileptologist, neurosurgeon, psychiatrist, or addiction medicine specialist AND/OR • Prescribed topiramate for one of the following FDA indications: - Focal, generalized, or combined focal and generalized epilepsy - Migraine prophylaxis
Effective: 8/25/25	gabapentin (NEURONTIN [®])	P&T approved indications: • Amyotrophic Lateral Sclerosis (ALS) • Phantom Limb Syndrome with Pain • Postherpetic Neuralgia • Seizures

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 8/25/25	pregabalin (LYRICA®)	P&T approved indications: • Diabetic Peripheral Neuropathy (DPN) • Fibromyalgia • Neuropathic Pain associated with Spinal Cord Injury • Postherpetic Neuralgia • Seizures
Effective: 11/10/25	semaglutide	Not to be used solely for obesity and weight loss. P&T approved indications: • Type 2 Diabetes (T2D) • Atherosclerotic Cardiovascular Disease (ASCVD) with Body Mass Index (BMI) $\geq$ 25 • Heart Failure with preserved Ejection Fraction (HFpEF) with BMI $\geq$ 30 already prescribed a Sodium-Glucose Cotransporter 2 inhibitor (SGLT2i) • Moderate-to-Advanced Metabolic Dysfunction-Associated Steatohepatitis (MASH) with stage 2 (F2) or stage 3 (F3) fibrosis without cirrhosis
Effective: 11/10/25	tirzepatide	Not to be used solely for obesity and weight loss. P&T approved indications: • Type 2 Diabetes (T2D) • Heart Failure with preserved Ejection Fraction (HFpEF) with BMI $\geq$ 30 already prescribed a Sodium-Glucose Cotransporter 2 inhibitor (SGLT2i) • Moderate-to-Severe Obstructive Sleep Apnea (OSA) with Apnea-Hypopnea Index (AHI) $\geq$ 15 and BMI $\geq$ 30
Effective: 12/17/25	carboxymethylcellulose preservative-free (PF)	• Intolerability to preservative-containing products, or • Contact lens wearer
Effective: 12/17/25	cyclosporine ophthalmic (RESTASIS®)	• Recommended by ophthalmologist or optometrist

Use Criteria for Nonformulary Agents

Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
Effective: 12/17/25	netarsudil (RHOPRESSA®) netarsudil/latanoprost (ROCKLATAN®)	• Diagnosis of ocular hypertension or open-angle glaucoma, and • Prescribed by an ophthalmologist or optometrist, and • Failed trials of appropriate duration of 2 different formulary options from the following anti-glaucoma medication classes: - Prostaglandin analogs - Beta blockers - Alpha2-adrenergic agonists - Topical carbonic anhydrase inhibitors
Effective: 1/8/26	resmetirom (REZDIFFRA™)	• Restricted use to Hepatitis Central Team (or tertiary care hepatologist after consult by Central Team), and • Metabolic Dysfunction-Associated Steatohepatitis (MASH) F2-F3 fibrosis without cirrhosis AND who have failed lifestyle changes AND failed a 6-12-month trial of glucagon-like peptide-1 (GLP-1), also known as incretin mimetic, medication (or have a contraindication or intolerance)

Prohibited Dispensing Drug List

EFFECTIVE DATE	MEDICATION NAME	BANNED DOSAGE FORM	EXCEPTIONS
----- BANNED PRESCRIPTION ITEMS -----			
September 9, 2014	atropine/hyoscamine/ phenobarbital/scopolamine	All	N/A
July 21, 2015	bupropion	Extended-release	N/A
August 13, 2020	buprenorphine-naloxone	Tablets	N/A
June 19, 2019	cannabidiol	All	N/A
April 1, 2014	dexlansoprazole	All	N/A
October 20, 2011	dronabinol	All	N/A
June 19, 2019	esketamine	All	N/A
April 1, 2014	esomeprazole	All	N/A
June 20, 2019	fluorouracil	Topical solution only	N/A
August 1, 2013	gabapentin	Solution only	N/A
October 1, 2015	hydroxyzine HCL	Tablets	N/A
October 29, 2020	inhaled insulin	Powder for inhalation	N/A
October 21, 2022	lidocaine topical	All	Formulary = lidocaine 4% patch, 5% ointment & 2% jelly Non-formulary = lidocaine 5% patch, lidocaine 5% cream
October 12, 2020	multi-dose auto-injector pen devices	If available in a different dosage form (e.g., vial, single-use prefilled syringes)	Non-formulary = Humulin® R U-500 KwikPen®
May 17, 2023	muscle relaxants	Carisoprodol, chlorzoxazone, cyclobenzaprine, dantrolene, metaxalone, methocarbamol, orphenadrine, and tizanidine	baclofen
September 15, 2011	nicotine	All	N/A
December 5, 2011	olanzapine	Extended-release injectable suspension only	N/A
July 21, 2015	quetiapine	Extended-release	N/A
April 1, 2014	rabeprazole	All	N/A
March 17, 2015	simvastatin	80mg tablets only	N/A
May 1, 2013	trihexyphenidyl	All	N/A
December 1, 2012	venlafaxine	Immediate-release only	N/A
----- BANNED OVER-THE-COUNTER (OTC) ITEMS -----			
February 13, 2013	aloe vera	All	N/A
November 28, 2012	ascorbic acid	All	Non-formulary = vitamin C 500 mg tabs (see NF Use Criteria section for P&T approved NF use criteria)
November 27, 2012	biotin	All	N/A
November 1, 2012	cholecalciferol	All	Formulary = vitamin D3 400 IU, 1,000 IU & 2,000 IU

Prohibited Dispensing Drug List

EFFECTIVE DATE	MEDICATION NAME	BANNED DOSAGE FORM	EXCEPTIONS
August 1, 2012	cough drops (NF versions)	All	N/A
August 1, 2012	dextromethorphan/guaifenesin	All	N/A
August 1, 2012	fish oil	All	N/A
August 1, 2012	flaxseed oil	All	N/A
August 1, 2012	glucosamine	All	N/A
August 1, 2012	GOLD BOND® products	All	N/A
August 1, 2012	guaifenesin	All	N/A
October 21, 2022	lip balms	All	N/A
August 1, 2012	muscle rub	All	N/A
September 15, 2011	nicotine	All	N/A
October 21, 2022	ocular lubricants	All	Formulary = polyvinyl alcohol/povidone 0.5%-0.6% ophth soln, polyvinyl alcohol 1.4% ophth soln, hypromellose 0.3% ophth gel Non-formulary = carboxymethylcellulose 0.5% PF ophth soln
August 1, 2012	peppermint oil	All	N/A
August 1, 2012	probiotics	All	N/A
August 1, 2012	protein supplements	All	N/A
December 17, 2013	psyllium products	All	N/A
August 1, 2012	soaps, antimicrobial or other	All	Formulary = Hibiclens® Non-formulary = PhisoHex®
October 21, 2022	topical emollient body washes/soaps	All	Non-formulary = Aveeno® Moisturizing Body Wash
October 21, 2022	topical emollient colloidal oatmeals	All	Formulary = Eucerin® Cream Eczema Relief
October 21, 2022	topical emollient gels	All	Non-formulary = K-Y® Jelly Personal Lubricant
October 22, 2022	topical emollient lotions/creams	All	Formulary = Thera Derm™ lotion
October 21, 2022	topical emollient oils	All	N/A
October 22, 2022	topical emollient ointments	All	Formulary = petrolatum 42% ointment
August 1, 2012	topical powders (talc)	All	N/A
August 1, 2012	vapor rub	All	N/A
October 21, 2022	Vitamin E cream	All	N/A
August 1, 2012	witch hazel	All	N/A