

WVCH Formulary Additions Effective 05/09/2016				
Name	Strength	Dosage Form	Route	Change
BALSALAZIDE	750 MG	TABLETS	ORAL	FORMULARY
CANASA	1000 MG	SUPPOSITORY	RECTAL	PA REQUIRED
DELZICOL	400 MG	CAPSULE	ORAL	FORMULARY
LIALDA	1.2 G	TABLET	ORAL	FORMULARY
BUDESONIDE	3 MG ER	CAPSULES	ORAL	FORMULARY QL 90/30
HYDROCORTISONE	100 MG/ 60 ML	ENEMA	RECTAL	FORMULARY
LIDOCAINE/PRILOCAINE (EMLA)	2.5%-2.5%	CREAM	TOPICAL	FORMULARY QL 30G/28DAYS
CETIRIZINE	5 MG/ 5 ML	SOLUTION	ORAL	FORMULARY
AMOXICILLIN	400 MG/ 5ML	SUSPENSION	ORAL	FORMULARY

WVCH Formulary Removals Effective 06/01/2016			
Name	Strength	Dosage Form	Route
PENTASA	250 MG	CAPSULES	ORAL
MORPHINE	10mg/5mL	SOLUTION	ORAL
MORPHINE	20mg/5mL	SOLUTION	ORAL
MORPHINE	100mg/5mL	SOLUTION	ORAL
OXYCODONE	5mg/5mL	SOLUTION	ORAL
OXYCODONE	20mg/5mL	SOLUTION	ORAL

Questions? Please contact WVCH at 503-584-2150