NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION PHARMACY FORMULARY

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*** Denotes 1:1 administration**

FDA Medication Guides

Medication Guides required to be issued with a prescription dispensed to offenders being released are located at www.FDA.gov/cder/offices/ODS/labeling.htm

FDA medication guides are required to be provided when the patient is:

1. An offender being released into the community

FDA medication guides are not required to be provided when the patient is:

1. An offender residing in a NYS DOCCS facility
2. Transferred to another facility within NYS DOCCS
3. Transferred to a correctional facility outside NYS DOCCS

Compounding

Defined as the combining, mixing or altering of ingredients by a Pharmacist in response to a prescriber's order/prescription to create a medication tailored to the individual offender's needs.
All compounded medication will be considered non-formulary and will go through the same non-formulary process as individual, commercially-available entities.

P&T July 2010

Use of Unapproved Abbreviations and Medical Documentation Legibility

The following abbreviations, symbols and acronyms are not approved for use in patient prescriptions or medication related documentation and orders in health records.

The list applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on preprinted forms. This requirement does not apply to preprogrammed health information technology systems for example, electronic medical records)

* Exception: A "trailing zero" as noted in the chart, may be used only where required to demonstrate the level of precision of the value reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or medication-related documentation

Official "Do Not Use" List		
Do Not Use	**Potential Problem**	**Use Instead**
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (international unit)	Mistaken for IV (intravenous) or the number "10" (ten)	Write "international unit"
Q.D., QD. q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other Period after the "Q" mistaken for "I" and the "O" mistaken for "I"	Write "daily" write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point missed	Write "X mg" Write "0.X mg"
MS MSO_4 and $MgSO_4$	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"
> (greater than) < (less than)	Misinterpreted as the number "7" (seven) or the letter "L" Confused for one another	Write "greater than" Write "less than"
Abbreviations for drug names including antiretroviral or chemotherapy medications	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number "2" (two)	Write "at"
cc	Mistaken for "U" (units) when poorly written	Write "mL" or "ml" or "milliliters" ("mL" is preferred)
µg	Mistaken for (milligrams) resulting in one thousand fold overdose	Write "mcg" or micrograms

New York State DOCCS
Clinical Criteria / Justification

Angiotensin Receptor Blockers (ARB)

The use of an ARB requires prior approval using eForm "ARB-Req".

Monotherapy

- ARB when ACEi are not tolerated (confirm cough or angioedema)
- ARB for CHF with systolic dysfunction
- ARB for hypertensive type-2 diabetes patients with macroalbuminuria – defined as an albumin-creatinine ratio (ACR) of greater than 300mg/g (level required)
- ARB for patients post-MI with LVEF less than 40% and/or ACEi intolerance

Combination therapy with ARB + ACEi

- Combination for CHF patients who cannot take a beta blocker (define intolerance and identify beta-blocker)
- Combination as a secondary option to monotherapy for non-diabetic chronic kidney disease. (must identify ACEi trial information)
- Combination for persistently symptomatic CHF patients on standard therapy.

Abacavir and combinations (Ziagen, Epzicom, Trizivir): testing

- Patients newly starting on abacavir require HLA-B*5701 testing prior to initiation
- HLA-B*5701-positive patients should not be prescribed abacavir
- Discontinue abacavir permanently if hypersensitivity occurs.

Omalizumab (Xolair)

- Moderate to severe persistent asthma
- AND test positive for reactivity to perennial airborne allergen
- AND inadequately controlled with inhaled corticosteroids
- AND medication initiated in specialist office or hospital
- Patient informed of signs and symptoms of anaphylaxis (presented as bronchospasm, hypotension, syncope, urticaria and/or angioedema) and instructed to seek immediate medical care should symptoms occur.
- Patient observed for two hours after omalizumab administration. Anaphylaxis can occur beyond 1 year after beginning regularly administered treatment.

Modafinil (Provigil) or armodafinil (Nuvigil) use for excessive sleepiness

- Documented verification of polysomnography
- Patient has failed non-pharmacologic management strategies
- Functional impairment, institution security, academic needs
- Patients with history of psychosis, depression, or mania must be followed closely by OMH and medication decreased if symptoms develop

Quinine (Qualaquin) use

- Quinine requires a diagnosis on each prescription.
- Quinine is not approved for the treatment or prevention of nocturnal leg cramps or restless leg syndrome
- Quinine is indicated only for the treatment of uncomplicated *plasmodium falciparum* malaria. This diagnosis must appear on the prescription.

Metoclopramide (Reglan) use

- Treatment should not exceed 12 weeks in duration, at which time alternative therapy may be initiated if indicated.
- Chronic use of metoclopramide has been linked to tardive dyskinesia, which may include involuntary and repetitive movements of the body, even after the drugs are no longer taken.
- Consistent with the FDA-approved indications, metoclopramide should be limited to use for GERD and gastroparesis only.
- NYS DOCCS will limit use of metoclopramide by allowing no more than a one month supply to be dispensed at any time, and no more than 2 refills will be allowed for each prescription. This action effectively limits therapy to a duration of twelve weeks.

Muscle Relaxant Use Criteria

Treatment criteria differ for spasticity and acute musculoskeletal conditions. Restrictions apply to drugs used for acute musculoskeletal conditions.

Prescription requirements for muscle relaxants in NYS DOCCS:

- Must include the condition being treated
- Limited to a 30-day supply with no refills for short term treatment of pain or spasm with cyclobenzaprine (Flexeril), methocarbamol (Robaxin), chlorzoxazone (Parafon Forte), orphenadrine (Norflex), and metaxalone (Skelaxin)
- May contain refills for chronic treatment of spasticity with baclofen (Lioresal), dantrolene (Dantrium) or tizanidine (Zanaflex).
- Carisoprodol (Soma) use is not approved in NYS DOCCS

P&T May, 2011

Clozapine (Clozaril) use at facilities servicing level-1 mental health patients

Clozapine is an atypical antipsychotic medication used for the treatment of schizophrenia. Monitoring of the white blood count (WBC) and absolute neutrophil count (ANC) is required for all patients taking clozapine. In order to start clozapine, the WBC must be at least 3500 mm^3, and the ANC must be at least 2000 mm^3. Both values are required in order to dispense clozapine.

FDA Approved Clozapine Monitoring Parameters

- For the first 6 months, the patients are required to have their blood work done weekly. The pharmacist, after viewing the blood work, may dispense a 1-week supply of clozapine.
- After 6 months of continuous therapy with clozapine without any interruptions or increased monitoring due to a low WBC or ANC, the patient may have their blood monitoring done every 14 days, and will be entitled to receive a 2-week supply of clozapine.
- After 12 months of continuous therapy (6 months of continuous weekly followed by 6 months of biweekly monitoring) with clozapine without any interruptions or increased monitoring, the patient may have their monitoring done every 4 weeks, allowing them to receive a 4-week supply of clozapine.
- In the event that a patient is discontinued from clozapine, weekly blood work for 4 weeks (minimum) must be performed and reported to the appropriate registry.

NYS DOCCS Procedure for Clozapine (Clozaril)
at Level 1 Mental Health Facilities

1. NYS DOCCS will purchase only the most cost-effective clozapine manufactured by Teva
2. NYS DOCCS will use the Teva clozapine registry to maintain consistency.
3. The receiving facility OMH unit will contact the receiving pharmacy when transfer is known.
4. The OMH unit of the receiving facility will provide a prescription and a copy of labs (must provide) to the receiving pharmacy prior to travel.
5. The medication will be obtained from Central Pharmacy by the receiving pharmacy and dispensed (no stock) after lab review and only by individual script.
6. Transportation details are reviewed, and arrangements for medication acquisition, lab work verification, and sharing of patient information are made.
7. Friday night arrivals are discouraged, and the least number of facilities will be involved in transfer of an offender receiving clozapine.
8. Prescriber orders, labs and scripts will be faxed to each facility that the patient stays at during the course of the transfer.

In the unusual event that clozapine is not able to be obtained through a NYS DOCCS pharmacy; the vendor contract may be used to access the medication. A limited one time supply (3-5 days) from the vendor can be obtained. Authorization is always required. However, this limited supply may be acquired if the authorization has not been received in a timely manner.

OMH prior approval

- OMH requires prior approval and a specific diagnosis for mental health use of gabapentin and tricyclic antidepressants.

Disclosure: Clinicians inform patients of arrhythmia risk when they prescribe methadone.

Clinical History: Ask patients about any history of structural heart disease, arrhythmia, and syncope.

Screening: Obtain a pretreatment electrocardiogram for all patients to measure the QTc interval and then a follow-up electrocardiogram within 30 days and annually. Add an additional electrocardiogram if methadone dosage exceeds 100mg daily or if patient has unexplained syncope or seizures.

Risk Stratification: If the QTc interval is longer than 450ms but less than 500ms, discuss the potential risk and benefit with patient, document discussion and monitor more frequently. If the interval exceeds 500ms, consider discontinuing or reducing the methadone dose; eliminating contributing factors, such as drugs that promote hypokalemia; or using alternate therapy. (Drugs that may promote hypokalemia may include diuretics, insulin, laxatives, amphotericin B, theophylline, albuterol and sympathomimetics).

Drug Interactions: Be aware of interactions between methadone and other drugs that possess QT interval-prolonging properties or slow the elimination of methadone.

QT interval prolongation:

(Some of the many drugs known to prolong the QT interval are amiodarone, bepridil, chlorpromazine, cisapride, clarithromycin, disopyramide, dofetilide, dolasetron, droperidol, erythromycin, felbamate, flecainide, fluoxetine, foscarnet, gatifloxacin, haloperidol, ibutilide, indapamide, isradipine, levofloxacin, mesoridazine, moxifloxacin, naratriptan, nicardipine, octreotide, ondansetron, paroxetine, pentamidine, pimozide, procainamide, quetiapine, quinidine, risperidone, salmeterol, sertraline, sotalol, sumatriptan, tacrolimus, thioridazine, tizanidine, venlafaxine, ziprasidone, zolmitriptan)

(Drug Interactions: Methadone levels decrease with carbamazepine, phenobarbital, phenytoin, risperidone, nevirapine, efavirenz, Kaletra, nelfinavir, amprenavir, fosamprenavir, ritonavir, rifampin, St John's wort . Methadone levels increase with SSRIs, amitriptyline, fluconazole, itraconazole, and ketoconazole. Additive sedative effects can occur with benzodiazepines and barbiturates.)

Additional Methadone Use Criteria:

Regional Medical Unit Use Only: At the NYS DOCCS December 2008 Pharmacy and Therapeutics Committee meeting, methadone was restricted to Regional Medical Unit use only.

Pain Indication Only: Methadone can be prescribed in NYS DOCCS only for pain when other opiate medications have been tried and failed. NYS DOCCS facilities are not licensed to dispense methadone for detoxification or maintenance (42 CFR 8.12). Methadone maintenance is available only for NYS DOCCS pregnant female offenders who began a maintenance program prior to incarceration and are associated with an outside licensed methadone treatment clinic.

Dosing: Start low and go slow. Factor in incomplete cross-tolerance. Conversion ratios may not be bi-directional, may not be equianalgesic and do not apply to repeated doses of opioids. Patients 65 years and older have decreased clearance. Use fixed dosing and avoid prn (as needed) frequency. Methadone's elimination half life (8-59hrs) is longer than its duration of action (4-8hrs).

Safety of Inhaled Long-Acting Beta Agonists (LABA) in Asthma

- New FDA recommendations only apply to the use of LABAs in the treatment of asthma. These do not apply to use in COPD.
- The use of LABAs is contraindicated without the use of an asthma controller medication such as an inhaled corticosteroid. Single-ingredient LABAs should only be used in combination with an asthma controller medication; they should not be used alone.
- LABAs should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications.
- LABAs should be used for the shortest duration of time required to achieve control of asthma symptoms and discontinued, if possible, once asthma control is achieved. Patients should then be maintained on an asthma controller medication.
- LABAs should not be started in patients with acutely deteriorating asthma.

FDA advocates a "step-down" approach, recommending that the use of LABAs be discontinued once asthma control is achieved. REFER TO NYS DOCCS ASTHMA PRIMARY CARE PRACTICE GUIDELINE.

Oral Vitamin K (Phytonadione, Mephyton)

Management of Elevated INR in Patients Receiving Warfarin In NYS DOCCS Facilities

Condition	Recommended Intervention
INR above therapeutic range but less than 4.5 No evidence of bleeding	Reduce or skip warfarin dose Monitor INR Resume warfarin when INR therapeutic If only minimally above therapeutic range, recheck INR with same dose
INR equal to or greater than 4.5 but less than or equal to 10 No evidence of bleeding	Hold 1-2 doses of warfarin Monitor INR Resume warfarin at a lower dose when INR therapeutic Vitamin K not routinely recommended if no evidence of bleeding Vitamin K can be used if urgent surgery is needed or if bleeding risk is high
INR equal to or greater than 10 No evidence of bleeding	Hold warfarin Give vitamin K 2.5mg-5mg by mouth Monitor INR more frequently Resume warfarin at a lower dose when the INR therapeutic
Warfarin-associated major bleeding	Hold warfarin, transport to hospital for treatment

Adapted from the American College of Chest Physicians 2012 Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed ACCP Guidelines

Varenicline (Chantix)

Not approved in NYS DOCCS

Nutraceuticals, Herbal Products, Alternative Supplements

See HSPM 3.09

Vitamins

See HSPM 1.02

Topical Moisturizers

- Use requires a documented medical condition.
- Use limited to eczema, xerosis in HIV offenders, liver and kidney disease, diabetes, ichthyosis

CMO approval requirements for specific therapies

When evaluating medical necessity, Health Services will not approve any treatment that is considered cosmetic only. In addition to the specific medication restrictions outlined in HSPM 3.02, certain therapies require the approval of the Chief Medical Officer as follows:

1. Human Growth Hormone
2. Weight Control Medications
3. Hormone therapy for use in gender identity disorder (HSPM 1.31)
4. Hepatitis-C therapy requires prior approval through submission of the e-Form "Hep C Drug" for pegylated interferon, ribavirin, or other anti-HCV therapy (Hepatitis-C Primary Care Guidelines)
5. Short course treatment of latent tuberculosis infection(Ie: rifapentine) (HSPM 1.18)

COX-2 inhibitors

The use of a COX-2 inhibitor requires prior approval using eForm "NFCOX-2".

Gabapentin (Neurontin)

- requires a diagnosis on the prescription
- nurse administered
- nonformulary for OMH diagnosis and use

Maraviroc (Selzentry) HIV-CCR5 receptor assay testing prior to therapy initiation

HIV CCR5-receptor testing is required before considering the use of maraviroc.

If the patient qualifies for maraviroc therapy based on the results of testing (the patient's HIV subspecies has a CCR5 tropism), then prior approval must be obtained.

- Patient must be under the care of an HIV specialist who recommends testing for maraviroc use.
- Access the eForm "TROPISMCCR5".
- If testing is approved, a "medical necessity and authorization of services for HIV coreceptor tropism identification" form will be faxed to the requesting facility and it will be signed as approved by RMD. This form must be completed and accompany the specimen.
- Results must accompany any nonformulary request.

- The medication is indicated for naïve patients only. Non-Infectious Disease Specialist prescribers may only initiate new prescriptions for *naïve* patients.
- All prescriptions must state *"naïve"* or "*experienced"* medication status on the face of the prescription.
- If the medication regimen is a continuation from a newly committed offender, the prescriber must indicate *"continuation of care"* on the prescription.
- An Infectious Disease Specialist may prescribe or recommend for naïve or experienced patients but the "IFD" credentials must be noted on the prescription.

TNF-alpha antagonist drugs

TNF-alpha antagonist drugs {etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira), certolizumab pegol (Cimzia), golimumab (Simponi)} and tuberculosis (TB) disease – recommendation that a reminder be included for these medications within the nonformulary approval process as follows:

- Individuals placed on TNF-alpha antagonist drugs have a higher risk of progressing from latent TB infection to active TB disease.
- For individuals being treated with a TNF-alpha antagonist, results of a tuberculin skin test (TST) showing induration of greater than or equal to 5mm should be interpreted as positive for TB infection
- Prior to starting a TNF-alpha antagonist, clinicians should review the patient's history.
- Presence of a prior positive TST without treatment for latent TB indicates that treatment for latent TB should be initiated prior to starting TNF-alpha antagonist therapy.

Consider postponing TNF-alpha antagonist therapy until the conclusion of therapy for any TB

Intravenous Monoclonal Antibody Therapy

Intravenous monoclonal antibody therapy is not to be given within the confines of NYS DOCCS facilities.

Tiotropium (Spiriva) and Formoterol (Foradil)

Nurse administered (1:1) medications. These devices contain internal sharp metal parts.

NYS DOCCS Injectable Formulary

Drug Name	Brand	Strength
ceftriaxone inj.	Rocephin	1gm
ceftriaxone	Rocephin	1gm
dextrose 50% syringe	dextrose	0.5gm/mL
diphenhydramine inj.	Benadryl	50mg/mL
enfuvirtide inj.	Fuzeon	90mg
enoxaparin inj.	Lovenox	30,40,60,80,100mg
epinephrine inj. 1:1000	Adrenalin	1mg/mL
epoeitin alfa inj.	Epogen, Procrit	multiple strengths
filgrastim inj.	Neupogen	300mcg/mL, 480mcg/1.6mL
fluphenazine decanoate	Prolixin	25mg/mL
fluphenazine inj.	Prolixin	2.5mg/mL
furosemide inj.	Lasix	40mg/mL
glucagon inj.	Glucagon	1mg/mL
haloperidol decanoate inj.	Haldol	50mg/mL, 100mg/mL
haloperidol inj.	Haldol	5mg/mL

* NYS DOCCS policy states nurses will not administer any formulary or nonformulary product IV push.

Products for Nurse Administration

IM	SC	Intermittent IV Infusion \ dilution \ diluent \ rate			
IM		IV	50mL	D5W or NS	over 30 min.
		IV	50mL	D5W or NS	over 30 min.
		IV	dilution not required		3mL over 1 minute (50mL over 17 min.)
IM					
	SC				
	SC				
IM	SC	for hypersensitivity / anaphylaxis			
	SC		IV by contract dialysis staff only		
	SC				
IM					
IM					
IM		IV	50mL	NS only	over 10 minutes
IM	SC		do not add to IV solutions		
IM					
IM					

Key
NS = 0.9% sodium chloride
D5W = dextrose 5% in water

IM = intramuscular injection
SC = subcutaneous injection
IV = intermittent IV infusion

NYS DOCCS Injectable Formulary

Drug Name	Brand	Strength
heparin lock flush	Hep-Lock	10units/mL, 100units/mL
hepatitis A vaccine	Havrix	50units/mL
hepatitis B vaccine	EngerixB	20mcg/mL
hydroxyzine inj.	Vistaril	50mg/mL
influenza vaccine	various	
insulin, all inj.	several	100 units/mL
peg-interferon alfa-2A inj.	Pegasys	180mcg/mL
interferon alfa-2B inj.	Intron A	3 mu/0.5mL
ketorolac inj.	Toradol	60mg/2mL
lidocaine inj.	Xylocaine	1%, 2%
lidocaine w/epinephrine inj.	Xylocaine/epi	1%, 2% / 1:100,000
lorazepam inj.	Ativan	2mg/mL
measles/mumps/rubella	MMR II	
methylprednisolone acetate inj.	Depo-Medrol	40mg/mL, 80mg/mL
methylprednisolone sodium succinate inj.	Solu-Medrol	125mg/2mL

* NYS DOCCS policy states nurses will not administer any formulary or nonformulary product IV push.

Products for Nurse Administration

IM	SC	Intermittent IV Infusion \ dilution \ diluent \ rate			
			for use in IV access devices only		
IM					
IM					
IM					
IM					
	SC				
	SC				
IM	SC				
IM					
			given by prescriber for local anesthesia only		
			given by prescriber for local anesthesia only		
IM					
	SC				
IM					
IM		IV	100mL	D5W or NS	over 30 min.

Key
NS = 0.9% sodium chloride
D5W = dextrose 5% in water

IM = intramuscular injection
SC = subcutaneous injection
IV = intermittent IV infusion

NYS DOCCS Injectable Formulary

Drug Name	Brand	Strength
morphine sulfate inj.	morphine	10mg/mL
naloxone inj.	Narcan	0.4mg/mL
olanzapine inj.	Zyprexa	10mg/2mL
penicillin G benzathine	Bicillin LA	2.4 mu/4mL
pneumococcal vaccine	Pneumovax-23	25mcg / 0.5mL
prochlorperazine inj.	Compazine	5mg/mL
promethazine inj.	Phenergan	25mg/mL
risperidone inj.	Risperdal Consta	25,37.5,50mg
sulfamethoxazole / trimethoprim injection	Bactrim IV	400mg-80mg/5mL
tetanus and diphtheria	Tenivac	
tuberculin purified protein	Tubersol	5TU/0.1mL
vancomycin inj.	Vancocin	500mg
vancomycin inj.	Vancocin	1000mg

* NYS DOCCS policy states nurses will not administer any formulary or nonformulary product IV push.

Products for Nurse Administration

IM	SC	Intermittent IV Infusion \ dilution \ diluent \ rate			
IM	SC				
IM	SC	IV	0.4mg / 100mL in D5W or NS, individualize dose		
IM					
IM					
IM	SC				
IM					
IM			for deep IM administration only		
IM					
		IV	400-80mg /125mL	D5W only	125mL over 60-90 min.
IM					
			for intradermal injection only		
		IV	100mL	D5W or NS	over 1 hour
		IV	250mL	D5W or NS	over 2 hours

Key
NS = 0.9% sodium chloride
D5W = dextrose 5% in water

IM = intramuscular injection
SC = subcutaneous injection
IV = intermittent IV infusion

NEW YORK STATE
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION
PHARMACY FORMULARY

4:00 ANTIHISTAMINE DRUGS

	Acetaminophen/Chlorpheniramine/ Phenylephrine (Medicidin-D) Tablets	325mg/2mg/5mg
	Chlorpheniramine Maleate (CHLOR-TRIMETON) Tablets	4mg
	Cyproheptadine (PERIACTIN) Tablets	4mg
	Diphenhydramine (BENADRYL) Capsules	25mg & 50mg
*	Diphenhydramine (BENADRYL) Injection	50mg/mL
	Diphenhydramine (BENADRYL) Liquid (by prescription only)	12.5mg/5mL
	Loratadine (CLARITIN) Tablets (by prescription only)	10mg
	Loratadine/Pseudoephedrine (CLARITIN-D 24 hour) Tablets (by prescription only)	10mg/240mg
*	Promethazine (PHENERGAN) Injection	25mg/mL

8:00 ANTI-INFECTIVE AGENTS

8:12 Antibacterials

8:12:06 Cephalosporins

	Cefaclor (CECLOR) Capsules	250mg
*	Cefazolin (ANCEF) Injection	1gm
*	Ceftriaxone (ROCEPHIN) Injection	250mg & 1gm

* Requires 1:1 administration

	Cefuroxime (CEFTIN) Tablets	250mg & 500mg
	Cephalexin (KEFLEX) Capsules	250mg & 500mg

8:12:12 Macrolides

	Azithromycin (ZITHROMAX) Tablets	250mg & 600mg
	Clarithromycin (BIAXIN) Tablets	250mg & 500mg
	Erythromycin Stearate Tablets	250mg

8:12:16 Penicillins

	Amoxicillin (AMOXIL) Capsules	250mg & 500mg
*	Amoxicillin (AMOXIL) Oral Suspension	250mg/5mL
	Amoxicillin/Clavulanate (AUGMENTIN) Tablets	250mg & 500mg & 875 mg
	Dicloxacillin (DYNAPEN) Casules	250mg
*	Penicillin G Benzathine (BICILLIN LA) Injection	2.4mu/4mL
	Penicillin V Potassium (PEN-VEE K) Tablets	250mg & 500mg

8:12:18 Quinolones

	Ciprofloxacin (CIPRO) Tablets	250mg & 500mg & 750mg
	Levofloxacin (LEVAQUIN) Tablets	250mg & 500mg
	Ofloxacin (FLOXIN) Tablets	300mg & 400mg

* Requires 1:1 administration

8:12:20 Sulfonamides

Sulfadiazine (MICROSULFON) Tablets	500mg
Sulfasalazine (AZULFIDINE) Tablets	500mg

8:12:24 Tetracyclines

Doxycycline Hyclate (VIBRAMYCIN) Capsules	50mg
Doxycycline Hyclate (VIBRA-TABS) Tablets	100mg

8:12:28 Miscellaneous Antibacterials

Clindamycin (CLEOCIN) Capsules	150mg
* Vancomycin (VANCOCIN) Injection	500mg, 1000mg

8:14 Antifungals

Fluconazole (DIFLUCAN) Tablets	100mg & 200mg
Itraconazole (SPORANOX) Capsules	100mg
Ketoconazole (NIZORAL) Tablets	200mg
Nystatin (MYCOSTATIN) Oral Suspension	100,000 units/mL

* Requires 1:1 administration

8:16 Antimycobacterials

8:16:04 Antituberculosis Agents

*	Ethambutol (MYAMBUTOL) Tablets	400mg
*	Isoniazid (INH) Tablets	300mg
*	Pyrazinamide (PZA) Tablets	500mg
*	Rifabutin (MYCOBUTIN) Capsules	150mg
*	Rifampin (RIFADIN) Capsules (1:1 only for active or latent TB HSPM 1.18)	300mg
*	Rifapentine (PRIFTIN) Tablets *CMO Prior Approval Required*	150mg

8:16:92 Miscellaneous Antimycobacterials

Dapsone Tablets	100mg

8:18 Antiviral

8:18:08 Antiretrovirals

8:18:08:04 HIV Fusion Inhibitors

*	Enfuvirtide (FUZEON) Injection	90mg
	Maraviroc (SELZENTRY) Tablets - *Prior Approval Required*	150mg & 300mg

* Requires 1:1 administration

8:18:08:08 HIV Protease Inhibitors

Atazanavir (REYATAZ) Capsules	200mg & 300mg
Darunavir (PREZISTA) Tablets	600mg & 800mg
Fosamprenavir (LEXIVA) Tablets	700mg
Indinavir (CRIXIVAN) Capsules	200mg & 400mg
Lopinavir/Ritonavir (KALETRA) Tablets	200mg/50mg
Nelfinavir (VIRACEPT) Tablets	250mg & 625mg
Ritonavir (NORVIR) Capsules	100mg
Ritonavir (NORVIR) Tablets	100mg
Saquinavir (INVIRASE) Tablets	500mg
Saquinavir (INVIRASE) Hard Gelcaps	200mg

8:18:08:12 Integrase Inhibitors

Raltegravir (ISENTRESS) Tablets	400mg
Elvitegravir/Cobicistat/ Emtricitabine/ Tenofovir (STRIBILD) Tablets	150mg/150mg/ 200mg/300mg

* Requires 1:1 administration

8:18:08:16 Nonnucleoside Reverse Transcriptase Inhibitors

Delavirdine (RESCRIPTOR) Tablets	200mg
Efavirenz (SUSTIVA) Capsules	600mg
Etravirine (INTELENCE) Tablets	100mg
Nevirapine (VIRAMUNE) Tablets	200mg
Nevirapine XR (VIRAMUNE XR) Tablets	400mg
Rilpivirine (EDURANT) Tablets	25mg

8:18:08:20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors

Abacavir (ZIAGEN) Tablets	300mg
Abacavir/Lamivudine (EPZICOM) Tablets	600mg/300mg
Abacavir/Lamivudine/ Zidovudine (TRIZIVIR) Tablets	300mg/150mg/ 300mg
Didanosine (VIDEX EC) Capsules	250mg & 400mg
Efavirenz/Emtricitabine/ Tenofovir (ATRIPLA) Tablets	600mg/200mg/ 300mg
Elvitegravir/Cobicistat/ Emtricitabine/ Tenofovir (STRIBILD) Tablets	150mg/150mg/ 200mg/300mg
Emtricitabine (EMTRIVA) Capsules	200mg
Emtricitabine/Tenofovir (TRUVADA) Tablets	200mg/300mg
Emtricitabine/Rilpivirine/ Tenofovir (COMPLERA) Tablets	200mg/25mg/ 300mg

* Requires 1:1 administration

Lamivudine (EPIVIR) Tablets	150mg & 300mg
Lamivudine/Zidovudine (COMBIVIR) Tablets	150mg/300mg
Stavudine (ZERIT) Capsules	20mg & 30mg & 40mg
Tenofovir (VIREAD) Tablets	300mg
Zidovudine (RETROVIR) Capsules	100mg & 300mg

8:18:20 Interferons

* Interferon alfa-2b (INTRON A) Injection	3 million units
* Peg-interferon alfa-2a (PEGASYS) Injection - *Prior Approval Required*	180mcg

8:18:32 Nucleosides and Nucleotides

Acyclovir (ZOVIRAX) Capsules	200mg
Acyclovir (ZOVIRAX) Tablets	800mg
Adefovir Dipivoxil (HEPSERA) Tablets	10mg
Entecavir (BARACLUDE) Tablets	0.5mg & 1mg
Famiciclovir (FAMVIR) Tablets	250mg & 500mg
* Ribavirin (REBETOL) Capsules - *Prior Approval Required*	200mg

8:18:40 HCV Protease Inhibitors

* Boceprevir (VICTRELIS) Capsules	200mg
* Telaprevir (INCIVEK) Tablets	375mg

* Requires 1:1 administration

8:30 Antiprotozoals

8:30:08 Antimalerials

Hydroxychloroquine (PLAQUENIL) Tablets	200mg
Pyrimethamine (DARAPRIM) Tablets	25mg

8:30:92 Miscellaneous Antiprotozoals

Atovaquone (MEPRON) Suspension	750mg/5mL
Metronidazole (FLAGYL) Tablets	250mg & 500mg
* Pentamidine (NEBUPENT) Inhalation	300mg
* Sulfamethoxazole/Trimethoprim (BACTRIM IV) Injection	400mg/ 80mg/5mL
Sulfamethoxazole/Trimethoprim (BACTRIM) Suspension	200mg/ 40mg/5mL
Sulfamethoxazole/Trimethoprim (BACTRIM-DS) Tablets	800mg/ 160mg

8:36 Urinary Anti-Infectives

Nitrofurantoin Monohydrate Macrocrystals (MACROBID) Capsules	100mg

* Requires 1:1 administration

10:00 ANTINEOPLASTIC AGENTS

Bicalutamide (CASODEX) Tablets	50mg
Hydroxyurea (HYDREA) Capsules	500mg
Megestrol (MEGACE) Suspension	40mg/mL
Mercaptopurine (PURINETHOL) Tablets	50mg
Methotrexate Tablets	2.5mg

12:00 AUTONOMIC DRUGS

12:04 Parasympathomimetic (Cholinergic) Agents

Bethanechol (URECHOLINE) Tablets	10mg & 25mg & 50mg
Pyridostigmine (MESTINON) Tablets	60mg
Pyridostigmine ER (MESTINON TIMESPAN) Tablets	180mg

12:08 Anticholinergic Agents

12:08:04 Antiparkinsonian Agents

* Benztropine (COGENTIN) Injection	1mg/mL
Benztropine (COGENTIN) Tablets	0.5mg & 1mg & 2mg
* Trihexyphenidyl (ARTANE) Elixir (contains alcohol)	2mg/5mL
Trihexyphenidyl (ARTANE) Tablets	2mg

* Requires 1:1 administration

12:08:08 Antimuscarinics/Antispasmodics

	Dicyclomine (BENTYL) Capsules	10mg
	Dicyclomine (BENTYL) Tablets	20mg
	Ipratropium (ATROVENT) Oral HFA Inhaler	17mcg per actuation
*	Ipratropium (ATROVENT) Solution for Inhalation	0.5mg/2.5mL
	Ipratropium/Albuterol (COMBIVENT) HFA Oral Inhaler	18mcg/103mcg per actuation

12:12 Sympathomimetic (ADRENERGIC) Agents

*	Albuterol (VENTOLIN) Solution for Inhalation	0.083%
	Albuterol HFA Oral Inhaler (PROVENTIL HFA - brand only)	90mcg per actuation
*	Epinephrine (ADRENALIN CHLORIDE) for subcutaneous Injection	1MG/Ml 1:1000
	Pseudoephedrine (SUDAFED) Tablets (by prescription only)	30mg
	Salmeterol (SERVENT) Diskus Oral Inhaler	50mcg per Inhalation
	Terbutaline (BRETHINE) Tablets	5mg

12:16 Sympatholytic (ADRENERGIC BLOCKING) Agents

12:16:04 Alpha Adrenergic Blocking Agents

12:16:04:12 Selective Alpha Adrenergic Blocking Agents

Tamsulosin (FLOMAX) Capsules	0.4mg

* Requires 1:1 administration

12:20 Skeletal Muscle Relaxants

Baclofen (LIORESAL) Tablets 10mg
(Rx diagnosis required)

Cyclobenzaprine (FLEXERIL) Tablets 10mg
(Rx diagnosis required: *limit 30 days, NR*)

Methocarbamol (ROBAXIN) Tablets 500mg & 750mg
(Rx diagnosis required: *limit 30 days, NR*)

20:00 BLOOD FORMATION AND COAGULATION

20:04 Antianemia Drugs

20:04:04 Iron Preparations

Ferrous Sulfate (FEOSOL) Tablets 325mg

* Sodium Ferric Gluconate Complex (FERRLECIT) Injection 12.5mg/mL
(for use by contract dialysis staff only)

* Iron Sucrose (VENOFER) Injection 20mg/mL
(for use by contract dialysis staff only)

20:12 Antithrombotic Agents

20:12:04 Anticoagulants

* Enoxaparin (LOVENOX) Injection 30mg & 40mg & 60mg & 80mg & 100mg

* Heparin Lock Flush 10units/mL & 100units/mL

* Warfarin (COUMADIN) Tablets 1mg & 2mg & 2.5mg & 3mg & 5mg & 6mg & 7.5mg
(~~Taro~~ brand only) (see HSPM 3.02)
(Upsher-Smith unit dose)

Clopidogrel (PLAVIX) Tablets 75mg

* Requires 1:1 administration

20:12:18 Platelet-Aggregation Inhibitors

Cilostazol (PLETAL) Tablets 50mg & 100mg

20:12:20 Thrombolytic Agents

* Alteplase (CATHFLO) Injection 2mg
(for use by contract dialysis staff only)

20:16 Hematopoietic Agents

* Epoetin Alfa (EPOGEN) Injection 2,000units/mL & 4,000units/mL & 10,000units/mL & 20,000units/mL & 40,000units/mL

* Filgrastim (NEUPOGEN) Injection 300mcg & 480mcg

20:24 Hemorrheologic Agents

Pentoxifylline (TRENTAL) Tablets 400mg

24:00 CARDIOVASCULAR DRUGS

24:04 Cardiac Drugs

24:04:08 Cardiotonic Agents

Digoxin (LANOXIN) Tablets (J. Stevens generic only) 0.125mg & 0.25mg

24:04:20 Class III Antiarrhythimic

Amiodarone (CORDARONE) Tablets 200mg

* Requires 1:1 administration

24:06 Antilipemic Agents

24:06:04 Bile Acid Sequestrants

Cholestyramine SF (QUESTRAN LIGHT) Packets	4gm

24:06:05 Cholesterol Absorbtion Inhibitors

Ezetimibe (ZETIA) tablets	10mg

24:06:06 Fibric Acid Derivatives

Gemfibrozil (LOPID) Tablets	600mg

24:06:08 HMG-CoA Reductase Inhibitors

Atorvastatin (LIPITOR) Tablets	10mg & 20mg & 40mg
Lovastatin (MEVACOR) Tablets	10mg & 20mg & 40mg
Pravastatin (PRAVACHOL) Tablets	20mg & 40mg & 80mg

24:06:92 Antilipemic Agents, Miscellaneous

Niacin (NIASPAN) Extended Release Tablets (NIASPAN – brand only)	500mg

24:08 Hypotensive Agents

24:08:16 Central Alfa-agonists

Clonidine (CATAPRES) Tablets	0.1mg & 0.2mg & 0.3mg
Methyldopa (ALDOMET) Tablets	250mg

24:08:20 Direct Vasodilators

Hydralazine (APRESOLINE) Tablets	10mg & 25mg & 50mg
Minoxidil (LONITEN) Tablets	2.5mg & 10mg

* Requires 1:1 administration

24:12 Vasodilating Agents

24:12:08 Nitrates and Nitrites

Isosorbide Dinitrate (ISORDIL) Oral Tablets	10mg & 20mg
Isosorbide Mononitrate (IMDUR) ER Tablets	30mg & 60mg
Nitroglycerin Ointment	2%
Nitroglycerin Sublingual (NITROSTAT brand only) Tablets	0.4mg
Nitrogylycerin (TRANSDERM NITRO) Patch	0.1mg/hr & 0.2mg/hr & 0.4mg/hr & 0.6mg/hr

24:12:92 Vasodilating Agents, Miscellaneous

Dipyridamole (PERSANTINE) Tablets	25mg

24:20 Alfa-Adrenergic Blocking Agents

Doxazosin (CARDURA) Tablets	1mg & 2mg & 4mg & 8mg

24:24 Beta-Adrenergic Blocking Agents

Atenolol (TENORMIN) Tablets	25mg & 50mg & 100mg
Carvedilol (COREG) Tablets	3.125mg & 6.25mg &12.5mg & 25mg
Labetalol (TRANDATE) Tablets	100mg & 200mg & 300mg
Nadolol (CORGARD) Tablets	20mg
Metoprolol (LOPRESSOR) Tablets	25mg & 50mg & 100mg
Propranolol (INDERAL) Tablets	10mg & 20mg & 40mg

* Requires 1:1 administration

24:28 Calcium-Channel Blocking Agents

24:28:08 Dihydropyridines

Amlodipine (NORVASC) Tablets	2.5mg & 5mg & 10mg
Nifedipine (PROCARDIA) Capsules	10mg
Nifedipine CC (ADALAT CC) Tablets	30mg & 60mg & 90mg

24:28:92 Calcium-Channel Blocking Agents, Miscellaneous

Diltiazem (CARDIZEM) Tablets	30mg & 60mg & 90mg
Diltiazem XR (DILACOR XR) Capsules	120mg & 180mg & 240mg
Verapamil (CALAN) Tablets	120mg
Verapamil SR (CALAN SR) Tablets	120mg & 180mg & 240mg

24:32 Renin-Angiotensin-Aldosterone System Inhibitors

24:32:04 Angiotensin-Converting Enzyme Inhibitors

Captopril (CAPOTEN) Tablets	12.5mg & 25mg & 50mg
Enalapril (VASOTEC) Tablets	2.5mg & 5mg & 10mg & 20mg
Lisinopril (ZESTRIL, PRINIVIL) Tablets	2.5mg & 5mg & 10mg & 20mg & 30mg & 40mg
Ramipril (ALTACE) Capsules	2.5mg & 5mg

* Requires 1:1 administration

& 10mg

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08 Analgesics and Antipyretics

28:08:04 Nonsteroidal Anti-Inflammatory Agents

	Aspirin EC Tablets (ECOTRIN)	81mg
	Aspirin Tablets	325mg
	Aspirin EC (ECOTRIN) Tablets	325mg
	Diclofenac (VOLTAREN) Tablets	50mg & 75mg
	Ibuprofen (MOTRIN) Tablets	200mg & 400mg & 600mg
	Indomethacin (INDOCIN) Capsules	25mg
*	Ketorolac (TORADOL) Injection	60mg/2mL
	Naproxen (NAPROSYN) Tablets	375mg & 500mg
	Piroxicam (FELDENE) Capsules	10mg & 20mg

* Requires 1:1 administration

28:08:08 Opiate Agonists

*	Acetaminophen/ Codeine Phosphate (TYLENOL w/CODEINE) Elixir	120mg/12mg/ 5mL
*	Acetaminophen/ Codeine Phosphate (TYLENOL #3) Tablets	300mg/30mg
*	Codeine Sulfate Tablets	30mg
*	Methadone (DOLOPHINE) Tablets (Restricted to RMU)	5mg & 10mg
*	Morphine Sulfate Oral Solution (ROXANOL)(Roxane brand only) (smallest available size- currently 15mL)	20mg/mL (100mg/5mL)
*	Morphine Sulfate Injection	10mg/mL
*	Morphine Sulfate ER (MS CONTIN) Tablets	15mg & 30mg & 60mg
*	Oxycodone/Acetaminophen (PERCOCET) Tablets	5mg/325mg
*	Tramadol (ULTRAM) Tablets	50mg

28:08:92 Analgesics and Antipyretics, Miscellaneous

	Acetaminophen (TYLENOL) Elixir	160mg/5mL
	Acetaminophen (TYLENOL) Suppositories	650mg
	Acetaminophen (TYLENOL) Tablets	325mg
*	Butalbital/Acetaminophen/ Caffeine (FIORICET) Tablets	50mg/325mg/ 40mg

28:10 Opiate Antagonists

*	Naloxone (NARCAN) Injection	0.4mg/mL

* Requires 1:1 administration

28:12 Anticonvulsants

28:12:04 Barbiturates

*	Phenobarbital Tablets	32.4mg
*	Primidone (MYSOLINE) Tablets	50mg & 250mg

28:12:08 Benzodiazepines

*	Clonazepam (KLONOPIN) Tablets	0.5mg & 1mg & 2mg

28:12:12 Hydantoins

Phenytoin Sodium Extended (DILANTIN) Capsules (Mylan brand only)	100mg
Phenytoin (DILANTIN) Oral Suspension (Taro brand only)	100mg/4mL

28:12:92 Anticonvulsants, Miscellaneous

	Carbamazepine (TEGRETOL) Tablets (Taro brand only)	100mg & 200mg
	Divalproex Sodium (DEPAKOTE) Tablets	250mg & 500mg
	Divalproex Sodium ER (DEPAKOTE ER) Tablets	250mg & 500mg
*	Gabapentin (NEURONTIN) Capsules (OMH approval required for mental health use)	100mg & 300mg & 400mg
*	Gabapentin (NEURONTIN) Tablets (OMH approval required for mental health use)	600mg & 800mg
	Levetiracetam (KEPPRA) Tablets	250mg & 500mg & 750mg & 1,000mg
	Lamotrigine (LAMICTAL) Tablets	25mg & 100mg & 150mg & 200mg

* Requires 1:1 administration

Valproic Acid (DEPAKENE) Liquid	250mg/5mL
Topiramate (TOPAMAX) Tablets	25mg & 50mg & 100mg & 200mg

28:16 Psychotherapeutic Agents

28:16:04 Antidepressants

*	Amitriptyline (ELAVIL) Tablets (OMH approval required for mental health use)	10mg & 25mg & 50mg & 75mg
*	Bupropion (WELLBUTRIN) Tablets	75mg & 100mg
*	Bupropion HCl SR (WELLBUTRIN SR) Tablets	100mg & 150mg
*	Citalopram (CELEXA) Tablets	10mg & 20mg & 40mg
*	Fluoxetine (PROZAC) Capsules	10mg & 20mg
*	Mirtazapine (REMERON) Tablets	15mg & 30mg & 45mg
*	Nortriptyline (PAMELOR) Capsules (OMH approval required for mental health use)	25mg & 50mg & 75mg
*	Paroxetine HCl (PAXIL) Tablets	20mg & 30mg
*	Sertraline (ZOLOFT) Tablets	50mg & 100mg
*	Trazodone (DESYREL) Tablets	50mg & 100mg & 150mg
*	Venlafaxine (EFFEXOR) Tablets	75mg
*	Venlafaxine XR (EFFEXOR XR) Tablets	37.5mg & 75mg

* Requires 1:1 administration

28:16:08 Antipsychotics

*	Aripiprazole (ABILIFY) Tablets	5mg & 10mg & 15mg & 20mg & 30mg
*	Chlorpromazine (THORAZINE) Tablets	25mg & 50mg & 100mg
*	Clozapine (CLOZARIL) Tablets (level 1 mental health only)	25mg & 100mg & 200mg
*	Fluphenazine (PROLIXIN) Liquid	5mg/mL
*	Fluphenazine Decanoate (PROLIXIN) Injection	25mg/mL
*	Fluphenazine HCl (PROLIXIN) Injection	2.5mg/mL
*	Fluphenazine (PROLIXIN) Tablets	2.5mg & 5mg & 10mg
*	Haloperidol (HALDOL) Injection	5mg/mL
*	Haloperidol (HALDOL) Oral Solution	2mg/mL
*	Haloperidol (HALDOL) Tablets	2mg & 5mg & 10mg
*	Haloperidol Decanoate (HALDOL) Injection	50mg/mL & 100mg/mL
*	Olanzapine (ZYPREXA) Tablets	5mg & 7.5mg & 10mg & 15mg & 20mg
*	Olanzapine (ZYPREXA ZYDIS) Orally Disintegrating Tablet	10mg & 15mg
*	Olanzapine (ZYPREXA IM) Injection (for Level 1 Mental Health Units only)	10mg/2mL
*	Perphenazine (TRILAFON) Tablets	2mg & 4mg & 16mg

* Requires 1:1 administration

* Prochlorperazine (COMPAZINE) Suppositories 25mg

* Quetiapine (SEROQUEL) Tablets 25mg& 100mg & 200mg & 300mg *

* Risperidone (RISPERDAL) Tablets 0.5mg & 1mg & 2mg & 3mg & 4mg

* Risperidone (RISPERDAL CONSTA) Injection 25mg & 37.5mg & 50mg

* Thiothixene (NAVANE) Capsules 5mg

* Trifluoperazine (STELAZINE) Tablets 5mg

* Ziprasidone (GEODON) Capsules 20mg & 40mg & 80mg

28:20 Anorexigenic Agents and Respiratory and Cerebral Stimulants

28:20:32 Respiratory and CNS Stimulants

* Ammonia Spirit Aromatic Inhalants

28:24 Anxiolytics, Sedatives and Hypnotics

28:24:08 Benzodiazepines

* Alprazolam (XANAX) Tablets 0.25mg & 1mg

* Lorazepam (ATIVAN) Injection 2mg/mL

* Lorazepam (ATIVAN) Tablets 1mg

* Requires 1:1 administration

28:24:92 Anxiolytics, Sedatives and Hypnotics, Miscellaneous

*	Buspirone (BUSPAR) Tablets	5mg & 10mg & 15mg
*	Hydroxyzine HCL (ATARAX) Injection	50mg/mL
*	Hydroxyzine HCL (ATARAX) Syrup	10mg/5mL
*	Hydroxyzine HCL (ATARAX) Tablets	10mg
*	Hydroxyzine Pamoate (VISTARIL) Capsules	25mg & 50mg
*	Promethazine (PHENERGAN) Injection	25mg/mL

28:28 Antimanic Agents

*	Lithium Carbonate (ESKALITH)	300mg
*	Lithium Citrate (CIBALITH-S) Syrup	300mg/5mL

28:32 Antimigraine Agents

Sumatriptan (IMITREX) Tablets	25mg & 50mg

28:36 Antiparkinsonian Agents

28:36:16 Dopamine Precursors

Carbidopa-levodopa (SINEMET) Tablets	25-100mg & 25-250mg
Carbidopa-levodopa CR (SINEMET-CR) Tablets	25-100mg & 50-200mg

28:92 Central Nervous System Agents, Miscellaneous

*	Atomoxetine (STRATTERA) Capsules	40mg & 60mg

* Requires 1:1 administration

36:00 DIAGNOSTIC AGENTS

36:84 Tuberculosis

*	Tuberculin Purified Protein Derivative (TUBERSOL) Injection	5 Test Units/0.1mL

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08 Alkalinizing Agents

	Sodium Bicarbonate Tablets	650mg

40:10 Ammonia Detoxicants

	Lactulose Syrup (CHRONULAC)	10gm/15mL

40:12 Replacement Preparations

	Calcium Carbonate (TUMS) Tablets Chewable	Delivers 200mg Elemental Calcium
	Calcium Carbonate + Vitamin D (OSCAL + D) Tablets	500mg/200IU
	Calcium Acetate (PHOSLO) Capsules	667mg
*	Lactated Ringers Injection	1000mL
	Potassium Chloride CR (SLOW K) Tablets	600mg (8mEq)
*	Sodium Chloride 0.9% Sterile Injection	10mL & 1000mL
*	Sodium Chloride 0.9% Sterile Injection Prefilled Syringe (BD PosiFlush Only)	5mL
*	Sodium Chloride 0.9% Minibags Addvantage Injection	50mL & 100mL & 250mL

40:18 Ion-Removing Agents

*	Sodium Polystyrene Sulfonate (KAYEXALATE) Suspension (dialysis use only)	15gm/60mL
	Sevelamer HCl (RENAGEL) Tablets	400mg & 800mg

* Requires 1:1 administration

40:20 Caloric Agents

* Dextrose 5% in 0.45% Sodium Chloride Injection	1000mL
* Dextrose 5% in 0.9% Sodium Chloride Injection	1000mL
* Dextrose 5% in Water for Injection	1000mL
* Dextrose 50% Prefilled Syringe	50mL
Glucose (GLUTOSE) Gel	40% (W/W)

40:28 Diuretics

40:28:08 Loop Diuretics

* Furosemide (LASIX) Injection	40mg/4mL
Furosemide (LASIX) Tablets	20mg & 40mg & 80mg

40:28:16 Potassium-sparing Diuretics

Spironolactone (ALDACTONE) Tablets	25mg
Spironolactone with Hydrochlorothiazide (ALDACTAZIDE) Tablets	25mg/25mg
Triamterene with Hydrochlorothiazide (MAXZIDE 25) Tablets	37.5mg/25mg
Triamterene with Hydrochlorothiazide (MAXZIDE) Tablets	75mg/50mg

40:28:20 Thiazide Diuretics

Hydrochlorothiazide (MICROZIDE) Capsules	12.5mg
Hydrochlorothiazide (ESIDRIX) Tablets	25mg & 50mg

* Requires 1:1 administration

40:28:24 Thiazide-like Diuretics

Metolazone (ZAROXOLYN) Tablets	2.5mg & 5mg

40:36 Irrigating Solutions

* Sodium Chloride 0.9% for Irrigation	1000mL
* Sterile Water for Irrigation	1000mL

48:00 RESPIRATORY TRACT AGENTS

48:10 Anti-inflammatory Agents

48:10:24 Leukotriene Modifers

Zafirlukast (ACCOLATE) Tablets	20mg

48:10:32 Mast-cell Stabilizers

Cromolyn (NASALCROM) Nasal Inhaler	5.2mg/spray

48:08 Antitussives

Guaifenesin with Dextromethorphan (ROBITUSSIN DM) Syrup (alcohol free/sugar free) (by prescription only, 4 ounces only, no refills)	100mg/10mg/5mL

48:16 Expectorants

Guaifenesin (ROBITUSSIN) Syrup (alcohol free/sugar free)	100mg/5mL
Guaifenesin SR (MUCINEX) Tablets	600mg

* Requires 1:1 administration

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04 Anti-Infectives

52:04:04 Antibacterials

Acetic Acid (VOSOL OTIC) Otic Solution	2%
Erythromycin (ILOTYCIN) Ophthalmic Ointment	5%
Gentamicin (GARAMYCIN) Ophthalmic Ointment	0.3%
Gentamicin (GARAMYCIN) Ophthalmic Solution	0.3%
Neomycin/Polymyxin B/ Bacitracin (TRIPLE ANTIBIOTIC) Ophthalmic Ointment	3.5mg/10,000units/ 400units/gm
Neomycin/Polymyxin B/ Gramicidin (NEOSPORIN) Ophthalmic Solution	1.75mg/10,000units/ 0.025mg/mL
Ofloxacin (OCUFLOX) Ophthalmic Solution	0.3%
Sodium Sulfacetamide (SODIUM SULAMYD) Ophthalmic Solution	10%
Tobramycin (TOBREX) Ophthalmic Solution	0.3%
Polymyxin B/ Trimethoprim (POLYTRIM) Ophthalmic Solution	10,000units/mL/ 1mg/mL

52:04:92 Anti-Infectives, Miscellaneous

Carbamide Peroxide (GLYOXIDE) Oral Rinse	10%
Carbamide Peroxide (DEBROX) Otic Solution	6.5%

* Silver Nitrate Sticks

* Requires 1:1 administration

52:08 Anti-Inflammatory Agents

52:08:08 Corticosteroids

Acetic Acid/Hydrocortisone (VOSOL HC OTIC) Solution	2%/1%
Dexamethasone Sodium Phosphate (DECADRON) Ophthalmic Solution	0.1%
Dexamethasone/Tobramycin (TOBRADEX) Ophthalmic Suspension	0.1%/0.3%
Flunisolide Nasal Solution	25mcg/actuation
Hydrocortisone/Neomycin Sulfate/Polymyxin B Otic Suspension (CORTISPORIN OTIC)	1%/3.5mg 10,000units/mL
Neomycin/Polymyxin B/ Hydrocortisone Ophthalmic Suspension	3.5mg/10,000units/ 10mg/mL
Neomycin/Polymyxin B/ Bacitracin / Hydrocortisone Ophthalmic Ointment	3.5mg/10,000units/ 400units/1%/gm
Prednisolone Acetate (PRED-FORTE) Ophthalmic Suspension	1%
Prednisolone Sodium Phophate/Sulfacetamide Sodium (VASOCIDIN) Opthalmic Solution	2.5mg/mL/ 100mg/mL
Triamcinolone Acetonide AQ (NASOCORT AQ) Nasal Inhaler	55mcg per actuation

* Requires 1:1 administration

52:08:20 Nonsteroidal Anti-inflammatory Agents

Ketorolac (ACULAR) Ophthalmic Solution	0.5%

52:16 Local Anesthetics

Benzocaine/Antipyrine Otic Solution	1.4%/5.4%
Benzocaine (ORABASE-B) Oral Gel	20%
* Tetracaine (ALTACAINE) Ophthalmic Solution	0.5%

52:24 Mydriatics

Atropine (ISOPTO ATROPINE) Ophthalmic Solution	1%
Brimonidine (ALPHAGAN) Ophthalmic Solution	0.2%
Cyclopentolate (CYCLOGYL) Ophthalmic Solution	1% & 2%
Tropicamide (MYDRIACYL) Ophthalmic Solution	1%

52:28 Mouthwashes and Gargles

* Hydrogen Peroxide	3%

* Requires 1:1 administration

52:32 Vasoconstrictors

Oxymetazoline (AFRIN) Nasal Spray	0.05%
Phenylephrine (NEOSYNEPHRINE) Nasal Spray	0.5%
Tetrahydrozoline (VISINE) Ophthalmic Solution	0.05%

52:40 Antiglaucoma Agents

52:40:08 Beta-Adrenergic Agents

Timolol (TIMOPTIC) Ophthalmic Solution	0.5%

52:40:12 Carbonic Anhydrase Inhibitors

Acetazolamide (DIAMOX) Tablets	250mg
Dorozolamide HCL (TRUSOPT)	2%
Dorozolamide/Timolol (COSOPT)	2%/0.5%

52:40:28 Prostaglandin Analogs

Bimatoprost (LUMIGAN) Ophthalmic Solution	0.03%
Latanoprost (XALATAN) Ophthalmic Solution	0.005%

52:92 Miscellaneous Eye, Ear, Nose and Throat Drugs

Eye Wash, Sterile (DACRIOSE) Solution	
Sodium Chloride (AYR SALINE) Nasal Solution	0.65%

* Requires 1:1 administration

56:00 GASTROINTESTINAL DRUGS

56:04 Antacids and Adsorbents

*	Charcoal, Activated (LIQUI-CHAR)	25gm
	Magnesium Oxide Tablets (MAG-OX)	400mg
	Aluminum Hydroxide/Magnesium Hydroxide/Simethicone (GELUSIL) Chewable Tablets	200mg/200mg/ 25mg
	Aluminum Hydroxide/Magnesium Hydroxide/Simethicone Liquid Suspension (MAALOX REGULAR, MYLANTA) (Infirmary/RMU use only)	200mg/200mg/ 20mg/5mL
	Aluminum Hydroxide/Magnesium Trisilicate Tablets	80mg/20mg

56:08 Antidiarrhea Agents

	Bismuth Subsalicylate (PEPTO BISMOL) Chewable Tablets	262mg
*	Diphenoxylate/Atropine (LOMOTIL) Tablets	2.5mg/0.025mg
	Loperamide (IMODIUM A-D) Capsules	2mg

56:10 Antiflatulents

	Simethicone (MYLICON) Chewable Tablets	80mg

56:12 Cathartics and Laxatives

Anthraquinones

	Sennosides (SENOKOT) Tablets	8.6mg

Bulk Forming

	Polycarbophil, calcium (FIBERCON, MITROLAN) Tablets	500mg

* Requires 1:1 administration

Psyllium Hydrophilic Mucilloid (METAMUCIL) Powder	3.4gm/tsp
Psyllium Hydrophilic Mucilloid (SUGAR FREE METAMUCIL) Powder	5.8gm/tsp

Diphenylmethane Laxatives

Bisacodyl (DULCOLAX) Suppositories	10mg
Bisacodyl (DULCOLAX) EC Tablets	5mg

Mineral Oil

Mineral Oil Enema

Hyperosmotic Laxatives

*	Polyethylene Glycol 3350 Powder for Solution (MIRALAX)	17gm
*	Polyethylene Glycol and Electrolytes (GO-LYTELY) Solution	4000mL

Saline Laxatives

Magnesium Sulfate (EPSOM SALTS) Granules	
Magnesium Hydroxide (MILK OF MAGNESIA) Suspension	2400mg/30mL
Phosphate Salt - dibasic sodium/ monobasic sodium (FLEET ADULT) Enema	7g/19g/118mL

Stool Softners

Docusate Sodium (COLACE) Capsules	100mg

* Requires 1:1 administration

56:16 Digestants

Amylase/Lipase/Protease (CREON) DR Capsules	6,000units & 12,000units & 24,000units
Lactase (LACTAID) Tablets	3,000 FCC units

56:22 Antiemetics

Meclizine (ANTIVERT) Tablets	12.5mg & 25mg
* Prochlorperazine (COMPAZINE) Tablets	5mg
* Prochlorperazine (COMPAZINE) Suppositories	25mg
* Prochlorperazine (COMPAZINE) Injection	10mg/2mL

56:22:20 5-HT_3 Receptor Antagonists

Ondansetron (ZOFRAN) Tablets	4mg

56:28 Antiulcer Agents and Acid Suppressants

56:28:12 Histamine H2-Antagonists

Cimetidine (TAGAMET) Tablets	400mg
Ranitidine (ZANTAC) Tablets	150mg

56:28:28 Prostaglandins

Misoprostol (CYTOTEC) Tablets	200mcg

56:28:32 Protectants

Sucralfate (CARAFATE) Tablets	1gm

56:28:36 Proton-pump Inhibitors

Omeprazole (PRILOSEC) Capsules (prescription only)	20mg

* Requires 1:1 administration

56:32 Prokinetic Agents

Metoclopramide (REGLAN) Tablets - See medication use section for restrictions	10mg

56:36 Anti-inflamatory Agents

Mesalamine ~~EC (ASACOL) Tablets~~ (DELZICOL) DR CAPSULES	400mg

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04 Adrenals (Not Listed Elsewhere)

	Fluticasone Propionate (FLOVENT) HFA Oral Inhaler	110mcg & 220mg per actuation
	Methylprednisolone 21's (MEDROL DOSE PAK) Tablets	4mg
*	Methylprednisolone Acetate (DEPO-MEDROL) Suspension Injection	40mg/mL & 80mg/mL
*	Methylprednisolone Sodium Succinate (SOLU-MEDROL) Injection	125mg/2mL
	Beclomethasone (QVAR) HFA Oral Inhaler	80mcg per actuation
	Prednisone (ORASONE) Tablets	1mg & 5mg & 10mg & 20mg
	Fluticasone/Salmeterol (ADVAIR) HFA Oral Inhaler	45mcg/21mcg & 115mcg/21mcg & 230mcg/21mcg per actuation

* Requires 1:1 administration

68:12 Estrogen-Progestin Combinations

Monophasic

Ethinyl Estradiol/Desogestrel (RECLIPSEN) Tablets	30mcg/0.15mg

Biphasic

Ethinyl Estradiol/Norethindrone (NECON 10/11) Tablets	35mcg/0.5mg/1mg

Triphasic

Ethinyl Estradiol/Norgestimate (TRI-SPRINTEC) Tablets	35mcg/0.18mg/ 0.215mg/0.25mg

68:16 Estrogens and Antiestrogens

Estrogens, Conjugated (PREMARIN) Tablets	0.625mg & 1.25mg

68:20 Antidiabetic Agents

68:20:04 Biguanides

Metformin (GLUCOPHAGE) Tablets	500mg & 850mg & 1,000mg

68:20:08 Insulins

*	Insulin Glargine, Human (LANTUS) Injection	100units/mL
*	Insulin, NPH Human (NOVOLIN-N) Injection	100units/mL
*	Insulin, NPH/Regular Human (NOVOLIN 70/30) Injection	70/30units/mL
*	Insulin, Regular Human (NOVOLIN R) Injection	100units/mL

* Requires 1:1 administration

68:20:20 Sulfonylureas

Glipizide (GLUCOTROL) Tablets	5mg
Glipizide XL (GLUCOTROL XL) Tablets	5mg &10mg
Glyburide (MICRONASE) Tablets	2.5mg & 5mg

68:20:28 Thiazolidinediones

Pioglitazone (ACTOS) Tablets	15mg & 30mg & 45mg

68:22 Antihypoglycemic Agents

68:22:12 Glycogenolytic Agents

* Glucagon Injection	1mg/mL

68:32 Progestins

* Medroxyprogesterone Acetate (DEPO-PROVERA) Injection	150mg/mL
Medroxyprogesterone Acetate (PROVERA) Tablets	2.5mg & 10mg

* Requires 1:1 administration

68:36 Thyroid and Antithyroid Agents

68:36:04 Thyroid Agents

Levothyroxine (LEVOXYL, LEVO-T, LEVOTHROID, SYNTHROID) Tablets (Mylan brand only)	0.025mg & 0.05mg & 0.075mg & 0.088mg & 0.1mg & 0.125mg & 0.137mg & 0.175mg

68:36:08 Antithyroid Agents

Methimazole (TAPAZOLE) Tablets	5mg & 10mg
Propylthiouracil (PTU) Tablets	50mg

72:00 LOCAL ANESTHETICS

* Lidocaine (XYLOCAINE) Injection	1% & 2%
* Lidocaine with Epinepherine (XYLOCAINE with EPINEPHRINE) Injection	1%/1:100,000 & 2%/1:100,000

* Requires 1:1 administration

80:00 SERUMS, TOXOIDS AND VACCINES

80:08 Toxoids

* Diphtheria and Tetanus Toxoids, Adult (TENIVAC) Injection	
* Tetanus Toxoid and Reduced Diptheria and Acellular Pertussis (ADACEL) Vaccine for Injection	0.5mL

80:12 Vaccines

* Hepatitis A (HAVRIX) Vaccine for Injection	1440 units/mL
* Hepatitis B (ENGERIX-B) Vaccine for Injection	20mcg/mL
Human Pappillomavirus Quadrivalent types 6,11,16,18 (GARDASIL) Vaccine for Injection	120mcg/0.5mL
* Influenza Virus Trivalent Vaccine for Injection	
* Measles/Mumps/Rubella (MMR II) Vaccine for Injection	
* Pneumococcal Polyvalent (PNEUMOVAX-23) Vaccine for Injection	25mcg/0.5mL

* Requires 1:1 administration

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04 Anti-Infectives

84:04:04 Antibacterials

	Bacitracin Ointment	500units/gm
	Clindamycin T (CLEOCIN T) Gel	1%
	Metronidazole (METROCREAM) Cream	0.75%
	Metronidazole (METROGEL) Vaginal Gel	0.75%
	Mupirocin (BACTROBAN) Ointment	2%
	Neomycin/Polymyxin/ Bacitracin (TRIPLE ANTIBIOTIC) Ointment	3.5mg/5000units/ 400units/gm

84:04:08 Antifungals

	Clotrimazole (LOTRIMIN) Cream	1%
	Clotrimazole (LOTRIMIN) Solution	1%
	Clotrimazole (MYCELEX) Troches	10mg
	Econazole (SPECTAZOLE) Cream	1%
	Ketoconazole (NIZORAL) Shampoo	2%
*	Miconazole (FUNGOID) Tincture	2%
	Miconazole Nitrate (MONISTAT 7) Vaginal Cream	2%
	Tolnaftate (TINACTIN) Cream	1%
	Tolnaftate (TINACTIN) Powder	1%

* Requires 1:1 administration

84:04:12 Scabicides and Pediculicides

*	Crotamiton (EURAX) Cream	10%
*	Permethrin (ELIMITE) Cream	5%
*	Pyrethrin/Piperonyl Butoxide (RID MAXIMUM LICE SHAMPOO)	0.33%/4%

84:04:92 Local Anti-Infectives, Miscellaneous

Chlorhexidine Gluconate (HIBICLENS) Cleanser	4%
Selenium Sulfide (SELSUN) Lotion (For Shampoo)	2.5%
Silver Sulfadiazine (SILVADENE) Cream	1%

* Requires 1:1 administration

84:06 Anti-Inflammatory Agents

	Betamethasone Valerate (VALISONE) Cream	0.1%
	Clobetasol Propionate (TEMOVATE) Cream	0.05%
	Clobetasol (TEMOVATE) Ointment	0.05%
	Fluocinolone (SYNALAR) Solution	0.01%
	Fluocinonide (LIDEX) Cream	0.05%
	Fluocinonide (LIDEX) Ointment	0.05%
*	Fluocinonide (LIDEX) Solution (contains alcohol)	0.05%
	Hydrocortisone (HYTONE) Cream	1% & 2.5%
	Hydrocortisone (HYTONE) Ointment	1% & 2.5%
	Hydrocortisone Acetate (ANUSOL-HC) Hemorrhoidal Rectal Suppository	25mg
	Nystatin/Triamcinolone Acetonide (MYCOLOG II) Cream	100,000units/ 0.1%/gm
	Nystatin/Triamcinolone Acetonide (MYCOLOG II) Ointment	100,000units/ 0.1%/gm
	Triamcinolone Acetonide (KENALOG) Cream	0.1%
	Triamcinolone Acetonide (KENALOG) Ointment	0.1%
	Triamcinolone Acetonide in Orabase (KENALOG IN ORABASE) Paste	0.1%

* Requires 1:1 administration

84:08 Antipruritics and Local Anesthetics

	Calamine Lotion	
	Dibucaine (NUPERCAINAL) Ointment	1%
	Phenazopyridine HCL (PYRIDIUM) Tablets	100mg

84:16 Cell Stimulants and Proliferants

	Tretinoin (RETIN A) Cream	0.025% & 0.05% & 0.1%

84:24 Emollients, Demulcents and Protectants

	Ammonium Lactate (LAC-HYDRIN) Lotion	12%
*	Tincture of Benzoin (contains alcohol)	
	Vitamin A and D Ointment	

84:28 Keratolytic Agents

	Coal Tar (ZETAR) Shampoo	1%
	Salicylic Acid (MEDIPLAST) Topical Plaster	40%
*	Salicylic Acid (COMPOUND W) Topical Solution (contains alcohol)	17%

84:80 Sunscreen Agents

	Sunscreen SPF 15 or Higher	

84:92 Skin and Mucous Membrane Agents, Miscellaneous

	Calcipotriene (DOVONEX) Ointment	0.005%
*	Podofilox (CONDYLOX) Gel (contains alcohol)	0.5%

* Requires 1:1 administration

86:00 SMOOTH MUSCLE RELAXANTS

86:12 Genitourinary Smooth Muscle Relaxants

Oxybutynin (DITROPAN) Tablets	5mg

86:16 Respiratory Smooth Muscle Relaxants

Theophylline (THEODUR) ER Tablets	200mg

* Requires 1:1 administration

88:00 VITAMINS

88:08 Vitamin B Complex

	B Complex Tablets (B_1, B_2, B_3, B_5, B_6, B_{12}, C, folic acid)	
*	Cyanocobalamin (VITAMIN B_{12}) Injection	1000mcg/mL
	Folic Acid (FOLATE) Tablets	1mg
	Pyridoxine (VITAMIN B_6) Tablets	50mg
	Thiamine HCL (VITAMIN B_1) Tablets	100mg

88:12 Vitamin C

Ascorbic Acid (VITAMIN C) Tablets	500mg

88:16 Vitamin D

Cholecalciferol (VITAMIN D3) Tablets	1,000 units
Calcitriol (ROCALTROL) Capsules	0.25mcg
Ergocalciferol (VITAMIN D2) Capsules	50,000 units
Paricalcitol (ZEMPLAR) Injection	5mcg/mL

88:20 Vitamin E

Tocopherols (VITAMIN E) Capsules (diagnosis required on Rx - HSPM 1.02)	400 I.U.

88:24 Vitamin K Activity

Phytonadione (MEPHYTON) Tablets	5mg

88:28 Multivitamin Preparations

Multiple Vitamins (Therapeutic Multivitamin) Tablets

Multiple Vitamins with Ca and Fe (THERAGRAN-M) Tablets

Vitamin B Complex/Vitamin C/FA/Biotin (NEPHROCAPS formulation only) Capsules

* Requires 1:1 administration

92:00 MISCELLANEOUS THERAPEUTIC AGENTS

Antidotes

	Leucovorin Calcium (WELLCOVORIN) Tablets	5mg

Antigout Agents

	Allopurinol (ZYLOPRIM) Tablets	100mg & 300mg
*	Colchicine (COLCRYS brand only) Tablets	0.6mg

Bone Resorption Inhibitors

	Alendronate (FOSAMAX) Tablets	70mg

92:08 5-Alfa-Reductase Inhibitors

	Finasteride (PROSCAR) Tablets	5mg

* Requires 1:1 administration

92:36 Disease-Modifying Antirheumatic Drugs

Cyclosporine (SANDIMMUNE brand Only) Capsules	25mg & 100mg
Cyclosporine (MODIFIED) Capsules (NEORAL)	25mg & 100mg

92:44 Immunosupressive Agents

Azathioprine (IMURAN) Tablets	50mg
Mycophenolate Mofetil (CELLCEPT) Capsules	250mg
Mycophenolate Mofetil (CELLCEPT) Tablets	500mg
Mycophenolate Sodium (MYFORTIC) DR Tablets	180mg, 360mg
Tacrolimus (PROGRAF) Capsules	0.5mg, 1mg

* Requires 1:1 administration

ITEMS NOT CLASSIFIED BY AHFS PHARMACOLOGIC-THERAPEUTIC CLASSIFICATION SYSTEM

*	Aluminum Sulfate/Calcium Acetate (DOMEBORO) Topical Solution	
	Artificial Tears Solution (with polyvinyl alcohol)	
	Benzoyl Peroxide Aqueous Gel	5% & 10%
*	Blood Glucose Control Solution Hi/Lo for Keynote Pro Meter	
*	Blood Glucose Test Strips (WAVESENSE KEYNOTE) (Agamatrix for Keynote Pro only)	
*	Occult Blood Screening (SERACULT) (Seracult brand only)	
*	Urine Test 10 with SG strips (CHEMSTRIPS 10 with SG) (Chemstrips brand only)	
	Moisturizing (EUCERIN) Cream	
*	Fluorescein Sodium Ophthalmic Strip (FUL-GLO)	1mg
	Hemorrhoidal Ointment	
	Hemorrhoidal Suppositories	
	Lidocaine (XYLOCAINE HCL) Viscous Solution	2%
	Lubricating (K-Y) Jelly	
	Methyl Salicylate and Menthol (ANALGESIC BALM) Ointment	14%/6%
	Mineral Oil / White Petrolatum (LUBRIFRESH PM) Ophthalmic Ointment – Preservative Free	
	Perianal Pad (TUCKS)	
	Petroleum, White (VASELINE) Ointment	
	Povidone Iodine (BETADINE) Solution	10%

* Requires 1:1 administration

	Povidone Iodine (BETADINE) Swab	
	Salicyclic Acid/Sulfur (SEBULEX) Shampoo	2%/2%
*	Sodium Chloride 0.9% Solution for Respiratory Therapy	3mL
*	Urinalysis Control Bi-Level 1 & 2 (MAS UA 1 & 2)	15mL
*	Water, Sterile for Injection	10mL
*	Blood Lancets, Safety, Keyless, Retractable, Sterile, Single Use 2.2mm, 22 gauge (SURGILANCE brand only)	

* Requires 1:1 administration

* Requires 1:1 administration

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