

**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

FORMULARY



December 2018 - V1

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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**



TABLE OF CONTENTS

<u>Sections</u>	<u>Page(s)</u>
Introduction	2
AHFS Therapeutic Categories	3
CCHCS Formulary Agents by Therapeutic Category	4 - 21
CCHCS Formulary Prescription Agents (A thru Z)	22 - 76
CCHCS Formulary Over-the-Counter Agents (A thru Z)	77-83
CCHCS Use Restrictions for Nonformulary Agents	84-87
CCHCS Dispensing Prohibited List	88
CCHCS Systemwide Pharmacy and Therapeutics Committee Membership	89

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, upon submitting a request and receiving approval from the Facility Medical Authority (FMA)*.

Nonformulary Drug Requests (NFDR) submitted to the FMA 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 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 drug.

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 Memos tabs at

<http://lifeline/HealthCareOperations/MedicalServices/Pharmacy/Pages/Resources.aspx>

*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
cyproheptadine
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

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

rifabutin

rifapentine

Formulary Agents by Therapeutic Category

8:18

Antivirals

acyclovir
amantadine
oseltamivir
pegylated interferon alfa-2a
ribavirin

8:18.08 Antiretrovirals

Integrase Strand Transfer Inhibitor

dolutegravir
raltegravir

NRTI - Nucleoside/Nucleotide Reverse Transcriptase Inhibitors

abacavir
didanosine
emtricitabine
lamivudine
tenofovir
zidovudine

NNRTI - Non-Nucleoside Reverse Transcriptase Inhibitors

efavirenz
nevirapine
rilpivirine

Protease Inhibitors

atazanavir
darunavir
fosamprenavir
lopinavir/ritonavir
nelfinavir
ritonavir

Combination Products

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

Formulary Agents by Therapeutic Category

8:18.40 HCV Antivirals

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

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

12:08.08 Antimuscarinic/Antispasmodic Agents

atropine
dicyclomine
ipratropium
ipratropium/albuterol
tiotropium

12:12 Sympathomimetic Agents

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

Formulary Agents by Therapeutic Category

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
enoxaparin
heparin
warfarin

20:12.18 Platelet-Aggregation Inhibitors
clopidogrel

20:16 Hematopoietic Agents
epoetin alfa

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

24:06.06 Fibric Acid Derivatives
gemfibrozil

Formulary Agents by Therapeutic Category

24:06.08 HMG-CoA Reductase Inhibitors

atorvastatin
pravastatin
simvastatin

24:06.92 Miscellaneous Antilipemic Agents

niacin (immediate release)

24:08 Hypotensive Agents

24:08.16 Central Alpha-Adrenergic Agonists

clonidine
guanfacine

24:08.20 Direct Vasodilators

hydralazine
minoxidil

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
felodipine
nifedipine

Formulary Agents by Therapeutic Category

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

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

28:12.12 Hydantoins

phenytoin

Formulary Agents by Therapeutic Category

28:12.92 Miscellaneous Anticonvulsants

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

28:16 Psychotherapeutic Agents

28:16.04 Antidepressants

Selective Serotonin and Norepinephrine Reuptake Inhibitors

duloxetine
venlafaxine

Selective Serotonin Reuptake Inhibitors

citalopram
escitalopram
fluoxetine
fluvoxamine
paroxetine
sertraline

Tricyclic Antidepressants

amitriptyline
nortriptyline

Miscellaneous Antidepressants

mirtazapine

28:16.08 Antipsychotics

Atypical

aripiprazole
clozapine
olanzapine
risperidone
ziprasidone

Formulary Agents by Therapeutic Category

28:16.08 Antipsychotics (continued)

Typical

chlorpromazine
fluphenazine
haloperidol
loxapine
perphenazine
thiothixene
trifluoperazine

28:20 Anorexigenic, Respiratory & CNS Stimulants

ammonia inhalant

28:24 Anxiolytics, Sedatives, Hypnotics

28:24.08 Benzodiazepines

lorazepam

28:24.92 Miscellaneous

bupirone
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
flumazenil
memantine

Formulary Agents by Therapeutic Category

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

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

triamterene/HCTZ

Formulary Agents by Therapeutic Category

40:28.20 Thiazide Diuretics

hydrochlorothiazide

40:28.24 Thiazide-like Diuretics

metolazone

40:36 Irrigating Solutions

ophthalmic irrigating solution (eye wash)
sodium chloride

40:40 Uricosuric Agents

probenecid

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 oint/soln

neomycin/polymyxin/dexamethasone ophth susp

neomycin/polymyxin/gramicidin ophth soln

neomycin/polymyxin/hydrocortisone otic susp

sulfacetamide ophth soln

52:04.20 Antivirals

trifluridine ophth soln

Formulary Agents by Therapeutic Category

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 soln
triamcinolone acetonide nasal

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
Magic Mouthwash 1
Magic Mouthwash 2

52:32 Vasoconstrictors

naphazoline/pheniramine ophth

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

Formulary Agents by Therapeutic Category

52:40.20 Miotics
pilocarpine ophth soln

52:40.28 Prostaglandin Analogs
latanoprost ophth soln

52:92 Miscellaneous EENT Drugs
carbamide peroxide otic
fluorescein/benoxinate ophth soln
mineral oil/white petrolatum ophth (lubricating oint)
polyvinyl alcohol (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

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

Formulary Agents by Therapeutic Category

56:12 Cathartics & Laxatives (continued)

Stool Softeners

docusate sodium

Other

lactulose

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

ranitidine

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

norethindrone
norethindrone/ethinyl estradiol
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol

68:16 Estrogens

estradiol
estradiol valerate
estrogens, conjugated
estrogens, conjugated/medroxyprogesterone

68:20 Antidiabetic Agents

68:20.04 Biguanides

metformin

68:20.08 Insulins

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

68:20.20 Sulfonylureas

glipizide

68:20.28 Thiazolidinediones

pioglitazone

68:22 Anti-Hypoglycemic Agents

glucagon
glucose

68:32 Progestins

medroxyprogesterone

68:36 Thyroid & Antithyroid Agents

68:36.04 Thyroid Agents

levothyroxine

68:36.08 Antithyroid Agents

methimazole
propylthiouracil

Formulary Agents by Therapeutic Category

72:00 LOCAL ANESTHETICS

bupivacaine
lidocaine
lidocaine/epinephrine

80:00 SERUMS, TOXOIDS & VACCINES

80:08 Toxoids

tetanus & diphtheria
tetanus, diphtheria & pertussis

80:12 Vaccines

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 polysaccharide vaccine
pneumococcal vaccine, conjugate
pneumococcal vaccine, polyvalent
poliovirus vaccine, inactivated
varicella vaccine

84:00 SKIN & MUCOUS MEMBRANE AGENTS (TOPICAL)

84:04 Anti-Infectives

84:04.04 Antibacterials

bacitracin/polymyxin

84:04.08 Antifungals

clotrimazole
ketoconazole
miconazole
nystatin
nystatin/triamcinolone
tolnaftate

84:04.12 Scabicides & Pediculocides

permethrin

Formulary Agents by Therapeutic Category

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

84:80 Sunscreen Agents

zinc oxide

84:92 Miscellaneous Skin & Mucous Membrane

benzoin tincture
capsaicin
phenylephrine suppositories
podofilox

86:00 SMOOTH MUSCLE RELAXANTS

86:12 Genitourinary Smooth Muscle Relaxants

oxybutynin

86:16 Respiratory Smooth Muscle Relaxants

currently none formulary

Formulary Agents by Therapeutic Category

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

paricalcitol
vitamin D

88:24 Vitamin K

phytonadione

88:28 Multivitamin Preparations

prenatal vitamins

92:00 MISCELLANEOUS THERAPEUTIC AGENTS

acetylcysteine
alendronate
allopurinol
azathioprine
bromocriptine
cinacalcet
colchicine
cyclosporine
cyclosporine modified
finasteride
leucovorin
mycophenolate mofetil
mycophenolic acid, delayed release
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	TRIUMEO	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, 400 mg kit	HEAT DRUG*
acamprosate	CAMPRAL	Tablet (DR): 333 mg	For use in patients enrolled in the Medication Assisted Treatment (MAT) Program
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% - 10 ml and 30 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	
ACULAR	ketorolac ophthalmic	See generic cross-reference	
acyclovir	ZOVIRAX	Tablet: 400 mg, 800 mg	

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
ADACEL	tetanus/reduced diphtheria toxoids and acellular pertussis vaccine (Tdap)	Injectable: 0.5 ml	Clinic use only
ADENOCARD	adenosine	See generic cross-reference	
ADENOSCAN	adenosine	See generic cross-reference	
adenosine	ADENOCARD, ADENOSCAN	Injectable: 6 mg/2 ml vial	Crash cart approved; 3 mg/ml, 2 ml vial
ADRENALIN	epinephrine	See generic cross-reference	
AFLURIA	influenza vaccine	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	
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	
amiodarone	CORDARONE, PACERONE	Tablet: 200 mg Injectable: 50 mg/ml**	**Crash cart approved; 50 mg/ml, 3 ml vial

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
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.
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	
ANUCORT-HC	hydrocortisone acetate	See generic cross-reference	
ANUSOL-HC	hydrocortisone acetate	See generic cross-reference	
APRESOLINE	hydralazine	See generic cross-reference	
AQUAMEPHYTON	phytonadione	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
ARICEPT	donepezil	See generic cross-reference	
aripiprazole	ABILIFY	Tablet: 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	HEAT DRUG* NA/DOT ONLY Oral disintegrating tablet non formulary
aripiprazole, extended-release	ABILIFY MAINTENA	See brand cross-reference	HEAT DRUG*
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	
ATIVAN	lorazepam	See generic cross-reference	
atomoxetine	STRATTERA	Capsules: 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%	Crash cart approved; 0.1 mg/ml, 10 ml syringe
ATROVENT HFA	ipratropium inhaled	See generic cross-reference	
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 <ul style="list-style-type: none"> • 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	
BENADRYL	diphenhydramine	See generic cross-reference	
BENEMID	probenecid	See generic cross-reference	
BENTYL	dicyclomine	See generic cross-reference	
BENZAC AC	benzoyl peroxide topical	See generic cross-reference	
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 ampoule	HEAT DRUG*
BIAXIN	clarithromycin	See generic cross-reference	
BICILLIN LA	penicillin G benzathine	Injectable: 2.4 million units/4 ml	Recommended use criteria: Treatment of syphilis

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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
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	
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%)	
BUSPAR	buspirone	See generic cross-reference	
buspirone	BUSPAR	Tablet: 5 mg, 10 mg, 15 mg, 30 mg	
CALAN, CALAN SR	verapamil	See generic cross-reference	
calcium acetate	PHOSLO	Capsule: 667 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
calcium chloride		Injectable: 10% - 10 ml syringe	Crash cart only; 10%, 10 ml Syringe
CAMPRAL	acamprosate	See generic cross-reference	
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
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	
CATAPRES	clonidine	See generic cross-reference	
cefazolin	ANCEF, KEFZOL	Injectable: 1 gm vial	
ceftazidime sodium	FORTAZ, TAZICEF	Injectable: 500 mg, 1 gm 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
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 nonSTD 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*
cholestyramine	QUESTRAN, QUESTRAN LIGHT, PREVALITE	4 gm packets	
CHRONULAC	lactulose	See generic cross-reference	
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 <ul style="list-style-type: none"> • Opportunistic infections in HIV patients, or • H.pylori, or • As prescribed by an Infectious Disease Specialist
CLEOCIN	clindamycin	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.

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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
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	TEVA - brand only HEAT DRUG*
CLOZARIL	clozapine	See generic cross-reference	HEAT DRUG*
COGENTIN	benztropine	See generic cross-reference	HEAT DRUG*
colchicine		Tablet: 0.6 mg	
COLYTE	polyethylene glycol/electrolytes	See generic cross-reference	
COMPAZINE	prochlorperazine	See generic cross-reference	HEAT DRUG*
CONDYLOX	podofilox topical	See generic cross-reference	
COPEGUS	ribavirin	See generic cross-reference	
CORDARONE	amiodarone	See generic cross-reference	
COREG	carvedilol	See generic cross-reference	
CORTISPORIN OTIC	neomycin/polymyxin B/ hydrocortisone otic	See generic cross-reference	
COSOPT	dorzolamide/timolol ophthalmic	See generic cross-reference	
COUMADIN	warfarin	See generic cross-reference	
COZAAR	losartan	See generic cross-reference	
CREON	pancrelipase	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
CRYSELLE	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: 1000 mcg/ml	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 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	
cyproheptadine	PERIACTIN	Tablet: 4 mg	
CYTRA-2	sodium citrate/citric acid	See generic cross-reference	
dapsone		Tablet: 100 mg	
DARAPRIM	pyrimethamine	Tablet: 25 mg	
darunavir	PREZISTA	See brand cross-reference	
daunavir/cobicistat/emtricitabine/tenofovir alafenamide	SYMTUZA	See brand cross-reference	
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	

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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
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 cypionae	See generic cross-reference	
DESCOVY	emtricitabine/tenofovir alafenamide	Tablet: 200/25 mg	
dexamethasone	DECADRON	Tablet: 0.5 mg, 0.75 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate	DECADRON INJ	Injectable: 4 mg/ml vial	
dextrose 50%		Injectable: 50 ml syringe	Crash 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 ampoule**	**Crash cart approved; 0.25 mg/2 mL
DILANTIN	phenytoin	See generic cross-reference	
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 crash cart supply. Should not be stored in the crash cart but shall be immediately available in a secured refrigerated location near the crash cart.
diphenhydramine	BENADRYL	Injectable: 50 mg/ml	Injectable only - All other dosage forms are nonformulary. Crash 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	
divalproex sodium	DEPAKOTE ER	Tablet (ER): 250 mg, 500 mg	
dolutegravir	TIVICAY	See brand cross-reference	
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	

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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
doxazosin	CARDURA	Tablet: 1 mg, 2 mg, 4 mg, 8 mg	
doxycycline	VIBRAMYCIN, VIBRA-TABS	Capsule/Tablet: 100 mg Injectable: 100 mg - 10 ml	
DULERA Inhaler	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): 20mg, 30mg, 60mg	Nurse administered/Directly observed therapy (NA/DOT) only.
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	
ELAVIL	amitriptyline	See generic cross-reference	HEAT DRUG*
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA	See brand cross-reference	
emtricitabine	EMTRIVA	See brand cross-reference	
emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY	See brand cross-reference	
emtricitabine/tenofovir alafenamide	DESCOVY	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
EMTRIVA	emtricitabine	Tablet: 200 mg	
enalapril	VASOTEC	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg	
ENGERIX B	hepatitis B vaccine (recombinant)	Injectable: 20 mcg/ml	
ENLON	edrophonium	Injectable: 10 mg/ml	
enoxaparin	LOVENOX	Injectable (prefilled syringes): 30mg, 40mg, 60mg, 80mg, 100mg	
ENULOSE	lactulose	See generic cross-reference	
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.
epinephrine	ADRENALIN, EPIPEN	Injectable: 1:1000 - 1 ml (1 mg) ampoule** 1:10,000 - 10 ml syringe (0.1 mg)** EPIPEN 2-Pak 1:1000 syringe (0.3 mg/0.3 ml)	**Crash cart approved - 1:1000, 1 mg/ml, 1 ml ampoule; 1:10000, 0.1 mg/ml, 10 ml syringe
EPIPEN	epinephrine	See generic cross-reference	
EPIVIR	lamivudine	See generic cross-reference	
epoetin alfa	EPOGEN	See brand cross-reference	
EPOGEN	epoetin alfa	Injectable: 4,000 units/ml; 10,000 units/ml; 20,000 units/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
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	
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	

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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
ESKALITH	lithium	See generic cross-reference	HEAT DRUG*
ESTRACE	estradiol	See generic cross-reference	
estradiol	ESTRACE	Tablet: 0.5 mg, 1 mg, 2 mg	
estradiol valerate	DELESTROGEN	Injectable: 20 mg/ml, 40 mg/ml	
estrogens, conjugated	PREMARIN	See brand cross-reference	
estrogens, conjugated/ medroxyprogesterone	PREMPRO	See brand cross-reference	
ethambutol	MYAMBUTOL	Tablet: 400 mg	
felodipine	PLENDIL	Tablet: 2.5 mg, 5 mg, 10 mg	
finasteride	PROSCAR	Tablet: 5 mg	
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	
FLULAVAL	influenza vaccine	See generic cross-reference	
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 Topical Solution: 0.05% - 60 mL	High Potency Topical Corticosteroid (Class 2 category) Gels not covered

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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
fluorescein sodium/ benoxinate HCl	FLURESS	Ophthalmic solution: 0.25%/0.4% - 5 ml	
fluoxetine	PROZAC	Capsule/Tablet: 10 mg, 20 mg Solution: 20 mg/5 ml	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). Solution restricted to Keyhea patients only.
fluphenazine	PROLIXIN	Tablet: 1 mg, 2.5 mg, 5 mg, 10 mg Elixir: 2.5 mg/5 ml Injectable: 2.5 mg/ml vial	HEAT DRUG*
fluphenazine decanoate	PROLIXIN DECANOATE	Injectable: 25 mg/ml	HEAT DRUG*
FLURESS	fluorescein/benoxinate ophthalmic	See generic cross-reference	
FLUVIRIN	influenza vaccine	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, 1000 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**	**Crash cart approved; 10 mg/ml, 10 ml vial
GARAMYCIN Ointment	gentamicin	See generic cross-reference	
GARDASIL-9	human papillomavirus 9- valent vaccine	Injectable: 0.5ml	
gemfibrozil	LOPID	Tablet: 600 mg	
GENTAK Solution	gentamicin	See generic cross-reference	
gentamicin IV		Injectable: 40 mg/ml, 80 mg/100 ml, 100 mg/100 ml	
gentamicin ophthalmic	GARAMYCIN Ointment, GENTAK Solution	Ophthalmic Oint: 0.3% - 3.5gm Ophthalmic Soln: 0.3% - 5 ml	
GENVOYA	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Tablet: 150 mg/150 mg/200 mg/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
GILDESS 1/20	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.02 mg x 21 tabs	

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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
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	Crash cart approved
GLUCOGEN	glucagon	See generic cross-reference	
GLUCOPHAGE	metformin	See generic cross-reference	
GLUCOTROL, GLUCOTROL XL	glipizide	See generic cross-reference	
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	
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*

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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
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.
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)	ENGERIX B, RECOMBIVAX HB (dialysis formulation)	See brand cross-reference	
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	PROTOCOL 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
HYTRIN	terazosin	See generic cross-reference	
ibuprofen	MOTRIN	Tablet: 200 mg, 400 mg, 600 mg, 800 mg Oral Suspension: 100 mg/5 ml	
ILOTYCIN	erythromycin ophthalmic	See generic cross-reference	
IMDUR	isosorbide mononitrate	See generic cross-reference	
IMITREX	sumatriptan	See generic cross-reference	
IMODIUM	loperamide	See generic cross-reference	
IMURAN	azathioprine	See generic cross-reference	
insulin glargine	LANTUS	See Brand cross-reference	
INDERAL	propranolol	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
influenza vaccine	AFLURIA, FLUVIRIN	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
ipratropium inhaled	ATROVENT HFA	Inhaler: 17 mcg/actuation - 200 doses Nebulizer Solution: 0.02% - 2.5 ml	
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	

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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
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	
JOLIVETTE	norethindrone	Tablet: 0.35 mg x 28 tabs	
JUNEL 21 1/20	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.02 mg x 21 tabs	
KALETRA	lopinavir/ritonavir	Tablet: 200/50 mg	
KAYEXALATE	sodium polystyrene sulfonate	See generic cross-reference	
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	

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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
lactulose	CHRONULAC, ENULOSE	Oral Solution: 10 gm/15 ml - 473 ml	
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	
LANTUS	insulin glargine	Injectable: 100 units/ml vial	
lanthanum carbonate	FOSRENOL	See brand cross-reference	
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	See brand cross-reference	
LEVAQUIN	levofloxacin	See generic cross-reference	
levetiracetam	KEPPRA	Tablet (IR): 250 mg, 500 mg, 750 mg, 1000 mg	Use for adjunctive therapy in partial or generalized tonic & clonic seizure types and psychiatric mood disorders.

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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
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
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	

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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	XYLOCAINE	Viscous Oral Soln: 2% - 100 ml Topical Jelly: 2% - 30 ml Injection: 0.4% D5W IV Injection - 500 ml 2% IV Injection (20 mg/ml) - 5 ml** 1% Local Injection (10 mg/ml)	**Crash cart approved (2% injection only); 20 mg/ml, 5 ml Syringe
lidocaine/epinephrine		Injection: 1%/1:100,000	
LIPITOR	atorvastatin	See generic cross-reference	
lisinopril	PRINIVIL, ZESTRIL	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg	
lithium	ESKALITH, LITHOBID, CIBALITH-S	Capsule: 300 mg 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	
loperamide	IMODIUM	Capsule: 2 mg	
LOPID	gemfibrozil	See generic cross-reference	
lopinavir/ritonavir	KALETRA	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
LOPRESSOR	metoprolol tartrate	See generic cross-reference	
lorazepam	ATIVAN	Tablet: 1 mg Injectable**: 2 mg/ml - 1 ml	**Crash 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	
loxapine	LOXITANE	Capsule: 5 mg, 10 mg, 25 mg, 50 mg	HEAT DRUG*
LOXITANE	loxapine	See generic cross-reference	HEAT DRUG*
LUVOX	fluvoxamine	See generic cross-reference	
MACROBID	nitrofurantoin monohydrate/ macrocrystalline	See generic cross-reference	
MACRODANTIN	nitrofurantoin macrocrystals	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
magnesium sulfate	MAGNESIUM SULFATE	Injectable: 50% - 2 ml	Crash 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	
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	
MENACTRA	meningococcal conjugate vaccine	Injectable: 0.5 ml SDV	MENACTRA preferred. Use MENVEO if MENACTRA is not available
meningococcal conjugate vaccine	MENACTRA, MENVEO	See brand cross-reference	MENACTRA preferred. Use MENVEO if MENACTRA is not available
meningococcal polysaccharide vaccine	MENOMUNE-A/C/Y/W-135	See brand cross-reference	Clinic use only
MENOMUNE-A/C/Y/W-135	meningococcal polysaccharide vaccine	Injectable: 50 mcg/0.5 ml SDV	Clinic 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
MENVEO	meningococcal conjugate vaccine	Injectable	MENACTRA preferred. Use MENVEO if MENACTRA is not available
MEPHYTON	phytonadione	See generic cross-reference	
mesalamine	DELZICOL	See brand cross-reference	
metformin	GLUCOPHAGE	Tablet: 500 mg, 850 mg, 1000 mg	
methadone		Tablet: 5 mg, 10 mg	Crush and float
methimazole	TAPAZOLE	Tablet: 5 mg, 10 mg	
methotrexate		Tablet: 2.5mg	
methylprednisolone	MEDROL	Tablet: 4 mg, 4 mg Dose Pak	
methylprednisolone sodium succinate	SOLU-MEDROL	Injectable: 125 mg/2 ml vial	Crash 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	Restricted to patients who currently have medical justification for half tablet dosing of metoprolol tartrate 25 mg (12.5 mg dose) Prescribing multiple tablets to make up higher doses must be avoided
metoprolol tartrate	LOPRESSOR	Tablet: 25 mg, 50 mg, 100 mg Injectable: 5 mg/5 ml**	Avoid splitting tablets **Crash cart approved; 1mg/ml, 5ml 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
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	
MICROGESTIN 1/20	norethindrone/ethinyl estradiol	Tablet: 1 mg/0.02 mg x 21 tabs	
MICROZIDE	hydrochlorothiazide	See generic cross-reference	
MINIPRESS	prazosin	See generic cross-reference	
minoxidil		Tablet: 2.5 mg, 10 mg	
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: 10mg	

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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
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	
Mouthwash Formulation #1 - viscous lidocaine/antacid		Maalox 60 ml + viscous lidocaine 2% 30 ml	<u>Instruction A:</u> Swish, gargle and spit 5ml Q6h PRN; or <u>Instruction B (if esophageal involvement):</u> Swish, gargle and swallow 5ml Q6h PRN
Mouthwash Formulation #2 - viscous lidocaine/antacid/TCN		Maalox 60 ml + viscous lidocaine 2% 30 ml + tetracycline (125 mg/ 5ml) 30 ml	<u>Instruction A:</u> Swish, gargle and spit 5ml Q6h; or <u>Instruction B (if esophageal involvement):</u> Swish, gargle and swallow 5ml Q6h
MS CONTIN	morphine sulfate	See generic cross-reference	
MUCOMYST	acetylcysteine	See generic cross-reference	
MYAMBUTOL	ethambutol	See generic cross-reference	
MYCELEX	clotrimazole	See generic cross-reference	
MYCOBUTIN	rifabutin	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

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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
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 Nasal spray: 4 mg/spray	Narcan Nasal Spray: For emergency use <u>only</u> by RNs under approved Loss of Consciousness nursing protocol Crash cart approved: 0.4 mg/ml - 1 ml, 1 mg/ml - 1 ml vial
naltrexone	REVIA, VIVITROL	Injectable (ER): 380 mg Tablet: 50 mg	For use in patients enrolled in the Medication Assisted Treatment (MAT) Program for Substance Use Disorders, or for patients being treated for Self Injurious Behavior as noted in the Problem List.
NAMENDA	memantine	Tablet: 5 mg, 10 mg	
NAPROSYN	naproxen	See generic cross-reference	
naproxen	NAPROSYN	Tablet: 250 mg, 500 mg	220mg OTC strength restricted to Nurse Protocol.
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	

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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 sulfate		Tablet: 500 mg	
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 OPHTHALMIC ointment	bacitracin/neomycin/polymy xin B ophthalmic ointment	See generic cross-reference	
NEOSPORIN OPHTHALMIC solution	neomycin/polymyxin B/gramicidin ophthalmic solution	See generic cross-reference	
NEO-SYNEPHRINE	phenylephrine ophthalmic	See generic cross-reference	
nevirapine	VIRAMUNE	Tablet: 200 mg	
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	
NITRO-BID	nitroglycerin topical	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
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	
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	***Crash 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	GILDESS 1/20, 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	

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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
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	
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	
NORVIR	ritonavir	See generic cross-reference	
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	
ODEFSEY	emtricitabine/rilpivirine/ten ofovir alafenamide	Tablet: 200/25/25 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
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	<p>Recommended use criteria: PPI use > 90 days not recommended unless one of the following:</p> <ol style="list-style-type: none"> 1. Grade 3 or higher esophagitis; or 2. Barrett's or ZE syndrome; or 3. Failed ranitidine step down therapy <p>BID dosing > 30 days requires nonformulary approval</p>
OMNIPEN	ampicillin	See generic cross-reference	
ondansetron	ZOFTRAN	ODT tablet: 4mg, 8mg	
ORAMORPH SR	morphine sulfate	See generic cross-reference	
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	

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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-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: 75mg	On formulary until May 31, 2018. 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	BAN on "Crush and Float" Suspension non-formulary
oxybutynin	DITROPAN	Tablet: 5 mg	
PACERONE	amiodarone	See generic cross-reference	
PAMELOR	nortriptyline	See generic cross-reference	HEAT DRUG*
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	

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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
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	
PEGASYS	peginterferon alfa 2a	Injectable: 180 mcg/ml, 1 ml vial	
peginterferon alfa 2a	PEGASYS	See brand cross-reference	
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	
PENTAM	pentamidine	See generic cross-reference	
pentamidine	NEBUPENT, PENTAM	Injectable: 300 mg Inhalation Solution: 300 mg	
PERIACTIN	cyproheptadine	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	

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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
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	
phenytoin	DILANTIN	Capsule: 100 mg Oral Suspension: 125 mg/5 ml Injectable: 50 mg/ml vial	
PHOSLO	calcium acetate	See generic cross-reference	
physostigmine	ANTILIRIUM	Injectable: 1 mg/ml - 2 ml ampoule	
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	
PLAQUENIL	hydroxychloroquine	See generic cross-reference	
PLAVIX	clopidogrel	See generic cross-reference	
PLENDIL	felodipine	See generic cross-reference	
pneumococcal conjugate vaccine	PREVNAR13	See brand cross-reference	
pneumococcal polyvalent-23 vaccine	PNEUMOVAX 23	See brand cross-reference	
PNEUMOVAX 23	pneumococcal polyvalent-23 vaccine	Injectable: 50 mcg/0.5 ml SDV	Clinic use only
podofilox topical	CONDYLOX	Topical solution: 0.5% - 3.5 ml	Clinic 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
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 - 1000 ml & 1/2NS-D5W 1000 ml	
PRAVACHOL	pravastatin	See generic cross-reference	
pravastatin	PRAVACHOL	Tablet: 10 mg, 20 mg, 40 mg	Restricted to use in patients on Coumadin, protease inhibitors, cyclosporine, or other medications impacted by the cytochrome P450 enzyme system. Indication must be recorded on prescription (e.g. Pt on coumadin)
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 Solution: 0.12%, 1% - 5 ml	
prednisone	DELTASONE	Tablet: 5 mg, 10 mg, 20 mg	
PREMARIN, PREMARIN VAGINAL	estrogens, conjugated	Injection: 25 mg vial Vaginal cream: 0.625 mg/gm	See estradiol for tablets

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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
PREMPRO	estrogens, conjugated/ medroxyprogesterone	Tablet: 0.45 mg/1.5 mg	
PREVALITE	cholestyramine	See generic cross-reference	
PREVNAR13	pneumococcal conjugate vaccine	Injectable: 0.5 ml IM syringe	single dose prefilled syringe
PREZISTA	darunavir	Tablet: 400 mg, 600 mg, 800 mg	
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, 1000 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	
PROTOCORT 1% Cream	hydrocortisone acetate rectal	See generic cross-reference	
PROCTO - PAK 1% Cream (with rectal tip)	hydrocortisone acetate rectal	See generic cross-reference	
PROLIXIN	fluphenazine	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
PROLIXIN DECANOATE	fluphenazine decanoate	See generic cross-reference	HEAT DRUG*
promethazine	PHENERGAN	Tablet: 25 mg Injectable: 25 mg/ml - 1 ml vial Suppository: 25 mg - 12/Box	HEAT DRUG* 50 mg/ml inj = Nonformulary
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	
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	

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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
ranitidine	ZANTAC	Injectable: 50 mg/2 ml vial Tablet: 150 mg	
RECOMBIVAX HB (dialysis formulation)	hepatitis B (recombinant) vaccine	Injectable: 40mcg/ml	
REGLAN	metoclopramide	See generic cross-reference	
REMERON, REMERON SOLTAB	mirtazapine	See generic cross-reference	
RENVELA	sevelamer	Tablet: 800 mg	
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	
rifabutin	MYCOBUTIN	Capsule: 150 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*

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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*
ritonavir	NORVIR	Tablet: 100 mg	
ROCEPHIN	ceftriaxone	See generic cross-reference	
ROMAZICON	flumazenil	See generic cross-reference	
salmeterol inhaled	SEREVENT DISKUS	See brand cross-reference	
salsalate	DISALCID	Tablet: 500 mg	
SANDIMMUNE	cyclosporine	See generic cross-reference	Do not interchange with cyclosporine modified
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/trimethop rim	See generic cross-reference	
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.

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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
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% - 50 gm, 400 gm	400 gm size restricted to clinic use only.
simvastatin	ZOCOR	Tablet: 5 mg, 10 mg, 20 mg, 40 mg	Doses of 80 mg associated with elevated risk of muscle injury in first 12 mo's of use. Use 80 mg (40 mg X 2 tabs) only if I/P has been taking this dose for 12 mo's; Consider LIPITOR or pravastatin if on meds impacted by P450 system
SINEMET, SINEMET CR	carbidopa/levodopa	See generic cross-reference	
SINGULAIR	montelukast	See generic cross-reference	
sodium bicarbonate		Injectable: 50 mEq/50 ml syringe (8.4%)	Restricted to crash cart
sodium chloride for nebulizer		Solution: 0.9% - 5 ml	Crash 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	

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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
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	
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.
SPIRIVA HANDIHALER	Tiotropium Inhaler	Dry Powder Inhaler: 18 mcg/cap	Recommended use criteria: <ul style="list-style-type: none"> • 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*
STRATTERA	atomoxetine	See generic cross-reference	
STROMECTOL	ivermectin	See generic cross-reference	
sucralfate	CARAFATE	Tablet: 1 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
sulfacetamide sodium ophthalmic	BLEPH-10	Ophthalmic Solution: 10% - 5 ml	
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	Restricted to 9 tablets per month
SUMYCIN	tetracycline	See generic cross-reference	
SUSTIVA	efavirenz	Tablet: 600 mg	
SYMMETREL	amantadine	See generic cross-reference	
SYMTUZA	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Tablet: 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	On formulary until May 31, 2018. 75 mg twice a day for 5 days (must be initiated within 48 hours of symptom onset).

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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
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	
TEMOVATE	clobetasol	See generic cross-reference	
TENEX	guanfacine	See generic cross-reference	
tenofovir DF	VIREAD	Tablet: 300 mg	
TENORMIN	atenolol	See generic cross-reference	
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*

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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
THORAZINE	chlorpromazine	See generic cross-reference	HEAT DRUG*
timolol ophthalmic	TIMOPTIC	Ophthalmic solution: 0.25%, 0.5% - 5 ml	
TIMOPTIC	timolol ophthalmic	See generic cross-reference	
tiotropium inhaled	SPIRIVA HANDIHALER	See brand cross-reference	
TIVICAY	dolutegravir	Tablet: 50 mg	
TOPROL-XL	metoprolol succinate	See generic cross-reference	
TORADOL	ketorolac	See generic cross-reference	
TRANDATE	labetalol	See generic cross-reference	
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*

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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
TRILEPTAL	oxcarbazepine	See generic cross-reference	
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	
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%	
TRUSOPT	dorzolamide ophthalmic	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 HBsAgb 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	

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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
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
VASOTEC	enalapril	See generic cross-reference	
velpatasvir/sofosbuvir	EPCLUSA	See brand cross-reference	
venlafaxine ER	EFFEXOR ER	Capsule (ER-24hr): 37.5 mg, 75 mg, 150 mg	Capsules only (IR) Tablets are banned
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	See generic cross-reference	
VIBRA-TABS	doxycycline	See generic cross-reference	
VIDEX EC	didanosine	See generic cross-reference	
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.

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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 B12	cyanocobalamin	Injectable: 1000 mcg/ml	For use in patients with a documented diagnosis of Vitamin B12 deficiency, Pernicious Anemia, or Vitamin B12 Deficiency Megaloblastic or Macrocytic Anemia.
vitamin K (common name)	phytonadione	See cross-reference	
VIVITROL	naltrexone	Injectable (ER): 380 mg	For use in patients enrolled in the Medication Assisted Treatment (MAT) Program for Substance Use Disorders, or for patients being treated for Self Injurious Behavior as noted in the Problem List.
VOSEVI	sofosbuvir/velpatasvir/ voxilaprevir	Tablet: 400mg/100mg/100mg	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.
VOSOL-HC	acetic acid 2% + hydrocortisone 1%	See generic cross-reference	
warfarin	COUMADIN, JANTOVEN	Tablet: 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5mg, 6 mg, 7.5 mg, 10 mg	
XALATAN	latanoprost ophthalmic	See generic cross-reference	
XIFAXAN	rifaximin	Tablet: 550mg	Treatment and reduction in risk of overt hepatic encephalopathy (HE) recurrence after optimized treatment with lactulose is established to be inadequate.

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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
XOPENEX HFA	levalbuterol inhaled	Metered Dose Inhaler: 45 mcg/spray	<p>Orders for SABA shall include the indication.</p> <p><i>Standard asthma sig:</i> Asthma rescue inhaler – NOT FOR DAILY USE. If asthma flares, use two puffs by mouth every six hours as needed. Talk to your doctor if using more than twice weekly. This inhaler should last at least 90 days.</p> <p><i>Standard COPD sig:</i> Inhaler for COPD. Use 1-2 puffs by mouth four times a day as needed for shortness of breath or until symptoms resolve. This inhaler should last at least 30 days.</p> <p>Absence of indication on prescription should not delay dispensing but pharmacy staff shall obtain the indication as soon as possible and update the pharmacy records.</p>
XYLOCAINE	lidocaine	See generic cross-reference	
ZANTAC	ranitidine	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	

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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	
ZOCOR	simvastatin	See generic cross-reference	
ZOFRAN	ondansetron	See generic cross-reference	
ZOLOFT	sertraline	See generic cross-reference	
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	
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 nurse protocol
ALMACONE	aluminum hydroxide / magnesium hydroxide/ simethicone	See generic cross-reference	
ammonia inh ampoules	SMELLING SALTS	ampoule	
aspirin	BAYER, ECOTRIN	Tablet: 325 mg, 325 mg EC, 325 mg buffered, 81 mg EC	Crash 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: 10 mg benzocaine/ 2 mg menthol (variable)	
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	

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
bisacodyl	DULCOLAX	Tablet: 5 mg Suppository: 10 mg	
bismuth subsalicylate	PEPTO BISMOL	Chewable Tablet: 262 mg	
calamine lotion		Lotion: 120 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	
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	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	
DEBROX OTIC	carbamide peroxide	See generic cross-reference	
docusate sodium	COLACE	Capsule: 100 mg	
DULCOLAX	bisacodyl	See generic cross-reference	
DUOFILM	salicylic acid topical	See generic cross-reference	
ethyl alcohol		70% - 16 oz	Clinic use only
eye wash		Irrigation Solution - 4 oz.	Clinic use only
FEOSOL	ferrous sulfate	See generic cross-reference	
ferrous sulfate	FEOSOL	Tablet: 325 mg	

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
FIBERCON	calcium polycarbophil	See generic cross-reference	
FIBERLAX	calcium polycarbophil	See generic cross-reference	
FLEET ENEMA	sodium phosphate rectal	See generic cross-reference	
GAS-X	simethicone	See generic cross-reference	
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	
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

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
ketotifen fumarate ophthalmic	ZADITOR	Ophthalmic Solution: 0.025% - 5ml	
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	
magnesium hydroxide	MILK OF MAGNESIA	Liquid: 400 mg/5 ml, 1200 mg/5 ml	Info: 400 mg Mag hydroxide = 166.7 mg (13.7 mEq) elemental Mg; doses expressed as Mg hydroxide salt
MICATIN	miconazole	See generic cross-reference	
miconazole	MICATIN, MONISTAT 7 VAGINAL	Topical cream: 2% - 30 gm Vaginal cream: 2% Vag supp: 100mg - 7 supp/box	
MILK OF MAGNESIA	magnesium hydroxide	See generic cross-reference	
mineral oil (42.5%)/white petrolatum (56.8%) ophthalmic	REFRESH LACRI-LUBE	Ointment: 3.5 gm, 7 gm	
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

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
naproxen sodium	ALEVE	Tablet: 220 mg	OTC strength 220mg restricted to nurse protocol
NASACORT allergy 24 hr	triamcinolone acetonide nasal	Nasal Spray: 0.57 oz or 120 actuation size Max: 2 sprays in each nostril/day	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	
phenylephrine rectal suppository		Rectal Suppository: 0.25%	
POLYSPORIN	bacitracin/polymyxin B topical	See generic cross-reference	
polyvinyl alcohol ophthalmic	ARTIFICIAL TEARS	Ophthalmic Solution: 0.01% benzalkonium chloride. May also contain EDTA, NaCl, polyvinyl alcohol, hydroxypropyl methylcellulose (1 bottle, 15ml)	
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.
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% - 15 ml bottle	

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
SENOKOT	sennosides	See generic cross-reference	
SENOKOT-S	sennosides/docusate	See generic cross-reference	
SENNA	sennosides	See generic cross-reference	
sennosides	SENNA, SENOKOT	Tablet: sennosides 8.6 mg	
sennosides/docusate	SENOKOT-S	Tablet: sennosides 8.6 mg/ docusate 50 mg	
simethicone	GAS-X	Chew Tab: 80 mg	
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.
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	
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	

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

OTC DRUG NAME	CROSS REFERENCE	DOSAGE FORMS	MESSAGE
vitamin D3	cholecalciferol	Tablet: 400 units, 1000 units, 2000 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.
ZADITOR	ketotifen fumarate	See generic cross-reference	
zinc oxide		Ointment: 20% - 30 gm, 60 gm	
Zyrtec	cetirizine	See generic cross-reference	
Cardboard Spacers e.g. LITEAIRE*	spacer	cardboard	*LITEAIRE is labeled for one-week's use and contains no latex. Readily available with prescribed inhalers.
NOTE: Pharmacy will substitute for a generic product if one becomes commercially available			

Use Criteria for Nonformulary Agents

Announcement Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria *
December 1, 2009	Vitamin E	Refractory Tardive Dyskinesia
December 1, 2009	Coal Tar	Seborrheic dermatitis; psoriasis of the scalp
December 1, 2009	Diphenhydramine (BENADRYL) - PO	Restricted to urticarial eruptions, movement disorders in psychiatric patients and emergency use in TTA setting (anaphylaxis, bee sting, etc.)
December 1, 2009	Lotion	Criteria based requirement – AIDS / Dialysis
January 18, 2012	Thiamine (Oral formulation)	Treatment of diagnosed deficiency states
June 28, 2012	Multivitamins	1) Adjunct use in hunger strike patients, or 2) Documented mal-absorption diagnosis, or 3) HIV with CD4 count <350 not receiving liquid nutritional supplements.
November 28, 2012	Vitamin C 500mg (all other strengths banned)	1) For co-administration with iron supplementation after failing iron alone, or 2) Acidification of the urine
December 7, 2012	Vitamin B Complex	1) For nocturnal leg cramping, or 2) Refeeding syndrome
March 18, 2013	LOVAZA	Reserved for patients who fail or are intolerant to fibrate/statin combination after a six-month trial.
June 26, 2013	rifampin (RIFADIN)	Indication for use required on all prescriptions. Indications include: 1) Latent tuberculosis infection (LTBI), or 2) TB disease, or 3) Augmentation of antibiotic therapy for certain non-TB diagnoses such as methicillin-resistant Staphylococcus aureus (MRSA) endocarditis with prosthetic valves, osteomyelitis, and prosthetic joint infections
June 9, 2015	posaconazole (NOXAFIL)	Documented failure due to lack of therapeutic response or intolerable adverse effects from either itraconazole or voriconazole
June 9, 2015	voriconazole (VFEND)	Documented failure due to lack of therapeutic response or intolerable adverse effects of fluconazole

Use Criteria for Nonformulary Agents

Announcement Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
July 21, 2015	bupropion (WELLBUTRIN)	<p>NF use criteria for IR bupropion:</p> <ul style="list-style-type: none"> ● Must be crushed and floated for administration ● Required documentation on the NF includes: <ul style="list-style-type: none"> ○ Diagnosis of major depression ○ Severity of impairment and how it affects patient function in prison ○ Failed trials of at least 3 anti-depressants (each given for a minimum of 6 weeks at maximum tolerated therapeutic doses with blood levels to confirm adherence) ● Not to be prescribed for patients with history of institutional drug abuse or community illicit drug abuse within past 2 years, history of medication mis-use or hoarding, history of bulimia, or history of seizures ● Documentation must include doses used, duration of treatment, side effects and response to each failed therapy
July 21, 2015	quetiapine (SEROQUEL)	<p>NF use criteria for IR quetiapine:</p> <ul style="list-style-type: none"> ● Must be crushed and floated for administration ● Required documentation on the NF includes: <ul style="list-style-type: none"> ○ Diagnosis bipolar disorder or a disorder with a psychotic component including Parkinsonism with psychosis or tardive dyskinesia with psychosis ○ Severity of impairment and how it affects patient's function in prison ○ 3 failed trials of anti-psychotic agents (if prescribed for a psychotic disorder) each given for a minimum of 6 weeks at maximum tolerated therapeutic doses with blood level to confirm adherence ○ 3 failed trials of mood stabilizing agents (if prescribed for mood disorder) each given at maximum tolerated doses given for 6-8 weeks with blood levels to confirm adherence ○ Documentation must include doses used, duration of treatment, side effects and response to each failed therapy ● Not to be prescribed for patients with history of institutional drug abuse or community illicit drug abuse, history of medication misuse or hoarding, or treatment of insomnia alone

*Please refer to memoranda on Lifeline at <http://lifeline/HealthCareOperations/MedicalServices/Pharmacy/Pages/Resources.aspx> for more information

Use Criteria for Nonformulary Agents

Announcement Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria *
August 31, 2015	muscle relaxants (e.g. baclofen, carisoprodol, cyclobenzaprine, metaxalone, methocarbamol)	1) DOT administration only 2) NF approval will be considered for observable, documented muscle spasms due to: <ul style="list-style-type: none"> ● Cerebral palsy, or ● Multiple sclerosis, or C19 ● Spinal cord injury or intrinsic cord lesions, or ● Stroke ● Note: Muscle relaxants <u>NOT</u> to be used for treating herniated spinal discs or low back pain due to muscle spasm 3) NF approval for baclofen may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents. 4) NF use of methocarbamol is restricted to 10 days or less with NO refills for 90 days.
March 15, 2017	indomethacin (INDOCIN)	Nonformulary use criteria: Hemicrania continua only

Use Criteria for Nonformulary Agents

Announcement Date	Nonformulary Agent	P&T Approved Nonformulary Use Criteria*
September 19, 2017	Direct Oral Anticoagulants (apixaban, dabigatran, edoxaban, rivaroxaban)	<p>Indications for DOAC Use: (Nonformulary Use Requirements)</p> <p>VKA treatment remains an appropriate treatment of choice in our setting for the majority of patients, except in the following patients when a DOAC should be considered over VKA:</p> <p>Patients with non-cancer related VTE or non-valvular A. fib and:</p> <ul style="list-style-type: none"> • History of intracranial hemorrhage • History of major non-GI bleed • For patients with history of GI bleed, VKA is preferred over DOACs due to increased risk of GI bleed with Dabigatran, Rivaroxaban, Edoxaban • Unstable INR despite patient adherence to VKA • Warfarin allergy or prohibited Drug-Drug interactions with VKA • Documented thrombotic event despite therapeutic INR • Unable to obtain monitoring INRs (difficult phlebotomy access) • New patients entering CCHCS system can be maintained on DOACs for up to 60 days until patient is evaluated for continued use versus switch to VKA • On a case-by-case basis for other indication • In CCHCS, must be given DOT for monitoring of adherence
January 31, 2018	A&D Ointment	<ol style="list-style-type: none"> 1) Severe chronic xerosis with history of significant sequelae, or 2) Intermaxillary fixation
November 16, 2018	AREDS2 eye multivitamins	Documented age-related macular degeneration (AMD)

Prohibited Dispensing Drug List

EFFECTIVE DATE OF BAN	GENERIC NAME	BRAND NAME	BANNED DOSAGE FORM
----- BANNED PRESCRIPTION ITEMS -----			
September 14, 2015	alirocumab	PRALUENT	Injectable
September 9, 2014	atropine/hyoscamine/ phenobarbital/scopolamine	DONNATAL	All
July 21, 2015	bupropion	WELLBUTRIN	Extended Release
April 1, 2014	dexlansoprazole	DEXILANT	All
October 20, 2011	dronabinol	MARINOL	All
April 1, 2014	esomeprazole	NEXIUM	All
September 14, 2015	evolocumab	REPATHA	Injectable
August 1, 2013	gabapentin	NEURONTIN	Solution Only
October 1, 2015	hydroxyzine HCL	ATARAX	Tablets
May 1, 2013	insulin pen	HUMULIN, LANTUS, various	All insulin pens except BYETTA pen
September 15, 2011	nicotine	NICOTROL	All
December 5, 2011	olanzapine	ZYPREXA RELPREVV	Extended release injectable suspension only
July 21, 2015	quetiapine	SEROQUEL	Extended Release
April 1, 2014	rabeprazole	ACIPHEX	All
March 17, 2015	simvastatin	ZOCOR	80mg tablets only
May 1, 2013	trihexyphenidyl	ARTANE	All
December 1, 2012	venlafaxine	EFFEXOR	Immediate release (IR) Only
----- BANNED OVER-THE-COUNTER (OTC) ITEMS -----			
February 13, 2013	aloe vera	aloe vera products	All
November 28, 2012	ascorbic acid	Vitamin C	All*
November 27, 2012	biotin	biotin supplements	All
November 1, 2012	cholecalciferol	Vitamin D3	All**
August 1, 2012	cough drops (nonformulary versions)	HALLS	All
August 1, 2012	dextromethorphan/guaifenesin	ROBITUSSIN DM types	All
August 1, 2012	fish Oil	fish oil supplements	All
August 1, 2012	flaxseed Oil	flaxseed supplements	All
August 1, 2012	glucosamine	glucosamine supplements	All
August 1, 2012	guaifenesin	ROBITUSSIN types	All
August 1, 2012	muscle rub	BEN GAY type	All
September 15, 2011	nicotine	NICODERM, NICORETTE	All
August 1, 2012	peppermint oil	peppermint oil products	All
August 1, 2012	powders, talc, etc.	GOLD BOND products	All
August 1, 2012	probiotics	Lactobacillus sp, CULTURELLE, etc.	All
August 1, 2012	protein supplements	WHEY types	All
December 17, 2013	psyllium powder	KONSYL	All
August 1, 2012	soaps, antimicrobial or other	DIAL, SafeGuard, etc	All
August 1, 2012	vapor rub	VICKS types	All
August 1, 2012	witch hazel (Hamamelis water)	MEDIPADS	All

*Exception: vitamin C 500 mg tabs=NF for (1) coadministration with iron supplementation after failing iron alone (2) acidification of the urine

**Exception: vitamin D3 400 IU, 1,000 IU & 2,000, IU =Formulary, vitamin D2 (ergocalciferol) 50000 IU =Non Formulary

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