WA DOC PHARMACEUTICAL MANAGEMENT and FORMULARY MANUAL

Approved by:
The Chief Medical Officer
Washington State Department of Corrections

Note: Appendices II – Formulary Drug Listings and IV – Alternate Choices for Non-formulary Medications may be updated frequently as clinical data or contract prices change.

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Definitions

Definitions

Authenticated or Authentication: Authorization of a written entry in a clinical or health record or chart by means of a signature, which shall include minimally: first initial, last name, professional/working title, date and time (24 hour clock). If a unique DOC provider number is assigned, signature and professional/working title may be replaced by the assigned number. If authentication is provided electronically as part of an electronic health record, the electronic signature is adequate provided it can be generated only by use of a password encrypted user identity.

Controlled Substance: A drug or substance (or an immediate precursor of a drug or substance) so designed under or pursuant to the provisions of Chapter 67.50 RCW, Uniform Controlled Substance Act.

Care Review Committee ("CRC"): Group of DOC primary care physicians, Pas, and ARNPs, appointed by the Chief Medical Officer to review the medical necessity of proposed health care within a cluster of DOC facilities

Dispense: The interpretation of a prescription or order for a drug. Pursuant to that prescription or order, the proper selection, measuring, compounding, labeling or packaging necessary to prepare that prescription by a person licensed to prescribe or dispense.

Facility: A total confinement site operated by the Department of Corrections where offenders reside.

Health Care Staff: Health care providers and professional licensed or unlicensed staff, appointed by the health care authority, contracted or assigned to the health care area to provide or assist with the provision of health care.

Health Record: A permanent record of the health care and treatment rendered to the patient from time of inception into the Department of Corrections until release.

Infirmary: Areas in the facility accommodating patients for a period of twenty-four hours or more expressly set up and operated to care for patients who cannot be managed in the outpatient setting and need skilled nursing care but are not in need of hospitalization or placement in a licensed nursing facility. It is not the area itself, but the scope of care that makes the bed an infirmary bed.

Continued on next page

Definitions (continued)

Issuable: Specified medications that a patient is authorized to have in their possession.

Medication Incident: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems including prescribing; order communication; product labeling; packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

Medline: A regularly scheduled nursing activity where medications are administered on an individual basis to patients

Near Miss: A potential medication error that was recognized and corrected before it could cause or lead to inappropriate medication use or patient harm.

"Now" Order: A prescription order to be administered in 1-2 hours.

Order: A written or verbal health-related directive from an authorized health care practitioner to an authorized health care staff member.

Patient: DOC offender receiving health care from DOC or its agents

Pharmacy: Locations licensed by the state of Washington State Pharmacy Quality Assurance Commission where the practice of pharmacy is allowed as defined in statute.

Practitioner (Prescriber): A person duly authorized by law or rule in the state of Washington (or another state, when patients are cared for in that state) to prescribe drugs. (RCW 18.64.011). This generally will include physicians, PAs, dentists, ARNPs, optometrists, podiatrists, and in certain cases, pharmacists.

Provider: A person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession (WAC 246-15-010)

"Start Today" Order: A prescription order to be administered by the end of the day.

"STAT" Order: A prescription order to be administered immediately.

Section I

Purpose

The Pharmacy and Therapeutics Committee is a committee of health care practitioners and pharmacists established to manage medication utilization within the Department of Corrections (DOC) in accordance with the Offender Health Plan (OHP). To achieve this goal, all aspects of medication utilization may be scrutinized including, but not limited to:

- Development and maintenance of a formulary
- Development and review of treatment guidelines, protocols, forms, and algorithms prior to implementation to assure consistency with the DOC Formulary document
- Physical management of pharmaceuticals
- Inventory standardization through formulary compliance
- Therapeutic Interchange when possible
- System wide prescription validity and transportability of medication
- Standardization of medline and issuable medications
- Selection, utilization and availability of OTC medications

The guiding principle in decision making will be to enhance patient care and ensure the safety of those receiving drug treatments. The best available evidence based scientific data will be incorporated in the decision process to maintain clinical relevance.

Where other reputable bodies (for example Washington State P&T Committee) have evaluated data and made recommendations, these recommendations will be considered for incorporation in the DOC P&T guidelines.

Practitioners and nurses provide most patient care at the unit level. Pharmacists and pharmacy technicians assist in this care by assuring efficient use of pharmaceuticals. The overall goal of the Pharmacy and Therapeutics (P&T) Committee is to assist practitioners in providing comprehensive, quality, timely and cost effective care to patients by clearly communicating scientifically sound medication practices and creating the infrastructure necessary to implement these practices system wide.

DOC Formulary document is available on the Health Services website, DOC Internet, and may be available in facilities' libraries.

Section II

Promulgation of Policy

As described elsewhere in this document, the P&T Committee may develop recommendations on a variety of pharmaceutical related issues including changes to this document, procedures, forms, operations, policy, legislation et al. The P&T Committee will seek input from all DOC stakeholders then draft recommendations that will subsequently be forwarded to the DOC Chief Medical Officer (CMO) for final approval. Healthcare providers are expected to comply with the formulary and earnestly consider treatment guidelines when treatment decisions are made. The CMO or designee may grant exceptions to these procedures. The CMO and Director of Pharmacy and/or designees may edit formulary language to reflect the intent of P&T Committee decisions when there is no change in essential content. Any edit will require CMO approval and the chairperson will notify Committee members.

Voting Members

The committee shall consist of an interdisciplinary team of health-care professionals, that will include (but not limited to) the DOC Director of Pharmacy (Chair), physicians, dentists, pharmacists, physician assistants and advanced registered nurse practitioners. The CMO is considered a voting member.

The P&T chairperson and/or CMO will appoint all members to a renewable two-year term. The committee may solicit new members each year. Staff may volunteer for committee duty but must accept an appointment if so assigned. The committee chairperson may revoke membership status if a member misses 1 in person or 2 teleconference meetings with in a year without a justifiable excuse or a request to be excused.

Members must be actively involved in patient care and should be familiar with the OHP, DOC Policy and DOH Standards.

Disclosure of potential conflicts of interest (for example, employment by a pharmaceutical industry company, participating as an investigator in a drug trial study or holding financial interest greater than $10,000 in a company that produces or distributes a medication or device under consideration) is an ongoing mandatory requirement.

Members must comply with relevant Washington State law, WAC's, DOC Policy and Procedures regarding the receipt of any gratuity from an outside organization during their tenure on the committee. Specifically, members may not accept any meals, office supplies or other gifts regardless of value from any representative of a company that manufactures or distributes a medication or device.

Member back-ups will be considered voting members only when they are functioning as the alternate to the voting member.

Consultants/ Guests

At the discretion of the chairperson, DOC and non-DOC persons with appropriate expertise may be asked to attend P&T Committee meetings and/or provide input to the committee. Unless determined by the chairman to be a closed or confidential meeting, any DOC staff member is welcome to attend P&T Committee Meetings.

Individual P&T members have the authority to request expert advice from Subject Matter Experts (SME) or consultants as necessary. This request shall be routed through the committee chairperson.

Meeting Operations

The P&T Committee shall meet in person quarterly. If there is a need for the committee to meet more often it will be arranged through teleconference and WebEx.

To transact business, a quorum of more than half the members (including the Chairman/designee) must be present. Should a quorum not be present, the only committee business that may be transacted is to take measures to obtain a quorum, to fix the time at which to adjourn, to adjourn or take a recess. If the meeting cannot take place because of a lack of quorum, the Chairman will reschedule the meeting as soon as is mutually agreeable to the members. The minutes of each meeting shall be read and approved only by Members in attendance at that meeting.

Individuals who request to add topics to the P&T agenda must provide adequate reference material and appropriate presentation details to the committee chairperson before the meeting convenes.

Questions placed before the committee for decision will be decided by simple majority vote with the exception of changes to this document, which require two thirds of the votes cast for approval. Should any motion result in a tie vote, the chairman shall cast the deciding vote.

Meetings will be held in person or by teleconference. E-mail meetings are not permitted.

Section VI – Medication Categories

Formulary

Medications in this category may be prescribed when medically necessary according to the Offender Health Plan (OHP) and require no further approval for use provided the criteria listed in OHP and the formulary are met.

Restricted Formulary

Medications in this category are described as medically necessary but restricted to documented failure of a Formulary medication(s) or to certain populations or disease states. Refer to the medication formulary status for specific criteria necessary for approval.

Procedure:

- If used according to the criteria (listed under Special Information) in the Formulary, prescribers can order *Restricted Formulary* medications without further approval
- A Non-formulary (DOC Form 13-041) request must be submitted if a *Restricted Formulary* is prescribed and the patient's condition does not meet the approved for *Restricted Formulary* medications criteria as stated in Pharmaceutical Management document.
- Documentation on a Primary Encounter Report (PER) or Inpatient Order form by the prescriber should reflect the reasoning behind the choice of the *Restricted Formulary* medication.
- Pharmacist dispensing the prescription order will be responsible for transferring the reasoning behind the choice to the patient medication profile. The Pharmacist Supervisors will submit quarterly the record to the P&T Committee for retrospective review and CQI purpose.

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Non Formulary

Medications in this category are not generally prescribed in DOC. They are not medically necessary usually for one of the following reasons:

- Experimental medications or experimental use of medication (unless approved by the DOC Research Committee)
- Medications for which alternative therapeutic modalities may already exist on the P&T approved formulary list
- Medications for which alternative therapeutic modalities may already exist on the P&T approved over-the-counter (OTC) store list
- Medications with the sole purpose of treating conditions recognized in the OHP as not medically necessary
- Brand name medication when a generic product is available within the therapeutic class

Procedure: Prior approval for use of a Non-Formulary medication is required with the following two exceptions:

- Upon admission of a patient to a DOC facility from outside DOC, a Non-Formulary medication may be continued up to 30 days for medical and 60 days for mental health without authorization if:

  – A) the patient arrived on this medication,
  and
  – B) Immediate discontinuation of the medication may be dangerous. The practitioners may use this window to wean, replace or submit a Non-Formulary (NFR) request form for prior approval.

  A 30-day extension at receiving facility to be allowed if inmate transfers from reception center before NFR process is completed. Cross tapering of MH agents for initiation or cessation of therapy is limited to one month.

- When there are multiple anti-infective choices of equal safety and efficacy, the prescriber may consult with the pharmacist to determine the most cost-effective option to use regardless of formulary status. If a patient enters or returns to a facility on a non-formulary anti-infective, the practitioner may continue the medication if deemed necessary, submitting an NFR as soon as possible and/or consulting with an infectious disease specialist to determine an alternative formulary agent.

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Authorization of Non Formulary Medications

To obtain prior approval for use of a Non-Formulary medication, the practitioner shall submit an electronic copy of DOC form 13-091 to the appropriate venue for consideration. The duration of Non-Formulary prescriptions will be determined on a case by case basis as an integral part of the approval process.

Pharmacist Evaluation of a Non Formulary Request

The CMO and Director of Pharmacy will select authorized pharmacists to respond to Non-Formulary requests (NFRs). Authorized pharmacists are P&T Committee designees and are assigned to a particular facility or facilities but may cover NFRs from other facilities when necessary.

Optimizing Consistency in Response to NFRs:

1. Newly assigned pharmacists must be oriented and trained by the Director of Pharmacy/designee for at least 3 months. During training, any response from a new pharmacist to NFRs must be evaluated and approved by the Director of Pharmacy/designee prior to sending the response.

2. Pharmacists shall submit a response to NFRs within 2 business days using one of the following responses:
    a. Approved (may have a limited duration).
    b. Pending (more information needed, incomplete request, or if the research may take more than 2 business days, etc.).
    c. Denied (responder shall provide alternative management options or explanation if the therapy is not considered Medically Necessary per the Offender Health Plan).

Pharmacists shall take the following steps while evaluating NFRs:

1. Verify if the therapy is medically necessary per the Offender Health Plan (OHP)
    a. If medical necessity is unclear, the pharmacist may consult with the FMD, who may recommend CRC review if needed.
    b. If treatment diagnosis is known to be Level 2, the NFR is referred to CRC.
    c. The NFR will be resubmitted by the requesting practitioner after CRC authorization to treat the condition.
    d. See the WA DOC Pharmaceutical Management and Formulary Manual for emergency use guidelines.

2. Conduct a case evaluation by reviewing:
    a. Patient compliance while on formulary medications
    b. Patient utilization patterns (refill requests, history of medication profile, and past NFRs)
    c. Other underlying medical conditions
    d. Patient safety (risk vs. benefit)

e. Prison security (i.e., would patient be bullied by his/her cellmates to give up or trade non-formulary medication)

3. Check the patient medication profile to confirm compliance with DOC protocols/guidelines as appropriate.

4. Verify appropriateness and completeness of clinical evidence that may have been submitted with the NFR

5. Research alternative medication therapies from the various resources available to pharmacists

6. Review cost of alternative medication therapy against the requested non-formulary medication.

7. Confirm specialist recommendation on non-formulary medication.
   a. Specialist shall be contacted and advised of suggested formulary or cost-effective alternative medication therapy unless therapeutic interchange is directed by the WA DOC Pharmaceutical Management and Formulary Manual. Any continued disagreement between NFR recommendation and consulting specialist recommendation will be resolved by the FMD with option to refer question to DOC Pharmacy Director and CMO.

8. Save all NFR responses in the authorized NFR folder as:
   a. NFR, Medication name (in generic), Diagnosis, Facility abbreviation, Pt. last name, Pt. DOC number, Date of decision, then approved (a), denied (d), or pending (p)
   b. Example: "NFR gabapentin back pain WCC Doe 123456 10.2.15 (d)"
   c. Access to the NFR folder will be granted by the Director of Pharmacy

9. A copy of the response to the NFR must be placed in the legal section of the patient's chart.

Appeal of a Non-Formulary Decision

If a practitioner wishes to appeal a Non-Formulary decision, s/he must email their denied submission document to the DOC Director of Pharmacy accompanied by a short explanation of the reason for the appeal. The subject line of the email should read "NFR Appeal". Within five business days, the Director of Pharmacy/designee will convene a telephonic subcommittee meeting with the CMO/designee, Director of Pharmacy/designee (and the Chief of Psychiatry/designee if a mental health drug is involved), the practitioner who submitted the NFR and the NFR reviewing pharmacist. The committee will review documentation relative to the issue and entertain pertinent discussion. The final decision of an appealed Non-Formulary request is made by the CMO in consultation with key stakeholders. The decision will be documented on DOC 13-091 and reviewed by the P&T Committee. Alternately, patients may obtain Non-Formulary medications by complying with the provisions of DOC Policy 600.020 (Offender Paid Health Care).

Special Criteria on Therapeutic Class of Medication

No more than 2 antidepressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. If a 3rd anti-depressant is needed the case must be taken to Psychiatric CRC for approval. All new patients admitted to WA-DOC, currently prescribed more than 2 anti-depressants, may continue therapy for up to 60 days as permitted by section VI – Medication Categories Non-Formulary.

Use of antipsychotics for PRN and/or off-label purposes or simultaneous use of more than two of these agents (except for cross taper for up to 30 days) requires NFR submission, unless permitted per approved protocol.

Prescribers must consider the patient's entire medication regimen whenever prescribing a new medication treatment, to assess for potential drug-drug interactions, adverse effects, or any potential pharmacologic interference of the newly prescribed medication treatment with ongoing management of co-morbid conditions. Medical practitioners considering prescribing a psychotropic medication for a patient on medication for a psychiatric condition should always consult with the psychiatric prescriber to ensure that the new medication treatment under consideration is compatible with the psychiatric regimen and treatment plan. Psychiatric prescribers should likewise consider the patient's medical conditions and current treatments when prescribing medications to treat psychiatric conditions, and consult with the primary care medical provider for any concerns about drug interactions and other adverse effects of newly prescribed medication treatment. Consultation between prescribers should be documented in the health record.

Medical prescribers shall not initiate psychotropic medication treatment to treat a psychiatric condition except per protocol or documented psychiatric consultation. Medical prescribers may continue psychotropic medication treatment for a psychiatric condition at intake into DOC or when continuing treatment initiated by a DOC psychiatric prescriber.

Initiation of Linezolid or a new HIV medication therapy, at DOC, is considered *Restricted Formulary* and requires approval by the DOC infectious disease specialist, CMO, or Pharmacy Director. All newly admitted patients on an antiviral medication will remain on current medications until evaluated by the DOC infection disease specialist or designee.

Antineoplastic agents are authorized for treatment of a malignant condition on the recommendation of an oncologist AND when treatment is in accordance with current guidelines published online by the NCCN that are in Category of Evidence and Consensus 1 or 2A. Exceptions require CRC approval and submission of a NFR.

Violator Pharmaceutical Requests

Consistent with the medication continuation practice at DOC Reception Centers, DOC Contracted Violator Facilities are authorized to receive reimbursement for Non-formulary or Restricted Formulary prescriptions for up to 30 days for general medical medications and 60 days for mental

health medications provided to patients returning to custody due to a violation. However, the Department still encourages Contracted Violator Facilities to use Formulary medications whenever possible. Over-the-counter (OTC) medications and/or medical supplies are not reimbursable items.

For any single prescription that is expected to exceed $2500.00 per month, notification to the Department's Utilization Management Office (Nurse Desk) is required.

Any questions related to medication reimbursement may be directed to the Nurse Desk.

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Off Label Uses

Off label means the prescribed use of a medication, for the purpose other than stated in its FDA approved labeling. Off label drug use is permitted (with the exception for atypical antipsychotic agents) if the treatment is recognized as effective by one of the following:

- The American Hospital Formulary Service Drug Information
- The American Medical Association Drug Evaluation
- Clinical Pharmacology (http://www.clinicalpharmacology-ip.com/default.aspx)
- The United State Pharmacopoeia Drug Information
- Other authorized compendia as identified from time to time by the Federal Secretary of Health and Human Services or the State Insurance Commissioner
- Any CRC on a case by case basis.

Emergency Use

Notwithstanding any of the above utilization guidelines, in emergency, practitioners may prescribe *Restricted Formulary* or **Non-Formulary** medications, which the practitioner judges to be medically necessary in a particular circumstance.

Emergency means that a significant risk to patient safety is present and time does not permit utilization of the authorization procedures described herein.

The duration of emergency use should be no longer than necessary to gain approval through one of the processes described elsewhere in this document.

OTC Medications

All previous formulary OTC medications that are listed in the OTC policy and are now available in the store will be moved to *Restricted Formulary* status effective June 15th 2009. They can be ordered only if medically necessary AND approved by the facility medical director OR pharmacy supervisor. Pharmacy will continue refilling previously ordered OTC items that are active and refillable for one month between June 15th and July 15th 2009 to help with the transition process

Pharmacy in collaboration with FMDs will develop a standard set of criteria for approved "medical necessity" uses of OTC medication and available on DOC–HS website

Section VII

Generic Substitution

Pharmacy will routinely dispense FDA approved AB rated generic medications or therapeutically equivalent products.

If a branded medication is prescribed, listed in the formulary and the generic equivalent is available in the market, then the generic medication shall be dispensed. That is, pharmacy shall dispense branded medications only when the brand medication exists on the formulary and there is no generic equivalent available in the market.

Substitution may be made without notification to the prescriber.

Therapeutic Interchange

Therapeutic Interchange is the selection of a chemically different drug that is considered a therapeutic alternative with a comparable therapeutic effect. Pharmacists will make routine therapeutic Interchange when approved by the P&T Committee.

If a prescriber does not wish to allow an automatic Interchange to occur with the prescription order, the prescriber must add "Do Not Sub" at the end of the sig. Such request may require submitting a Non-Formulary request (NFR).
The pharmacist will document the Interchange on a PER or Inpatient Order form stating:

– Therapeutic Interchange per formulary

– Discontinue (drug, dose, schedule, duration)

– Start (drug, dose, schedule, duration)

– Pharmacist signature and title and

– Prescriber name and title

The original and the third copies of the form will be sent with the medication to the nursing station. The original copy will be placed into the permanent patient record. The second copy will be retained by pharmacy. The third copy will be forwarded to the prescriber. The nurse will notify the patient of the change when the medication is given to the patient.

Medication Sources

Unless noted on prescription, DOC pharmacists have discretion to split or double pills as needed, based on cost savings.

All medication used in DOC facilities will be procured via department contracts and dispensed by a department pharmacy except:

- Medication provided by community hospitals, clinics, emergency rooms may be utilized if a valid order for their use is obtained
- Medication obtained through provisions of the Offender Paid Health Care Policy. (Such medication will be verified by a DOC pharmacy for security purposes prior to distribution to the patient)
- Medication obtained through a DOC store
- Medication obtained through a local pharmacy

Section X

Pharmaceutical Representatives

Pharmaceutical representatives are not authorized to visit individual providers or provide sample medication to practitioners. They may provide samples to the Pharmacy Director for distribution.

Educational programs sponsored by pharmaceutical companies may be permitted on a case by case basis with the express approval of the State CMO/designee

Section XI

Formulary Addition Requests	A completed "Addition to Formulary" request (DOC 14-004); along with relevant research documentation shall be submitted to the P&T Committee to request that a drug be added to the formulary. The requestor may be asked to attend the P&T meeting during discussion of the request. The P&T decision will be communicated to the requestor and the formulary updated as appropriate.

Refusal to Fill or discontinue an order

DOC Pharmacists may refuse to fill or discontinue an order only if and when:

a) An order may cause physical harm.

b) An order does not meet DOC formulary criteria and/or does not have a Non-Formulary approval.

c) An order contains a significant therapeutic duplication or drug interaction

d) Other specific situations must be discussed and approved with P&T Committee or CMO/designee.

e) In the event of shortage or extreme price fluctuation the Director of Pharmacy, in consultation with the CMO, has the authority to suspend formulary status with suggestion of alternative clinical management until the P&T committee can formally address the issue. The Director of Pharmacy will notify HS staff via email of the interim change of formulary status.

In all situations, the pharmacist must notify the prescriber (or the facility medical director in the event the prescriber is not available) with the reason and /or alternative if applicable. The pharmacist must also communicate the final decision to nursing staff to ensure that the MAR is updated. In addition to notifying the prescriber and nursing staff of the refusal to fill a medication, the pharmacist must also notate the refusal and reason on a PER in the patient's chart.

In the event of a disagreement, the case must be presented to the facility medical director, Director of Health Services or designee.

Prescription discontinuation, renewal and refill

Prescribers shall not discontinue medications initiated by another DOC prescriber without first conducting an in person evaluation of the patient or receiving a verbal report of a current examination conducted by a qualified licensed provider. There are four exceptions to this provision:

- The discontinuation represents completion of a planned course of treatment.
- If there is a Therapeutic Interchange listed in the current DOC Pharmaceutical Management and Formulary document and the prescriber has not added "Do Not Sub" at the end of the sig., or
- If the prescriber identifies and documents that the medication represents a risk of mortality or significant morbidity, or
- The patient has been refusing the medication and has refused to meet with the prescriber to discuss the medication refusal or was a no-show to an appointment following the medication refusal.

A licensed prescriber must renew a prescription before the prescription term has expired to ensure an uninterrupted supply for the patient. Psychotropic medication prescriptions are limited to a maximum duration of six months and will be dispensed in up to a one-month supply. All other medications are limited to a 12- month maximum duration and will be dispensed in up to a one-month supply. Medications categorized as Controlled Substances C3-C5 are only permitted to be written for up to 6 months and with no more than 5 refills.

Refill requests are the patient's responsibility. S/he must notify pharmacy by available means between five and seven working days before the medication is required. Extended Family Visit (EFV) and release medication must be ordered 10 working days in advance.

Pharmacy may dispense up to a 90-day supply of medications to active DNR offenders.

Telephone and Verbal orders

Only a licensed nurse (LPN or RN) or pharmacist shall accept verbal orders for drugs. The order shall be immediately recorded on a PER or Inpatient Order form and signed by the person receiving the order. A verbal order or telephone order must be authenticated within 2 business days. If the original prescriber is unavailable, the FMD/designee should authenticate the order. The authentication signature may be submitted in the form of a scanned signed prescription via email or fax if the prescriber or FMD/designee are not present at the site. Like written orders, all verbal orders must include diagnosis/indication.

Due to risk of medication errors associated with communication of verbal and telephone orders, the receiver will read back the order as written on the order sheet to the prescriber and spell medication names before instituting that order. The receiver of an order must clarify any questions about the order with the prescriber (or on call prescriber) prior to administration.

Written Prescription Guidelines

All medication must be prescribed by a licensed practitioner and will be dispensed as detailed in the facility Pharmacy Operations Manual

- All pharmacy prescriptive authority protocols must be reviewed and approved by P&T committee prior to implementation.
- Only DOC prescribers with active DEA registrations shall have authorization to write prescriptions for controlled substances. DOC pharmacist shall not dispense controlled substances pursuant to an order written by a DOC prescriber without an active DEA registration.
- Trainees with prescriptive authority shall have all medication orders co-signed by a DOC prescriber.
- If the prescriber does not specify one of these terms on the prescription order:

  a) STAT – immediately or
  b) Now – within 1-2 hours or
  c) Start today – by the end of the day

The medication start date of administration will default to when it is available from pharmacy (within 2 business days).

If medication dispensing is anticipated to be >48 hours, Pharmacy will notify nursing staff.

- All medication orders must be written on a PER or Inpatient Order sheet then filed as a permanent part of the medical record
- Orders will be written legibly in black or blue ink
- Orders will be forwarded directly to the pharmacy. Any questions arising from an order will be referred to a practitioner, preferably the ordering prescriber

Each order shall include:

- Patient name, DOC number and facility
- Date and time written
- Allergy status
- Diagnosis/Purpose/Indication
- Name and strength of medication
- Route of administration
- Frequency of administration
- Duration of order
- Refills allowed
- Signature plus stamp or typed/printed name of licensed prescriber
- Should comply with suggestions in Appendix I: "Commonly Mistaken Prescription Abbreviations."

Issuable and medline medications

Prescribers change U codes for clinical reasons only. The U code will not be altered based solely on housing assignment.

As of July 1, 2009 there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and other drugs treated as such (i.e. sildenafil) and patients with the PULHES codes of U3 and U4.

Pharmacy and nursing shall treat tramadol & sildenafil as a controlled substance. The prescriber will not be able to change this medication from pill line status. The nurse must enter the medication on their perpetual inventory, double count the med at shift change, and store the prescription in a locked narcotic cabinet within the pill room. Pharmacy stores sildenafil with other controlled substances and track it using the perpetual inventory.

DOC administers medications at a medline for the following reasons:

- Prevent diversion of drugs with a high potential for abuse or illicit sale (for example narcotics)
- Ensure adherence to regimens that treat disease states affecting public health (for example tuberculosis)
- Ensure adherence to regimens that are complex and for which non-compliance complicates subsequent treatment (for example HIV)
- Monitor medications that are costly
- Prevent unintentional under and over usage in patients who lack competency to manage their own medications
- Prevent self-harm in patients at risk for intentional self-harm

In all other situations, patients are considered competent adults who have the right and responsibility to manage their own medications. Medline should not be used on a routine basis to monitor or enforce compliance. Compliance with medication regimens is an important component of self-care and a necessary skill for reintegration into the community.

Continued on next page

Issuable and medline medications (continued)

Accordingly, the P&T Committee has classified all medications in the formulary as issuable or non-issuable. A specific order that adheres to the guidelines above is required to deviate from the formulary. The order must indicate the time period for which the deviation is in effect. When it is necessary to monitor compliance, medline may be utilized for the minimum duration necessary.

All medication status (KOP or PLN) of a medication order will continue when the patient transfers to a major facility. The change of status (KOP or PLN) of medications will no longer default to the DOC formulary standard unless a prescriber at the new facility writes a note on the PER.

This rule does not apply to renewal orders. All renewal orders require a notation on the prescription order if a prescriber does not wish the prescription order to default to the status of the medication administration as stated in DOC formulary.

Pharmacists must contact the prescriber for clarification on a renewal of an order if the status has previously been changed but not noted on the renewal order to either continue or default to DOC formulary administration status

With the implementation of BID PLN by June 1st 2009, pharmacists and prescribers shall work together to seek alternative medication therapies to minimize the number of noon PLN meds. Exceptions for using noon PLN shall include work schedule, documented side effects, short acting opiates, muscle relaxants and insulin.

Continued on next page

Issuable and medline medications (continued)

Additional PLN may be arranged for the following categories if the prescription order has more frequency than BID with a non- issuable alternative:

- Controlled substances (no exceptions)
- Injectable meds including Insulin (possible exception in some minor facility under custody direct supervision)
- Muscle relaxants (up to 14 days unless if it's approved otherwise to continue for more than 14 days). This category status may be overridden to be issued.
- Any PLN psychotropic meds for the treatment of acute psychotic disorder
- Antimicrobial agents including HIV meds if they are prescribed as PLN
- For those who are working during normal pill line times
- Other exceptions require facility medical director OR pharmacist supervisor's approval.

Urgent stock medication

Urgent stock medications – applies to list of authorized medications approved by P&T committee to be available for after-hours use such that lack of availability would result in patient risk. Medications kept for urgent medication stock must meet the following criteria:

- Must be Formulary or *Restricted Formulary* items except at reception facilities.
- Therapeutic equivalent options are not currently included on approved urgent medication stock list AND
- at least one of the following is true of the medication:
    - Lack of availability may cause significant risk to patient, cause permanent damage or danger to others
    - Commonly used in moderate to severe pain
    - Selected common antibiotics & antivirals
    - Commonly used in treatment of seizure
    - Sudden stop may cause significant withdrawal symptoms
    - Narrow therapeutic range with significant unwanted clinical outcome (i.e.: Warfarin)
    - Mass utilization or public health risk (i.e.: response to epidemic episode or vaccines)
    - Medications commonly used for onsite procedures
    - Difficult to access

Crushing of medications

The following dosage forms must NOT be crushed:

– Extended or controlled release
– Sublingual or lozenges
– Granules within a capsule or tablet

Specific prescriber order is required to crush any other medication.

Section XIX

Labeling

Every box, bottle, jar, tube, bubble card or other prescription container that is dispensed from a DOC pharmacy shall have affixed a label bearing:

- Patient name
- DOC number
- Name and address of pharmacy where compounded
- Serial number of prescription
- Strength per unit dose
- Directions for administration
- Date dispensed
- Expiration date
- Initials of licensed pharmacist responsible for the final check of the prescription. Alternately, this information may be recorded in the pharmacy data base
- The following statement: "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed".

Section XX

Adverse Events

Health care staff must be alert to the potential for or presence of adverse events associated with the use of a medical product on a patient. All significant adverse events shall be recorded in the patient's health record on a PER or inpatient order form with a copy forwarded by the author to the facility medical director, the prescribing practitioner and the pharmacy supervisor. The pharmacy will include the information in the computerized patient medication record.

If death, life threatening consequences, hospitalization, disability or any event that requires intervention to prevent permanent impairment or damage is present, the pharmacist supervisor shall complete FDA form 3500 and send copies to those mentioned above and the DOC Pharmacy Director.

Medication Incidents

All medication incidents shall, upon discovery:

– be immediately reported verbally to the prescribing practitioner
– be recorded via the online Medication Incident Report Form on the CQIP DOCShare site – http://wadoc/sites/healthsvcs/cqip/Lists/MIR%20Version%2021/My%20Submissions.aspx

Near misses shall also be reported.

Section XXII

Transfer and release medications

Refer to DOC Policy 650.035.

The medication status (KOP or PLN) of a medication order will continue when the patient transfers from a major facility to another major facility.

As of July 1, 2009, there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and patients with the PULHES codes of U3 and U4.

Psychiatric medications for patients with S3 will be changed to KOP ONLY if the intention to do that is properly documented on the Camp/Work Release Mental Health Screening form for S3 and documented on a PER.

Upon release to the community, all CRC approvals for chronic opioid treatment shall expire. If re-incarcerated and opioid treatment is necessary then the opioid protocol shall start from step one of the protocol.

Upon release to the community, all NFR approvals will expire. If re-incarcerated the provider must submit a new NFR for approval to continue any Non-formulary medication.

If a patient returns to prison status from a work release or after a transfer to a county jail for court, all CRC approvals for chronic opioid treatment and NF approvals remain in effect.

Drug recalls

Notices of drug recalls received by pharmacy will be reviewed and immediately forwarded to the local medical director and prescribing practitioners. The practitioner will prescribe an appropriate alternate medication. Nursing staff will be responsible to expeditiously remove the indicated medication from the clinic area and arrange for the medication to be removed from patient access. The medication will then be returned to pharmacy.

Specific guidelines for each type of recall appear below:

Class I Recall: Emergency and life threatening.

- Will be completed within 24 hours
- Pharmacy will prepare computer generated audit trail
- Pharmacy and/or Nursing personnel will remove recall drug(s) from patient possession, noting patient name, ID number, and quantity removed
- Recall drug(s) are returned to pharmacy along with documentation
- Recall drug(s) are removed from nursing unit floor stock and pharmacy shelves
- Pharmacy disposes of recall drug(s) in accordance with the written instructions from the manufacturer responsible for coordinating the recall
- The responsible pharmacist maintains records of all recalls in the pharmacy

Class II Recall: **Priority situation may be life threatening.**

- Complete within 72 hours
- Follow instructions in Class I recall

Class III Recall: Remote or nonexistent threat to life.

- Completed within 5 working days
- Removal of recall drug by pharmacy and/or nursing from patient possession and all pharmacy/nursing drug storage areas
- Follow disposal instructions as outlined in Class I Recall

Appendices

Overview

Introduction

This section includes the appendices pertinent to this document.

Contents

This section contains the following topics:

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A – Commonly Mistaken Abbreviations

Mistaken Abbreviations

The table below covers the common abbreviation mistakes.

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Apothecary symbols	Dram Minim	Misunderstood or misread (symbol for dram misread for "3" and minim misread as "ml")	metric system
AU	Aurio Uterque (each ear)	Mistaken for OU (oculo uterque-each eye)	Don't use this abbreviation
D/C	Discharge Discontinue	Premature discontinuation of medications when D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of drugs	"discharge" and "discontinue"
Mg	Microgram	Mistaken for "mg" when handwritten	"mcg."
o.d. or OD	Once daily	Misinterpreted as "right eye" (OD-oculus dexter) and administration of oral medications in the eye.	"daily."
TIW or tiw	Three times a week	Mistaken as "three times a day"	Don't use this abbreviation
q.d. or QD	Every day	Mistaken as q.i.d. especially if the period after the "q" or the tail of the "q" is misunderstood as an "i."	" daily" or "every day"
Qn	Nightly or at bedtime	Misinterpreted as "q h" (every hour)	"nightly"
Qhs	Nightly at bedtime	Misread as every hour	"nightly"
q6PM, etc	Every evening at 6 PM	Misread as every six hours.	6 PM "nightly"
q.o.d. or QOD	Every other day	Misinterpreted as "q.d." (daily) or "q.i.d. (four times daily) if the "o: is poorly written	"every other day"
Sub q	Subcutaneous	The "q" has been mistaken for "every" (e.g., one heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Subcut" or write "subcutaneous."
SC	Subcutaneous	Mistaken for SL (sublingual)	"Subcut" or write "subcutaneous."
U or u	Unit	Read as a zero (0) or a four (4), causing a 10□ fold overdose or greater (4U seen as "40" or 4u seen as 44")	"Unit" has no acceptable abbreviation. Use "unit"
IU	International unit	Misread as IV (intravenous)	"units"
Cc	Cubic centimeters	Misread as "U" (units)	"ml"
X3d	For three days	Mistaken for "three doses"	"for three days"
BT	Bedtime	Mistaken as "BID" (twice daily)	"hs"

Continued on next page

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken for "55"	Spell out "sliding scale" Use "one-half" or use "1/2"
> and <	Greater than and less than	Mistakenly used opposite of intended	"greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Misunderstood as the number 1 ("25 unit/10 units" read as "110" units	Do not use a slash mark to separate doses. Use "per"
Names letters and dose numbers run together (e.g. Inderal40mg)	Inderal 40 mg	Misread as Inderal 140 mg	Always space between drug name, dose and unit of measure.
Zero after decimal point (1.0)	1mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit.
ARA-A	Vidarabine	Cytarabine (ARA-C)	complete spelling for drug names
AZT	Zidovudine (Retrovir)	Azathioprine	complete spelling for drug names
CPZ	Prochlorperazine(Compazine)	Chlorpromazine	complete spelling for drug names
DPT	Demerol Phenergan Thorazine	Diphtheria-pertussis-tetanus	complete spelling for drug names.
HCI	Hydrochloric acid	Potassium chloride (The "H" is misinterpreted as "K." i.e. HCl vs. KCl	complete spelling for drug names.
HCT	Hydrocortisone	Hydrochlorothiazide	complete spelling for drug names
HCTZ	Hydrochlorothiazide	Hydrocortisone (seen as HCT 250 mg)	complete spelling for drug names.
MgS04	Magnesium sulfate	Morphine sulfate	complete spelling for drug names

Continued on next page

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
MS04	Morphine sulfate	Magnesium sulfate	complete spelling for drug names
MTX	Methotrexate	Mitoxantrone	complete spelling for drug names
TAC	Triamcinolone	Tetracaine, adrenaline, Cocaine	complete spelling for drug names
ZnS04	Zinc sulfate	Morphine sulfate	complete spelling for drug names
Stemmed names "Nitro" drip "Norflox"	Nitroglycerin infusion Norfloxacin	Sodium nitroprusside infusion Norflex, (orphenadrine)	complete spelling for drug names

B – Formulary Drug Listing

Notes: All extended release, combination formulations and branded oral liquid products of medications are Non-Formulary unless otherwise indicated in the formulary listing. Oral liquid products that are available in generic will be considered Restricted Formulary unless otherwise indicated in this document. Use of a Restricted Formulary liquid formulation is approved if the liquid is part of an approved DOC pharmacy compounded product or if authorized by the Pharmacist Supervisor or FMD/designee for medical conditions requiring a liquid formulation.

Except controlled substances and other drugs treated as such (i.e. sildenafil), bupropion, gabapentin, and injectable medications, practitioners may override medline or issue status of (an entire or part of the life of) a particular prescription for a specific patient.

Table

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Abacavir	Ziagen	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Abacavir/ Dolutegravir/ Lamivudine	Triumeq	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Abacavir/ Lamivudine	Epzicom	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Abacavir/ Lamivudine/ Zidovudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Abilify	**Aripiprazole**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Acetaminophen	Tylenol	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Acetaminophen/ ASA/Caffeine	Excedrin Migraine	*Restricted Formulary*	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. Limit fills to 20 tablets per 30 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Acetaminophen/ Codeine	Tylenol #3	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	**Medline Only**
Acetaminophen/ phenyltoloxamine citrate	Aceta-Gesic, Major-Gesic	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Aceta-Gesic, Major-Gesic	**Acetaminophen/ Phenyltoloxamine citrate**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Acetazolamide	Diamox	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	**issue**
Acetic acid 2% for irrigation	Acetic acid Solution	Formulary		AHFS 40:36 Irrigating Solutions	**issue**
Acetic acid / Aluminum acetate	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Acetylcysteine solution	Mucomyst	Formulary **Non-Formulary**: Tablet		AHFS 48:24 Mucolytic agents	**issue**
Activase	**Alteplase**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Actos	**Pioglitazone**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	**issue**
Acyclovir	Zovirax	Formulary: Oral dosage form **Non-Formulary**: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Adacel	**Tetanus & diphtheria & pertussis toxoid adsorbed (adult)**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Adalat (including Extended Release)	**Nifedipine** **(including Extended Release)**	*Restricted Formulary*	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Adalimumab	**Humira**	*Restricted Formulary*	Requires recommendation from a specialist	AHFS 92:00 MISC	**medline**
Aerochamber	**Inhaler spacer**	Formulary			**issue**
Afrin	**Oxymetazoline**	*Restricted Formulary*	Approved for acute epistaxis.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Akwa Tears	**Tears Artificial**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to diagnosed autoimmune etiology or connective tissue disease.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Albumin Human	Plasbumin	Formulary		AHFS 16:00 Blood Derivatives	**medline**
Albuterol HFA	Ventolin HFA	Formulary: Neb, MDI **Non-Formulary:** Extended release, other HFA Brands	One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Alcohol isopropyl	Isopropyl Alcohol	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Aldactone	**Spironolactone**	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	**issue**
Alendronate	Fosamax	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Allopurinol	Zyloprim	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Alphagan-P	**Brimonidine**	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Alteplase	Activase	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	**medline**
Aluminum acetate	Burow's solution	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Aluminum acetate/ Acetic acid	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Aluminum hydroxide gel	Alu-Tab, Alu-Cap, Amphojel	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid	Gaviscon	*Restricted Formulary*	OTC item requires approval by facility medical director or pharmacy supervisor.	AHFS 56:04 Antacids and adsorbents	**issue**
Aluminum & Magnesium hydroxide	Maalox	*Restricted Formulary*	OTC item requires approval by facility medical director or pharmacy supervisor.	AHFS 56:04 Antacids and adsorbents	**issue**
Alu-Tab, Alu-Cap, Amphojel	**Aluminum hydroxide gel**	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Amantadine	Symmetrel	Formulary		AHFS: 8:18.04 Adamantanes	**issue**
Amiodarone	Cordarone	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	**issue**
Amitriptyline	Elavil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Amlodipine	Norvasc	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Ammonia	Ammonia Inhalant	Formulary		AHFS 96:00 Pharmaceutical Aids	**Medline only**
Ammonia Inhalant	**Ammonia**	Formulary		AHFS 96:00 Pharmaceutical Aids	**Medline only**
Amoxicillin	Amoxil, Polymox	Formulary		AHFS 8:12.16 Penicillins	**issue**
Amoxicillin & clavulanate	Augmentin	Formulary	Extended Release (XR) approved for 2nd line use	AHFS 8:12.16 Penicillins	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Restricted Formulary: Extended Release (XR)	in acute rhinosinusitis per protocol.		
Amoxil, Polymox	**Amoxicillin**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Amphojel, Alu-Tab, Alu-Cap,	**Aluminum hydroxide gel**	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Amphotericin B	Fungizone	Formulary **Non-Formulary:** Oral		AHFS 8:14 Antifungals	**medline**
Ampicillin & sulbactam sodium	Unasyn	Formulary		AHFS 8:12.16 Penicillins	**medline**
Anafranil	**Clomipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Anaprox	**Naproxen**	*Restricted Formulary* All strengths require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08 Nonsteroidal anti-inflammatory agents	**issue**
Ancef	**Cefazolin sodium injectable**	Formulary		AHFS 8:12.06 Cephalosporins	**Medline Only**
Ansaid	**Flurbiprofen**	*Restricted Formulary*	Dental procedure only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Antihemophilic Factor	Monarch Factor VIII	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Anti-inhibitor coagulant complex	Feiba VH	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Antivert	**Meclizine**	Formulary		AHFS 56:22 Anti-emetics	**issue**
Anusol-HC, Cortenema	**Hydrocortisone HCL**	Formulary: Prescription strength *Restricted Formulary*: OTC items require approval by facility medical director or pharmacy supervisor.		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Apresoline	**Hydralazine**	Formulary		AHFS 24:08.20 Direct Vasodilators	**issue**
Aptivus	**Tipranavir**	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Aqua Care	**Urea lotion 10%**	*Restricted Formulary*	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic Agents	**issue**
Aqua-Mephyton, Mephyton	**Phytonadione (Vitamin K-1)**	Formulary		AHFS 88:24 Vitamin K activity	**medline**
Aquaphor	**Hydrophilic Ointment**	*Restricted Formulary* **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Aranesp	**Darbepoetin**	*Restricted Formulary*	Approved for severe anemia in the setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	**medline**
Aricept	**Donepezil**	*Restricted Formulary*	Requires psych CRC approval for the treatment of condition. Require a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	**medline**
Aripiprazole	Abilify	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Aristospan, Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase	**Triamcinolone**	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection **Non-Formulary:** other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Artane	**Trihexyphenidyl**	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	**medline**
Asacol, Lialda Rowasa	**Mesalamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**
Ascorbic Acid	Vitamin C	*Restricted Formulary*	Approved for iron absorption aid	AHFS 88:12	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Asenapine (sublingual tablet)	Saphris (sublingual tablet)	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Preferred Brand agent Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Aspirin	Aspirin	*Restricted Formulary* OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after the initial injury), cardiac prophylaxis, high fever (≥101°F), niacin therapy, or TIA prevention.	AHFS 28:08.04.24 Salicylates	**issue**
Atazanavir	Reyataz	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08.08.20 Antiretrovirals	**issue**
Atenolol	Tenormin	Formulary		AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Ativan	**Lorazepam**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Atomoxetine	Strattera	Non-Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**Medline Only**
Atorvastatin	Lipitor	*Restricted Formulary*	Approved per the 2013 ACC/AHA Guidelines.	AHFS 24:06 Antilipemic agents	**issue**
Atripla	**Efavirenz/ Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Atropine sulfate	Isopto-Atropine	Formulary		AHFS 52:24 Mydriatics	**issue**
Atropine/ benzoic acid/ hyoscyamine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Atrovent	**Ipratropium**	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Augmentin	**Amoxicillin & clavulanate**	Formulary *Restricted Formulary:* Extended Release (XR)	Extended Release (XR) approved for 2nd line use in acute rhinosinusitis per protocol.	AHFS 8:12.16 Penicillins	**issue**
Auranofin	Ridaura	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	**issue**
Avonex	**Interferon Beta 1a**	*Restricted Formulary* **Non-Formulary:** Rebif	Requires approval of a specialist with assessment and recommendation for the treatment of MS before or after admission to DOC Other immunomodulators or immunosuppressants may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.	AHFS 8:18:20 Interferons	**medline**
Azathioprine	Imuran	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**issue**
Azithromycin	Zithromax	Formulary		AHFS 8:12.06 Macrolides	**issue**
Azulfidine	**Sulfasalazine**	Formulary		AHFS 8:24.20 Sulfonamides	**issue**
Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan, Nasacort	**Triamcinolone**	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection **Non-Formulary:** other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Bacitracin	Bacitracin	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Bacitracin/ polymyxin B/ neomycin	Triple Antibiotic, Neosporin	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.04 Topical Antibacterials	**issue**
Baclofen	Lioresal	*Restricted Formulary* **Non-Formulary:** Treatment of any acute condition	Approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**
Bactrim DS, Cotrim DS, Septra DS	**Trimethoprim/ sulfamethoxazole (SMX-TMP)**	Formulary		AHFS 8:12.20 Sulfonamides	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Bactroban	**Mupirocin**	*Restricted Formulary* **Non-Formulary:** Nasal form	Approved if alternative therapies fail or contraindicated.	AHFS 84:04.04 Topical Antibacterials	**issue**
Baraclude	**Entecavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.32 Nucleosides and nucleotides	**issue**
Baros	**Sodium Bicarbonate**	*Restricted Formulary*	Approved for dialysis patients	AHFS 40:08 Alkalizing agent	**issue**
BayTet	**Tetanus immune globulin**	Formulary		AHFS 80:04 Serums	**medline**
BD Glucose	**Dextrose**	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**
Beclomethasone inhaler	QVAR	Formulary: Inhalers **Non-Formulary:** Nasal Spray		AHFS 52:08 EENT anti-inflammatory agents	**issue**
Benadryl	**Diphenhydramine**	*Restricted Formulary* **Non-Formulary:** Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs	**medline**
Benazepril	Lotensin	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Benemid	**Probenecid**	Formulary		AHFS 40:40 Uricosuric agents	**issue**
Benoxinate/ Fluorescein	Fluress	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**
Bentyl	**Dicyclomine**	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	**medline**
Benzocaine	Orabase	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 52:16 EENT Local Anesthetics	**issue**
Benzoic acid / Atropine / hyoscyamine / methenamine /	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
methylene blue / phenyl salicylate					
Benzonatate	Tessalon	Formulary		AHFS 48:08 Antitussives	**issue**
Benztropine mesylate	Cogentin	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	**medline**
Betadine	**Povidone iodine**	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Betamethasone valerate 0.1%	Valisone	Formulary		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Betapace	**Sotalol**	Formulary *Restricted Formulary*: AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	**issue**
Betaxolol HCl	Betoptic, Betoptic-S	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Bethanechol	Urecholine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Betoptic, Betoptic-S	**Betaxolol HCl**	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Biaxin	**Clarithromycin**	*Restricted Formulary*	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	**issue**
Bicitra, Shohl's solution	**Sodium citrate/ Citric acid**	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Bicillin LA	**Penicillin G, benzathine**	Formulary		AHFS 8:12.16 Penicillins	**medline**
Biotene	**Fluoride/Calcium/ Enzyme Guard**	*Restricted Formulary*	Must be prescribed by DOC Dentists only for patients diagnosed with xerostomia.	AHFS 34:00 Dental Agents	**issue**
Bisacodyl	Dulcolax	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Bismuth subsalicylate	Pepto-Bismol	*Restricted Formulary* OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	**issue**
Boceprevir 200mg Capsule	Victrelis 200mg Capsule	*Restricted Formulary* (Preferred Agent)	Approved only per Hep C Protocol.	AHFS 8:18.08.08 NS3/4A Protease Inhibitors (Pis)	**issue (max: 7 days supply)**
Brethine	**Terbutaline sulfate**	*Restricted Formulary*	Approved for pregnant patients or patients with priapism only.	AHFS 12:12 Sympathomimetic agents	**issue**
Brimonidine	Alphagan P	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Budesonide	Pulmicort	Formulary: Nebs only **Non-Formulary:** other dosage form		52:08 EENT Anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Bupivacaine	Marcaine with & without epi	Formulary		AHFS 72.00 Local Anesthetics	**medline**
Buprenorphine	Subutex	*Restricted Formulary*	Approved for prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist	**Medline Only**
Buprenorphine/ Naloxone	Suboxone	*Restricted Formulary*	Approved for prevention of withdrawal; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist AHFS 28:10 Opiate antagonist	**Medline Only**
Burow's solution	**Aluminum acetate**	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Buspar	**Buspirone**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**issue**
Buspirone	Buspar	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**issue**
Calan, Calan SR	**Verapamil**	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Calcitriol	Rocaltrol	*Restricted Formulary*	For dialysis patients and patients with Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism	AHFS 88:16 Vitamin D	**issue**
Calcium acetate	PhosLo	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Calcium carbonate	Tums	*Restricted Formulary* OTC item, requires approval by facility medical director or pharmacy supervisor	Approved for hypocalcaemia, hyperphosphatemia, H. pylori or end stage renal disease.	AHFS 40:12 Replacement preparations	**issue**
Calcium polycarbophil	Fibercon	*Restricted Formulary* OTC item, Requires approval by facility medical director or pharmacy supervisor.	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives	**issue**
Calcium with Vit D	**Vitamin D with Calcium**	*Restricted Formulary*: OTC item, requires approval by facility medical director or	Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment	AHFS 88:16 Vitamin D	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		pharmacy supervisor.	patients, and lactose intolerant patients		
Campho-Phenique	**Camphor/ phenol/ eucalyptus in light mineral oil**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.		**Issue**
Camphor/phenol/ eucalyptus in light mineral oil	Campho-Phenique	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.		**Issue**
Capoten	**Captopril**	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Capsaicin	Zostrix	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	**issue**
Captopril	Capoten	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Carafate	**Sucralfate**	Formulary		AHFS 56:28.32 Protectants	**issue**
Carbamazepine	Tegretol	Formulary **Non-Formulary:** Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Carbamide Peroxide	Debrox Otic	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**issue**
Carbidopa/ Levodopa **&** **Extended Release**	Sinemet & Extended Release	Formulary: Parkinson's disease *Restricted Formulary*: Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Cardizem, Cardizem CD	**Diltiazem HCl**	Formulary **Non-Formulary:** Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Cardura	**Doxazosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Carvedilol	Coreg	*Restricted Formulary*	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Catapres	**Clonidine**	Formulary: Oral **Non-Formulary:** TTS		AHFS 24:08.16 Central Alpha Agonists	**medline**
Cefazolin sodium	Ancef	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Cefepime	Maxipime	Formulary		AHFS 8:12.06 Cephalosporins	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cefotan	Cefotetan	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Cefotetan	Cefotan	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Cefoxitin sodium	Mefoxin	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Ceftazidime	Fortaz, Tazidime	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Ceftin	**Cefuroxime**	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Ceftriaxone	Rocephin	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Cefuroxime	Ceftin	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Celexa	**Citalopram**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Cephalexin	Keflex	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Cephulac	**Lactulose**	*Restricted Formulary*	Approved for use in patients with hepatic encephalopathy only.	AHFS 40:10 Ammonia Detoxicants	**issue**
CharcoAid	**Charcoal**	Formulary		AHFS 56:04 Antacids and adsorbents	**medline**
Charcoal	CharcoAid	Formulary		AHFS 56:04 Antacids and adsorbents	**medline**
Chlordiazepoxide	Librium	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Chlorhexidine gluconate	Peridex, Hibistat, Hibiclens	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for use per "MRSA" protocol & for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance.	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Chlorpheniramine	Chlor-Trimeton	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 4:04 Antihistamine Drugs	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Chlorpromazine	Thorazine	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Chlorthalidone	Thalitone	*Restricted Formulary*	Approved for the treatment of hypertension. 12.5mg is the preferred starting dose.	AHFS 40:28 Diuretics	**issue**
Chlor-Trimeton	**Chlorpheniramine**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 4:04 Antihistamine Drugs	**issue**
Cholecalciferol	Vitamin D3	*Restricted Formulary*	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis.	AHFS 88:16 Vitamin D	**medline**
Cholestyramine	Prevalite, Questran	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
Choline magnesium trisalicylate	Trilisate	Formulary		AHFS 28:08.04.24 Salicylates	**issue**
Cinacalcet	Sensipar	*Restricted Formulary*	Approved for dialysis patients	AHFS 92:00 Misc.	**issue**
Cipro, Ciloxin	**Ciprofloxacin**	Formulary: Oral *Restricted Formulary*: Ophthalmic and Otic solutions (must fail first line agent) **Non-Formulary:** Intravenous solutions		AHFS 8:12.18 Quinolones	**issue**
Ciprofloxacin	Cipro, Ciloxin	Formulary: Oral *Restricted Formulary*: Ophthalmic and Otic solutions (must fail first line agent) **Non-Formulary:** Intravenous solutions		AHFS 8:12.18 Quinolones	**Issue**
Citalopram	Celexa	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Clarithromycin	Biaxin	*Restricted Formulary*	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	**issue**
Claritin	**Loratadine**	*Restricted Formulary*	OTC item, requires approval by facility	AHFS 4:08 Antihistamine Drugs	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			medical director or pharmacy supervisor.		
Clear-Eyes	**Naphazoline**	*Restricted Formulary*	OTC item, equires approval by facility medical director or pharmacy supervisor.	AHFS 52:32 Vasoconstrictors	**issue**
Cleocin	**Clindamycin**	Formulary **Non-Formulary:** Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Clindamycin	Cleocin	Formulary **Non-Formulary:** Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Clobetasol 0.05%	Temovate	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Clomipramine	Anafranil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Clonazepam	Klonopin	*Restricted Formulary* **Non-Formulary:** Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances (CIV)	**Medline Only**
Clonidine	Catapres	Formulary: Oral **Non-Formulary:** TTS		AHFS 24:08.16 Central Alpha Agonists	**medline**
Clopidogrel	Plavix	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Clotrimazole	Mycelex	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	**issue**
Clotrimazole Troche	Mycelex Troche	Formulary		AHFS 8:14 Antifungals	**issue**
Clozapine	Clozaril	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the manufacturer Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). ($)	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Clozaril	**Clozapine**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	according to Clozapine Protocol. Prescriber must be registered with the manufacturer. Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). ($)		
Coal Tar	Estar 7.5% Gel, Terra-gel Shampoo	*Restricted Formulary*	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	**issue**
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir	Stribild	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir alafenamide	Genvoya	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Codeine/ Acetaminophen	Tylenol #3	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	**Medline Only**
Cogentin	**Benztropine mesylate**	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	**medline**
Colace	**Docusate sodium**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Colchicine	**Colchicine**	*Restricted Formulary*	Approved for up to 14 days of treatment for acute gout flares	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Combivent; Duoneb	**Ipratropium/Albuterol**	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Combivir	**Lamivudine/ Zidovudine**	*Restricted Formulary:*	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			specialist, Chief Medical Officer, or Pharmacy Director is required.		
Compazine	**Prochlorperazine**	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	**issue**
Complera	**Emtricitabine/ Rilpivirine/Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Comtan	**Entacapone**	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Copegus	**Ribavirin**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Cordarone	**Amiodarone**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	**issue**
Coreg	**Carvedilol**	*Restricted Formulary*	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Corgard	**Nadolol**	*Restricted Formulary*	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Cortenema, Anusol-HC, Cotril	**Hydrocortisone HCL**	Formulary: Prescription strength *Restricted Formulary*: OTC items require approval by facility medical director or pharmacy supervisor.		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Cortisporin	**Neomycin/ Polymyxin B/ Hydrocortisone**	Formulary: Otic **Non-Formulary:** Other dosage forms		AHFS 52:04.04 Antibacterials	**issue**
Cotrim DS, Bactrim DS, Septra DS	**Trimethoprim/ sulfamethoxazole (SMX-TMP)**	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Coumadin	**Warfarin sodium**	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
Cozaar	**Losartan**	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	**issue**
Crixivan	**Indinavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Cromolyn sodium	Intal	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Cyanocobalamin	Vitamin B12	Formulary: Injectable		AHFS 88:08 Vitamin B complex	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Other dose form			
Cyclobenzaprine	Flexeril	*Restricted Formulary*	Must fail methocarbamol first. Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Cyclogyl	**Cyclopentolate**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	**issue**
Cyclopentolate	Cyclogyl	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	**issue**
Cyclosporine	Neoral, Sandimmune	Formulary **Non-Formulary:** Ophthalmic		AHFS 92:00 Unclassified therapeutic	**issue**
Cytomel	**Liothyronine**	*Restricted Formulary*	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	**issue**
Daclatasvir	Daklinza	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Daklinza	**Daclatasvir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Dapsone	Dapsone	Formulary		AHFS 8:16.92 Miscellaneous Antimycobacterials	**issue**
Darbepoetin	Aranesp	*Restricted Formulary*	Approved for severe anemia in setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	**medline**
Darunavir	Prezista	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	**issue**
DDAVP	**Desmopressin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	**issue**
Debrox Otic	Carbamide peroxide	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**issue**
Decadron	**Dexamethasone**	Formulary		AHFS 68:04 Adrenals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Delavirdine	Rescriptor	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Deltasone	**Prednisone**	Formulary		AHFS 68:04 Adrenals	**issue**
Dulera	**Formoterol/ mometasone**	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Depakene	**Valproic acid**	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Depakote	**Divalproex**	Formulary: DR **Non-Formulary:** ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	**medline**
Depo-Medrol, Solu-Medrol, Medrol dose pack	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Depo-Testosterone	**Testosterone Cypionate**	*Restricted Formulary*	Requires approval of therapy by Medical CRC or DOC CMO	AHFS 68:08 Androgens	**Medline Only**
Descovy	**Emtricitabine/ Tenofovir alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Desipramine	Norpramin	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Desitin	**Zinc oxide**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:80 Sunscreen agents	**issue**
Desmopressin	DDAVP	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	**issue**
Desyrel	**Trazodone**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval	AHFS 28:16.04 Anti-depressants	**medline**
Dexamethasone	Decadron	Formulary		AHFS 68:04 Adrenals	**issue**
Dexamethasone / Tobramycin	Tobradex	Formulary		AHFS 52:04 Antibacterials	**issue**
Dextran	Gentran	Formulary		AHFS 40:12 Replacement preparations	**medline**
Dextrose	BD Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies	AHFS 40:20 Caloric agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.		
Dextrose & Sodium chloride	Dextrose & Sodium chloride	Formulary		AHFS 40:20 Caloric agents	**medline**
Dialyte	**Peritoneal Dialysis Solutions**	*Restricted Formulary*	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	**medline**
Diamox	**Acetazolamide**	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	**issue**
Diazepam	Valium	*Restricted Formulary* **Non-Formulary:** Hypnotic use	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Dicloxacillin	Dynapen	Formulary		AHFS 8:12.16 Penicillins	**issue**
Dicyclomine	Bentyl	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	**medline**
Didanosine	Videx	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Diflucan	**Fluconazole**	Formulary		AHFS 8:14 Antifungals	**issue**
Digoxin	Lanoxin	Formulary		AHFS 24:04.08 Cardiotonic Agents	**issue**
Dilantin	**Phenytoin**	Formulary: Caps and tabs *Restricted Formulary*: Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	**medline**
Dilaudid	**Hydromorphone**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Medline Only**
Diltiazem HCl	Cardizem, Cardizem CD	Formulary **Non-Formulary:** Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Dipentum	**Olsalazine**	*Restricted Formulary*	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	**issue**
Diphenhydramine	Benadryl	*Restricted Formulary* **Non-Formulary:** Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs	**medline**
Disalcid	**Salsalate**	Formulary		ASHP 28:08.04.24 Salicylates	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Ditropan	**Oxybutynin**	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	**medline**
Divalproex	Depakote	Formulary: DR **Non-Formulary:** ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	**medline**
Docusate sodium	Colace	Formulary		AHFS 56:12 Cathartics and laxatives	**Issue**
Dolophine	**Methadone**	*Restricted Formulary*	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Dolutegravir	Tivicay	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Dolutegravir/ Abacavir/ Lamivudine	Triumeq	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Domeboro Otic	**Acetic acid / Aluminum acetate**	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Donepezil	Aricept	*Restricted Formulary*	Requires psych CRC approval for the treatment of condition. Requires a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	**medline**
Dorzolamide	Trusopt	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	**issue**
Doxazosin	Cardura	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Doxepin	Sinequan	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Doxycycline	Vibramycin, Periostat	*Restricted Formulary*	Approved for use only when cost-efficient alternatives are unavailable.	AHFS 8:12.24 Tetracyclines	**issue**
Dulcolax	**Bisacodyl**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Duoderm	**Flexible hydroactive dressing/ granules**	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Duoneb; Combivent	**Ipratropium/Albuterol**	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Duragesic	**Fentanyl**	*Restricted Formulary*: Patches and injectable	Patches are approved only for palliative care Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Inpatient use only**
Duramorph, MS Contin	**Morphine sulfate**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28;08;08 Opiate agonists Controlled Substance C-II	**Medline Only**
Dyazide, Maxzide	**Hydrochlorothiazide\ Triamterene**	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Dynapen	**Dicloxacillin**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Edurant	**Rilpivirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Diarylpyrimidine, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Efavirenz	Sustiva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Efavirenz/ Emtricitabine/ Tenofovir	Atripla	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Effexor, Effexor XR	**Venlafaxine**	Formulary: IR, ER, XR	Therapeutic Interchange 1:1 XR or ER to IR. No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Efudex	**Fluorouracil**	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				AHFS 10:00 Antineoplastic Agents	
Elavil	**Amitriptyline**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Elbasvir/ Grazoprevir	Zepatier	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	8:18.40.24 HCV Replication Complex Inhibitors 8:18.40.20 - HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir	Stribild	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir alafenamide	Genvoya	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
EMLA	**Lidocaine/Prilocaine**	*Restricted Formulary*	Approved at Medline for dialysis patients only.	AHFS 72:00 Local anesthetics	**Medline Only**
Emtricitabine	Emtriva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Emtricitabine/ Cobicistat/ Elvitegravir/ Tenofovir	Stribild	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Cobicistat/ Elvitegravir/ Tenofovir alafenamide	Genvoya	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Efavirenz/ Tenofovir	Atripla	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	(NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	
Emtricitabine/ Rilpivirine/ Tenofovir	Complera	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Rilpivirine/ Tenofovir alafenamide	Odefsey	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Tenofovir	Truvada	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Emtricitabine/ Tenofovir alafenamide	Descovy	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Emtriva	**Emtricitabine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
E-Mycin, Erytab, Erythrocin	**Erythromycin**	Formulary **Non-Formulary:** Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	**Issue**
Enalapril	Vasotec	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Enbrel	**Etanercept**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor	AHFS 92:00 MISC TNF Blocker	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Adalimumab shall be considered first		
Enfuvirtide (injection)	Fuzeon (injection)	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.04 HIV Fusion Inhibitors	**Medline Only**
Engerix-B, Recombivax-HB	**Hepatitis B virus vaccine recombinant**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Enoxaparin	Lovenox	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	**medline**
Entacapone	Comtan	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Entecavir	Baraclude	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.32 Nucleosides and nucleotides	**issue**
Epclusa	**Sofosbuvir/ Velpatasvir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Epinephrine	EpiPen	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	**medline**
EpiPen	**Epinephrine**	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	**medline**
Epivir	**Lamivudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	**issue**
Epoetin Alfa	Epogen, Procrit	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Epogen, Procrit	**Epoetin Alfa**	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and HepC C Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Epzicom	**Abacavir/ Lamivudine**	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Erythromycin	E-Mycin, Erytab, Erythrocin	Formulary **Non-Formulary:** Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	**issue**
Escitalopram	Lexapro	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Eskalith, Lithobid	**Lithium carbonate**	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**
Estar 7.5% Gel, Terra-gel Shampoo	**Coal Tar**	Formulary	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	**issue**
Estrace	**Estradiol**	*Restricted Formulary*	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years or per OBGYN recommendation	AHFS 68:16 Estrogens	**issue**
Estradiol	Estrace	*Restricted Formulary*	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years or per OBGYN recommendation	AHFS 68:16 Estrogens	**Issue**
Etanercept	Enbrel	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	**medline**
Ethambutol	Myambutol	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Ethinyl Estradiol/ Norethindrone	Ortho-Novum 1/35, 7/7/7	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision.	AHFS 68:12 Contraceptives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved prior to release for 1 month and post release for contraception per policy.		
Ethinyl Estradiol/ Norgestimate	Ortho-Tri-Cyclen	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Etodolac	Lodine	*Restricted Formulary* **Non-Formulary:** Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Etravirine	Intelence	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Eucerin	**Hydrophilic cream**	*Restricted Formulary* **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Excedrin Migraine	**Acetaminophen/ ASA/Caffeine**	*Restricted Formulary*	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. Limit fills to 20 tablets per 30 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Ezetimibe/ Simvastatin	Vytorin	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Feiba VH	**Anti-inhibitor coagulant complex**	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Fentanyl	Duragesic	*Restricted Formulary*: Patches and injectable	Patches are approved for palliative care only Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Inpatient use only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Feosol	**Ferrous sulfate**	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Fergon	**Ferrous gluconate**	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Ferrlecit	**Sodium ferric gluconate complex**	*Restricted Formulary*	Approved for dialysis patients only	AHFS Iron Preparations	**medline**
Ferrous gluconate	Fergon	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Ferrous sulfate	Feosol	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Fibercon	**Calcium polycarbophil**	*Restricted Formulary*: OTC item, Requires approval by facility medical director or pharmacy supervisor.	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives	**Issue**
Filgrastim	Neupogen	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Finasteride	Proscar	*Restricted Formulary*	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	**issue**
Flagyl, MetroGel Vaginal	**Metronidazole**	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**
Fleets enema	**Sodium phosphate/ sodium biphosphate**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Flexeril	**Cyclobenzaprine**	*Restricted Formulary*	Must fail methocarbamol first. Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Flexible hydroactive dressing/ granules	Duoderm	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	**medline**
Flomax	**Tamsulosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Flovent	**Fluticasone**	Formulary: Oral Inhaler **Non-Formulary:** Nasal Spray		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Floxin	**Ofloxacin ophthalmic 0.3% solution**	Formulary: Ophthalmic **Non-Formulary:** Otic		AHFS 52:04 Anti-infectives	**issue**
Fluconazole	Diflucan	Formulary		AHFS 8:14 Antifungals	**issue**
Flumazenil	Romazicon	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**medline**
Fluocinonide 0.5%	Lidex	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Fluogen, Fluzone	**Influenza virus vaccine**	*Restricted Formulary*	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	**medline**
Fluorescein ophthalmic strip	Fluorets	Formulary			**medline**
Fluorescein/ Benoxinate	Fluress	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**
Fluorets	**Fluorescein ophthalmic strip**	Formulary			**medline**
Fluoride topical	PreviDent	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Fluorouracil	Efudex	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	**issue**
Fluoxetine	Prozac	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Fluphenazine and Decanoate	Prolixin and Decanoate	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Flurbiprofen	Ansaid	*Restricted Formulary*	Dental procedure only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Fluress	**Benoxinate/ Fluorescein**	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**
Fluticasone	Flovent	Formulary: Oral Inhaler **Non-Formulary:** Nasal Spray	Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Fluvoxamine	Luvox	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Folic Acid	Folvite	Formulary		AHFS 88:08 Vitamin B Complex	**issue**
Folvite	**Folic Acid**	Formulary		AHFS 88:08 Vitamin B Complex	**issue**
Formoterol/ mometasone	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Fortaz, Tazidime	**Ceftazidime**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Fosamax	**Alendronate**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Fosamprenavir	Lexiva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Fungizone	**Amphotericin B**	Formulary **Non-Formulary:** Oral		AHFS 8:14 Antifungals	**medline**
Furosemide	Lasix	Formulary		AHFS 40:28 Diuretics	**issue**
Fuzeon (injection)	**Enfuvirtide (injection)**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08.04 HIV Fusion Inhibitors	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Gabapentin	Neurontin	**Non-Formulary** ***(maximum of 1 year NFR approval)***	Refer to Gabapentinoid Protocol for specific criteria. Patients may not receive doses greater than 2400mg/day without specific approval.	AHFS 28:12.92 Anticonvulsants Misc.	**Medline Only**
Garamycin	**Gentamicin sulfate**	Formulary		AHFS 8:12.02 Aminoglycosides	**issue topical**
Gaviscon	**Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	**issue**
Gemfibrozil	Lopid	*Restricted Formulary*	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents	**issue**
Gentamicin sulfate	Garamycin	Formulary		AHFS 8:12.02 Aminoglycosides	**issue topical**
Gentran	**Dextran**	Formulary		AHFS 40:12 Replacement preparations	**medline**
Genvoya	**Cobicistat/ Elvitegravir/ Emtricitabine/ <u>Tenofovir alafenamide</u>**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Geodon	**Ziprasidone**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**issue**
Glipizide	Glucotrol	Formulary **Non-Formulary:** XL		AHFS 68:20.20 Sulfonylureas	**issue**
GlucaGen	**Glucagon**	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Glucagon	GlucaGen	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	**medline**
Glucophage	**Metformin**	Formulary		AHFS 68:20.04 Biguanides	**issue**
Glucose tablets	Insta-Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescribe if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**
Glucotrol	**Glipizide**	Formulary **Non-Formulary:** XL		AHFS 68:20.20 Sulfonylureas	**issue**
Glyburide	Micronase	Formulary		AHFS 68:20.20 Sulfonylureas	**issue**
Golytely	Polyethylene glycol electrolyte solution	*Restricted Formulary*	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	**issue**
Grafco	**Silver Nitrate**	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**medline**
Grazoprevir/ Elbasvir	Zepatier	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	8:18.40.24 HCV Replication Complex Inhibitors 8:18.40.20 - HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Guanfacine ER	Intuniv	*Restricted Formulary*	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Haldol	**Haloperidol and Decanoate**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.08 Butyrophenones	**medline**
Haloperidol and Decanoate	Haldol	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two		AHFS 28:16.08.08 Butyrophenones	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).			
Harvoni	**Ledipasvir/Sofosbuvir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Havrix	**Hepatitis A virus vaccine**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. Hep C infected or high-risk job	AHFS 80:12 Vaccines	**medline**
H-BIG	**Hepatitis B Immune Globulin**	Formulary		AHFS 80:04 Serums	**medline**
Heparin	Heparin	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
Hepatitis A inactivated/ Hepatitis B recombinant vaccine	Twinrix	*Restricted Formulary*	Follow Hepatitis Vaccine Public Health Order (InsideDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Hepatitis A virus vaccine	Havrix	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. Hep C infected or high-risk job	AHFS 80:12 Vaccines	**medline**
Hepatitis B Immune Globulin	H-BIG	Formulary		AHFS 80:04 Serums	**medline**
Hepatitis B virus vaccine recombinant	Engerix-B, Recombivax-HB	*Restricted Formulary*	per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Hibiclens, Hibistat, Peridex	**Chlorhexidine gluconate**	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for use per "MRSA" protocol & for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line,	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			or PICC line maintenance.		
Homatropine ophthalmic	Isopto- Homatropine	Formulary		AHFS 52:24 Mydriatics	**issue**
Humalog	**Insulin Lispro**	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1	AHFS 68:20.08 Insulins	**medline**
Humira	**Adalimumab**	*Restricted Formulary*	Requires approval of specialist assessment and recommendation before or after admission to DOC	AHFS 92:00 MISC	**medline**
Hydralazine	Apresoline	Formulary		AHFS 24:08.20 Direct Vasodilators	**issue**
Hydrea	**Hydroxyurea**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Hydrochlorothiazide	HydroDiuril	Formulary		AHFS 40:28 Diuretics	**issue**
Hydrochlorothiazide\ triamterene	Maxzide, Dyazide	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Hydrocortisone HCL	Anusol-HC, Cortenema	Formulary: Prescription strength *Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.		AHFS 84:06 Topical anti-inflammatory agents	**issue**
HydroDiuril	**Hydrochlorothiazide**	Formulary		AHFS 40:28 Diuretics	**issue**
Hydromorphone	Dilaudid	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Medline Only**
Hydrophilic cream	Eucerin	*Restricted Formulary*: **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Hydrophilic Ointment	Aquaphor	*Restricted Formulary*: **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Hydroxychloroquine	Plaquenil	*Restricted Formulary*	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	**issue**
Hydroxyurea	Hydrea	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Hydroxyzine	Vistaril or Atarax	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**medline**
Hyoscyamine / benzoic acid / atropine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Hyoscyamine sulfate	Levsin	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	**medline**
Ibuprofen	Motrin	*Restricted Formulary*: All strength require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Imdur	**Isosorbide Mononitrate** **Isosorbide Mononitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Imipramine	Tofranil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Imitrex	**Sumatriptan**	*Restricted Formulary:* oral tablets **Non-Formulary:** other dosage forms and use beyond current quantity limitations.	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Immune globulin	Venoglobulin	Formulary		AHFS 80:04 Serums	**medline**
Imodium	**Loperamide**	Formulary		AHFS 56:08 Anti-diarrhea agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Imuran	**Azathioprine**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**issue**
Incivek 375mg Tab	**Telaprevir 375mg Tablet**	*Restricted Formulary*	Approved only per Hep C Protocol	AHFS 8:18.08.08 NS3/4A Protease Inhibitors (Pis)	**issue (max: 7 days supply)**
Incruse Ellipta	**Umeclidinium**	Formulary		12:08.08 - Antimuscarinics/ Antispasmodics	**issue**
Inderal	**Propranolol**	Formulary *Restricted Formulary*: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Indinavir	Crixivan	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Indocin	**Indomethacin**	*Restricted Formulary*	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Indomethacin	Indocin	*Restricted Formulary*	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Infliximab	Remicade	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	**medline**
Influenza virus vaccine	Fluogen or Fluzone	*Restricted Formulary*	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	**medline**
INH, Nydrazid	**Isoniazid**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Inhaler spacer	Aerochamber	Formulary			**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Insta-Glucose	**Glucose tablets**	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**
Insulin Aspart	NovoLog	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1	AHFS 68:20.08 Insulins	**medline**
Insulin Glargine	Lantus	*Restricted Formulary* **Non-Formulary:** More than once a day for Type 2 Diabetics	Approved for: Continuation of therapy or failure of NPH in Type 1 Diabetics or Type 2 Diabetics with frequent hypoglycemic episodes while on intensive insulin therapy. Twice daily dosing is approved for Type 1 Diabetics if once daily dosing is proven ineffective.	AHFS 68:20.08 Insulins	**medline**
Insulin Lispro	Humalog	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and	AHFS 68:20.08 Insulins	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1		
Insulin NPH	Insulin NPH	Formulary		AHFS 68:20.08 Insulins	**medline**
Insulin Regular	Insulin Regular	Formulary		AHFS 68:20.08 Insulins	**medline**
Intal	**Cromolyn sodium**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Intelence	**Etravirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Interferon Alfa 2b	Intron A	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Interferon Beta 1a	Avonex	*Restricted Formulary* **Non-Formulary:** Rebif	Requires approval of specialist assessment and recommendation for the treatment of MS before or after admission to DOC Other Immunomodulators or immunosuppressant may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.	AHFS 8:18:20 Interferons	**medline**
Intron A	**Interferon Alfa 2b**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Intuniv	**Guanfacine ER**	*Restricted Formulary*	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Invirase	**Saquinavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Ipecac Syrup	Ipecac Syrup	Formulary	Use only with recommendation from Poison Control Center.	AHFS 56:20 Emetics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Ipratropium	Atrovent	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Ipratropium/ Albuterol	Combivent; Duoneb	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Iron Sucrose	Venofer	*Restricted Formulary*	Approved for dialysis patients only	AHFS 20:04.04 Iron Preparations	**medline**
Isentress	**Raltegravir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Isoniazid	INH, Nydrazid	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Isopropyl Alcohol	**Alcohol, isopropyl**	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Isopto- Homatropine	**Homatropine ophthalmic**	Formulary		AHFS 52:24 Mydriatics	**issue**
Isopto-Atropine	**Atropine sulfate**	Formulary		AHFS 52:24 Mydriatics	**issue**
Isopto-Carpine, Pilocar, Salagen	**Pilocarpine ophthalmic solution**	Formulary		AHFS 52:20 Miotics	**issue**
Isordil, Sorbitrate	**Isosorbide dinitrate** **Isosorbide dinitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Isosorbide dinitrate, Isosorbide dinitrate ER	Isordil, Sorbitrate	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Isosorbide Mononitrate, Isosorbide Mononitrate ER	Imdur	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Ivermectin	Stromectol	*Restricted Formulary*	Approved after failure of or contraindication to permethrin.	AHFS 84:04.12 Scabicides and pediculicides	**medline**
Kaletra	**Lopinavir/Ritonavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Kayexalate	**Sodium polystyrene sulfonate**	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	**medline**
K-Dur	**Potassium chloride**	Formulary		AHFS 40:12 Replacement preparations	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Keflex	**Cephalexin**	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Kenalog, Kenalog in Orabase, Aristospan, Nasacort, Azmacort, Aristocort ,	**Triamcinolone**	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection **Non-Formulary:** other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Keppra	**Levetiracetam**	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**issue**
Ketoconazole	Nizoral	Formulary: Topical **Non-Formulary:** Oral		AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	**issue**
Ketorolac	Toradol	Formulary: Injection *Restricted Formulary:* Ophthalmic & Tablet dosage forms **Non-Formulary:** Use of injectable form in Chronic Pain or Outpatient PRN orders.	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation Tablets approved for: treatment of renal or biliary colic	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	**medline**
Klonopin	**Clonazepam**	*Restricted Formulary* **Non-Formulary:** Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances C-IV	**Medline Only**
Lacri-Lube	**Ophthalmic lubricant**	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Lactaid	**Lactase enzyme**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 44:00 Enzymes	**issue**
Lactase enzyme	Lactaid	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 44:00 Enzymes	**issue**
Lactated Ringer's	Lactated Ringer's	Formulary		AHFS 40:36 Irrigating solutions	**medline**
Lactulose	Cephulac	*Restricted Formulary*	Approved for use in patients with hepatic encephalopathy only	AHFS 40:10 Ammonia Detoxicants	**issue**
Labetalol	**Trandate**	*Restricted Formulary*	Approved for pregnant women with HTN	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Lamictal	**Lamotrigine**	*Restricted Formulary* **Non-Formulary:** Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			documented failure of Formulary medications.		
Lamisil	**Terbinafine**	*Restricted Formulary*: 1) Oral 2) Topical	1) Approved for treatment of complicated onychomycosis as specified in the Offender Health Plan. 2) Approved for patients with HIV and diabetics only	AFSH 8:14 Antifungals	**issue**
Lamivudine	Epivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamivudine/ Abacavir	Epzicom	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Lamivudine/ Abacavir/ Dolutegravir	Triumeq	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Lamivudine/ Abacavir/ Zidovudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamivudine/ Zidovudine	Combivir	*Restricted Formulary:*	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamotrigine	Lamictal	*Restricted Formulary* **Non-Formulary:** Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			documented failure of Formulary medications.		
Lanoxin	**Digoxin**	Formulary		AHFS 24:04.08 Cardiotonic Agents	**issue**
Lantus	**Insulin Glargine**	*Restricted Formulary* **Non-Formulary:** More than once a day for Type 2 Diabetics	Approved for: Continuation of therapy or failure of NPH in Type 1 Diabetics or Type 2 Diabetics with frequent hypoglycemic episodes while on intensive insulin therapy. Twice daily dosing is approved for Type 1 Diabetics if once daily dosing is proven ineffective.	AHFS 68:20.08 Insulins	**medline**
Lasix	**Furosemide**	Formulary		AHFS 40:28 Diuretics	**issue**
Latanoprost	Xalatan	Formulary		AHFS 52:36 Miscellaneous EENT agents	**issue**
Ledipasvir/ Sofosbuvir	Harvoni	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Levalbuterol HFA	Xopenex HFA	*Restricted Formulary*: Neb, MDI **Non-Formulary:** Other HFA Brands	Approved if albuterol has a higher cost, albuterol is limited in availability or if patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Levaquin	**Levofloxacin**	Formulary		AHFS 8:12.18 Quinolones	**issue**
Levetiracetam	Keppra	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**issue**
Levodopa/ Carbidopa **&** **Extended Release**	Sinemet & Extended Release	Formulary: Parkinson's disease	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Restricted Formulary: Restless Leg Syndrome			
Levofloxacin	Levaquin	Formulary		AHFS 8:12.18 Quinolones	**issue**
Levothyroxine	Synthroid or Levothroid	Formulary		AHFS 68:36.04 Thyroid agents	**issue**
Levsin	**Hyoscyamine sulfate**	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	**medline**
Lexapro	**Escitalopram**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Lexiva	**Fosamprenavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**medline**
Librium	**Chlordiazepoxide**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Lidex	**Fluocinonide 0.5%**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Lidocaine	Xylocaine, Xylocaine/Epi.	Formulary **Non-Formulary:** Patches	Not approved for antiarrhythmic treatment	AHFS 72:00 Local anesthetics	**issue topical**
Lidocaine/Prilocaine	EMLA	*Restricted Formulary*	Approved at Medline for dialysis patients only.	AHFS 72:00 Local anesthetics	**Medline Only**
Linezolid	Zyvox	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Lipitor	**Atorvastatin**	*Restricted Formulary*	Approved per the 2013 ACC/AHA Guidelines.	AHFS 24:06 Antilipemic agents	**issue**
Lioresal	**Baclofen**	*Restricted Formulary* **Non-Formulary:** Treatment of any acute condition	Approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Liothyronine	Cytomel	*Restricted Formulary*	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	**issue**
Lisinopril	Zestril, Prinivil	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Lithium carbonate	Lithobid, Eskalith	Formulary *Restricted Formulary*; Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**
Lithobid, Eskalith	**Lithium carbonate**	Formulary *Restricted Formulary*: Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**
Lodine	**Etodolac**	*Restricted Formulary* **Non-Formulary:** Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Loperamide	Imodium	Formulary		AHFS 56:08 Anti-diarrhea agents	**issue**
Lopid	**Gemfibrozil**	*Restricted Formulary*	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents	**issue**
Lopinavir/ Ritonavir	Kaletra	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Lopressor	**Metoprolol**	Formulary *Restricted Formulary*: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Loratadine	Claritin	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 4:08 Antihistamine Drugs	**issue**
Lorazepam	Ativan	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Losartan	Cozaar	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	**issue**
Lotensin	**Benazepril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Lovenox	**Enoxaparin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	**medline**
Loxapine	Loxitane	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).			
Loxitane	**Loxapine**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	**medline**
Luminol	**Phenobarbital**	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	**Medline Only**
Luvox	**Fluvoxamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Maalox	**Aluminum & magnesium hydroxide**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	**issue**
Macrodantin	**Nitrofurantoin**	Formulary		AHFS 8:36 Urinary Anti-infectives	**issue**
Magnesium Citrate	Magnesium Citrate	*Restricted Formulary*	Approved for procedures and severe constipation. Not to exceed 2 doses per week.	AHFS 56:12 Cathartics and laxatives	**medline**
Magnesium Hydroxide	Milk of Magnesia	Formulary		AHFS 56:04 Antacids and adsorbents	**issue**
Magnesium & Aluminum hydroxide	Maalox	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Magnesium/ Aluminum/Sodium bicarbonate & Algenic acid	Gaviscon	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	**issue**
Magnesium Oxide	MagOx	Formulary: Oral tablets **Non Formulary:** other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	**issue**
MagOx	**Magnesium Oxide**	Formulary: Oral tablets **Non Formulary:** other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	**issue**
Major-Gesic Aceta-Gesic,	**Acetaminophen/ Phenyltoloxamine citrate**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Malathion	Ovide	*Restricted Formulary*	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	**issue**
Maraviroc	Selzentry	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Marcaine with & without epi	**Bupivacaine**	Formulary		AHFS 72.00 Local Anesthetics	**medline**
Matulane	**Procarbazine**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Maxipime	**Cefepime**	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Maxitrol	**Neomycin/ Polymyxin B/ Dexamethasone**	*Restricted Formulary*: ophthalmic only		AHFS 52:04.04 Antibacterials	**issue**
Maxzide, Dyazide	**Hydrochlorothiazide/ Triamterene**	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Meclizine	Antivert	Formulary		AHFS 56:22 Anti-emetics	**issue**
Medrol dose pack, Depo-Medrol, Solu-Medrol	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Medroxyprogesterone	Provera	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine bleeding and part of the SOTP program.	AHFS 68:32 Progestins	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved prior to release for contraception (Depo-Provera) per policy. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.		
Mefoxin	**Cefoxitin sodium**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Meloxicam	Mobic	*Restricted Formulary*	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Meningococcal Vaccine	Menomune	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	**medline**
Menomune	**Meningococcal Vaccine**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	**medline**
Mephyton, Aqua-Mephyton	**Phytonadione (Vitamin K-1)**	Formulary		AHFS 88:24 Vitamin K activity	**medline**
Mesalamine	Asacol, Lialda, Rowasa	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**
Mestinon	**Pyridostigmine**	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Metamucil Sugar Free Only	**Psyllium** Sugar Free Only	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor if failed Calcium polycarbophil	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	**issue**
Metformin	Glucophage	Formulary		AHFS 68:20.04 Biguanides	**issue**
Methadone	Dolophine	*Restricted Formulary*	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber.	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Refer to Opiate Management Protocol for prescribing guidelines		
Methenamine/ Atropine/Benzoic acid/ Hyoscyamine/ Methylene blue & Phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Methimazole	Tapazole	Formulary		AHFS 68:36.08 Anti-thyroid Agents	**issue**
Methocarbamol	Robaxin	*Restricted Formulary*	Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Methotrexate	Trexall	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Methylene blue / Hyoscyamine / Benzoic acid / Atropine / Methenamine & Phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Methylprednisolone	Depo-Medrol , Solu-Medrol, Medrol dose pack	Formulary		AHFS 68:04 Adrenals	**issue**
Metolazone	Zaroxolyn	*Restricted Formulary*	If creatinine clearance less than 30 or serum creatinine is greater than 2	AHFS 40:28 Diuretics	**issue**
Metoclopramide	Reglan	Formulary		AHFS 56:32 Prokinetic Agents	**issue**
Metoprolol	Lopressor	Formulary *Restricted Formulary*: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
MetroGel Vaginal, Flagyl	**Metronidazole**	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**
Metronidazole	Flagyl, MetroGel Vaginal	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Miconazole	Monistat	*Restricted Formulary:* Topical **Non-Formulary**: Oral	Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.08 Topical antifungal	**issue**
Micronase	**Glyburide**	Formulary		AHFS 68:20.20 Sulfonylureas	**issue**
Midazolam	Versed	*Restricted Formulary*	Approved for procedures only	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Midodrine	ProAmatine	*Restricted Formulary*	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	**medline**
Milk of Magnesia	**Magnesium Hydroxide**	Formulary		AHFS 56:04 Antacids and adsorbents	**issue**
Mineral oil	Mineral oil	*Restricted Formulary* **Non-Formulary:** Topical use	Approved as a laxative- for dialysis patients and inpatients	AHFS 56:12 Cathartics and laxatives	**issue**
Minipress	**Prazosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Mirapex	**Pramipexole**	*Restricted Formulary*	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Miralax	**Polyethylene glycol**	*Restricted Formulary*	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	**issue**
Mirtazapine	Remeron	Formulary		AHFS 28:16:04 Anti-depressants	**medline**
MMR-II	**Mumps/ measles & rubella vaccine**	*Restricted Formulary*	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Mobic	**Meloxicam**	*Restricted Formulary*	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Mometasone/ formoterol	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Monarch Factor VIII	**Antihemophilic Factor**	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Monistat	**Miconazole**	*Restricted Formulary:* Topical **Non-Formulary:** Oral	Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.08 Topical antifungal	**issue**
Montelukast	Singulair	*Restricted Formulary*	Approved if alternative therapies fail or	AHFS 92:00 Miscellaneous therapeutic agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			contraindicated or for moderate to severe asthma as adjunctive therapy.		
Morphine sulfate	Duramorph, MS Contin	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28;08;08 Opiate agonists Controlled Substance C-II	**Medline Only**
Motrin	**Ibuprofen**	*Restricted Formulary*: All strength require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
MS Contin, Duramorph	**Morphine sulfate**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28;08;08 Opiate agonists Controlled Substance C-II	**Medline Only**
Mucomyst	**Acetylcysteine solution**	Formulary **Non-Formulary**: Tablet		AHFS 48:24 Mucolytic agents	**issue**
Multivitamins with Folic Acid	Prenatal Rx	*Restricted Formulary*	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	**issue**
Multivitamins with no iron	MVI with no Fe	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 88:28 Dietary supplement	**issue**
Mumps, Measles, & Rubella vaccine	MMR-II	*Restricted Formulary*	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Mupirocin	Bactroban	*Restricted Formulary*: **Non-Formulary:** nasal form	Approved if alternative therapies fail or contraindicated.	AHFS 84:04.04 Topical Antibacterials	**issue**
MVI with no Fe	**Multivitamins with no iron**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 88:28 Dietary supplement	**issue**
Myambutol	**Ethambutol**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Mycelex	**Clotrimazole**	*Restricted Formulary* OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Mycelex Troche	**Clotrimazole troche**	Formulary		AHFS 8:14 Antifungals	**issue**
Mycifradin	**Neomycin Sulfate**	Formulary: Oral **Non-Formulary:** Other dosage forms		AHFS 8:12.02 Aminoglycosides	**issue**
Mycostatin	**Nystatin**	Formulary		AHFS 8:14 Antifungals	**issue**
Mydral	**Tropicamide**	*Restricted Formulary*	For procedures only	AHFS: 52:24 Mydriatic	**medline**
Mylicon	**Simethicone**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 56:10 Antiflatulents	**issue**
Nadolol	Corgard	*Restricted Formulary*	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Naloxone	Narcan	Formulary		AHFS 28:10 Opiate antagonists	**medline**
Naphazoline	Clear-Eyes	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	**issue**
Naphazoline/ Pheniramine	Visine A	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 52:32 Vasoconstrictors	**issue**
Naproxen	Anaprox	*Restricted Formulary*: All strengths require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08 Nonsteroidal anti-inflammatory agents	**issue**
Narcan	**Naloxone**	Formulary		AHFS 28:10 Opiate antagonists	**medline**
Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	**Triamcinolone**	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection **Non-Formulary:** other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Navane	**Thiothixene**	*Restricted Formulary'* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.32 Thioxanthenes	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).			
Nefazodone	Serzone	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Nelfinavir	Viracept	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Neomycin Sulfate	Mycifradin	Formulary: Oral **Non-Formulary:** Other dosage forms		AHFS 8:12.02 Aminoglycosides	**issue**
Neomycin, Polymyxin B, Bacitracin	Triple Antibiotic, Neosporin	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	**issue**
Neomycin/ Polymyxin B/ Dexamethasone	Maxitrol	*Restricted Formulary*: ophthalmic only		AHFS 52:04.04 Antibacterials	**issue**
Neomycin/ Polymyxin B/ Hydrocortisone	Cortisporin	Formulary: Otic **Non-Formulary:** Other dosage forms		AHFS 52:04.04 Antibacterials	**issue**
Neoral or Sandimmune	**Cyclosporine**	Formulary **Non-Formulary:** Ophthalmic		AHFS 92:00 Unclassified therapeutic	**issue**
Neosporin, Triple Antibiotic	**Bacitracin, Polymyxin B, Neomycin**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	**issue**
Nephrovite, Nephrocap	**Vitamin B complex**	*Restricted Formulary*	Approved for dialysis patients only	AHFS 88:08 Vitamin B Complex	**issue**
Neupogen	**Filgrastim**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Neurontin	**Gabapentin**	**Non-Formulary** (***maximum of 1 year NFR approval)***	Refer to Gabapentinoid Protocol for specific criteria. Patients may not receive doses greater than 2400mg/day without specific approval.	AHFS 28:12.92 Anticonvulsants Misc.	**Medline only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nevirapine **Nevirapine XR**	Viramune Viramune XR	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Niacin, **Niacin SR**	Niacin, Niaspan	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	**issue**
Niaspan, Niacin	**Niacin SR,** **Niacin**	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	**issue**
Nifedipine **(including Extended Release)**	Adalat (including Extended Release)	*Restricted Formulary*	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Nitro-Bid, Nitrodur Nitrostat	**Nitroglycerin**	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nitrofurantoin	Macrodantin	Formulary		AHFS 8:36 Urinary Anti-infectives	**issue**
Nitroglycerin	Nitrostat or Nitro-Bid or Nitrodur	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nitrostat, Nitro-Bid, Nitrodur	**Nitroglycerin**	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nix, Acticin	**Permethrin**	*Restricted Formulary*	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	**issue**
Nizoral	**Ketoconazole**	Formulary: Topical **Non-Formulary:** Oral		AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	**issue**
Nolvadex	**Tamoxifen citrate**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Norethindrone	Ortho Micronor	*Restricted Formulary*	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and	AHFS 68:12 Contraceptives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			post release for contraception per policy.		
Norethindrone/ Ethinyl Estradiol	Ortho-Novum 1/35, 7/7/7	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Norgestimate/ Ethinyl Estradiol	Ortho-Tri-Cyclen	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Norpramin	**Desipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Nortriptyline	Pamelor	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Norvasc	**Amlodipine**	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Norvir	**Ritonavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the	AHFS 8:18.08.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
NovoLog	**Insulin Aspart**	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1	AHFS 68:20.08 Insulins	**medline**
Nydrazid, INH	**Isoniazid**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Nystatin	Mycostatin	Formulary		AHFS 8:14 Antifungals	**issue**
Odefsey	**Emtricitabine/ Rilpivirine/ <u>Tenofovir alafenamide</u>**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Ofloxacin ophthalmic 0.3% solution	Floxin	Formulary: Ophthalmic **Non-Formulary:** Otic		AHFS 52:04 Anti-infectives	**issue**
Olanzapine	Zyprexa, Zyprexa Zydis	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD May interchange Olanzapine/Olanzapine ODT 1:1	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Olsalazine	Dipentum	*Restricted Formulary*	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Olysio	**Simeprevir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.20 HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
1) Omeprazole **2) Omeprazole sodium bicarbonate**	1) Prilosec 2) Zegerid	1)Formulary 2)*Restricted Formulary*	Preferred PPI 2) Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Ondansetron	Zofran	*Restricted Formulary*	Approved for cancer patients or if alternative therapies fail or contraindicated	AHFS 56:22 Antiemetics	**issue**
Ophthalmic lubricant	Lacri-Lube	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Orabase	**Benzocaine**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 52:16 EENT Local Anesthetics	**issue**
Ortho Micronor	**Norethindrone**	*Restricted Formulary*	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Ortho-Novum 1/35, 7/7/7	**Norethindrone/ Ethinyl Estradiol**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Ortho-Tri-Cyclen	**Norgestimate/ Ethinyl Estradiol**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for	AHFS 68:12 Contraceptives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.		
Oseltamivir	Tamiflu	*Restricted Formulary*	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals	**issue**
Ovide	**Malathion**	*Restricted Formulary*:	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	**issue**
Oxacillin	Bactocill	Formulary		AHFS 8.12.16 Penicillins	**medline**
Oxcarbazepine	Trileptal	*Restricted Formulary*	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Oxybutynin	Ditropan	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	**medline**
Oxycodone	Roxicodone	*Restricted Formulary* **Non-Formulary:** combinations and long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Oxymetazoline	Afrin	*Restricted Formulary*	Approved for acute epistaxis.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Pancrease (all products)	**Pancrelipase**	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	**issue**
Pancrelipase (all products)	Pancrease	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	**issue**
Pantoprazole (all dosage forms)	Protonix	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Paricalcitol	Zemplar	*Restricted Formulary*	Approved for dialysis patients only	AHFS 88:16 Vitamin D	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Parnate	**Tranylcypromine**	*Restricted Formulary*	Approved if alternative therapy fail Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	**medline**
Parcaine	**Proparacaine**	*Restricted Formulary*	For procedures only	AHFS: 52:16 Local Anesthetics	**medline**
Paroxetine	Paxil	Formulary **Non-Formulary:** CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Paxil	**Paroxetine**	Formulary **Non-Formulary:** CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Pegasys	**Peginterferon Alfa-2a**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peginterferon Alfa-2a	Pegasys	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peginterferon Alfa-2b	Peg-Intron	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peg-Intron	**Peginterferon Alfa-2b**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Pen VK	**Penicillin V potassium**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Penicillin G benzathine	Bicillin LA	Formulary		AHFS 8:12.16 Penicillins	**medline**
Penicillin V potassium	Pen VK	Formulary		AHFS 8:12.16 Penicillins	**issue**
Pentoxifylline	Trental	Formulary		AHFS 20:24 Hemorrheologic Agents	**issue**
Pepto-Bismol	**Bismuth subsalicylate**	*Restricted Formulary* OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	**issue**
Peridex, Hibiclens, Hibistat	**Chlorhexidine gluconate**	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for use per "MRSA" protocol & for pre-op or pre-procedure preparation as a surgical	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			scrub, during the insertion of an IV line, or PICC line maintenance.		
Periostat, Vibramycin	**Doxycycline**	*Restricted Formulary*	Approved for use only when cost-efficient alternatives are unavailable.	AHFS 8:12.24 Tetracyclines	**issue**
Peritoneal Dialysis Solutions	Dialyte	*Restricted Formulary*	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	**medline**
Permethrin	Nix or Acticin	*Restricted Formulary*	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	**issue**
Perphenazine	Trilafon	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.24 Phenothiazines	**medline**
Phenazopyridine	Pyridium	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	**issue**
Phenergan	**Promethazine**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	**issue**
Pheniramine/ Naphazoline	Visine A	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	**issue**
Phenobarbital	Luminol	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	**Medline Only**
Phenol/Camphor/ Eucalyptus in light Mineral Oil	Campho-Phenique	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.		**Issue**
Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil	**Preparation H**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 12:12.04 Alpha Adrenergic Agonists	**Issue**
Phenyl salicylate / Methylene blue / Hyoscyamine / Benzoic acid / Atropine / Methenamine	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Phenyltoloxamine citrate / Acetaminophen	Aceta-Gesic, Major-Gesic	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Phenytoin	Dilantin	Formulary: Caps and tabs *Restricted Formulary*: Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	**medline**
PhosLo	**Calcium acetate**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Phytonadione (Vitamin K-1)	Mephyton, Aqua-Mephyton	Formulary		AHFS 88:24 Vitamin K activity	**medline**
Pilocarpine ophthalmic solution	Isopto-Carpine, Pilocar, Salagen	Formulary		AHFS 52:20 Miotics	**issue**
Pioglitazone	Actos	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	**issue**
Piperacillin/ Tazobactam	Zosyn	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	**medline**
Plaquenil	**Hydroxychloroquine**	*Restricted Formulary*	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	**issue**
Plasbumin	**Albumin Human**	Formulary		AHFS 16:00 Blood Derivatives	**medline**
Plavix	**Clopidogrel**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Pneumococcal polysaccharide 23-valent vaccine	Pneumovax	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Pneumococcal conjugate 13-valent vaccine	Prevnar 13	*Restricted Formulary*	Approved for **immunocompromised** patients per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Pneumovax	**Pneumococcal polysaccharide 23-valent vaccine**	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Polyethylene glycol – electrolyte solution	Golytely	*Restricted Formulary*	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	**issue**
Polyethylene glycol	Miralax	*Restricted Formulary*	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	**issue**
Polymyxin B, Bacitracin, Neomycin	Triple Antibiotic, Neosporin	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Polymyxin B, Trimethoprim	Polytrim	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Polytrim	**Polymyxin B, Trimethoprim**	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Potassium chloride	K-Dur	Formulary		AHFS 40:12 Replacement preparations	**issue**
Povidone iodine	Betadine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Pramipexole	Mirapex	*Restricted Formulary*	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Pravachol	**Pravastatin**	*Restricted Formulary*	Approved for HIV, diabetic patients, and other patients with a high potential for drug interaction.	AHFS 24:06 Antilipemic Agents	**issue**
Pravastatin	Pravachol	*Restricted Formulary*	Approved for HIV, diabetic patients, and other patients with a high potential for drug interaction.	AHFS 24:06 Antilipemic Agents	**issue**
Prazosin	Minipress	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Pred Mild, Pred Forte	**Prednisolone acetate**	Formulary **Non-Formulary:** combination products		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Prednisolone acetate	Pred Mild, Pred Forte	Formulary **Non-Formulary:** combination products		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Prednisone	Deltasone	Formulary		AHFS 68:04 Adrenals	**issue**
Prenatal Rx	**Multivitamins with Folic Acid**	*Restricted Formulary*	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	**issue**
Preparation H	**Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil**	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 12:12.04 Alpha Adrenergic Agonists	**Issue**
Prevalite, Questran	**Cholestyramine**	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
PreviDent	**Fluoride topical**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Prevnar 13	**Pneumococcal conjugate 13-valent vaccine**	*Restricted Formulary*	Approved for **immunocompromised** patients per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Prezista	**Darunavir**	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Priftin	**Rifapentine**	*Restricted Formulary*	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	**Medline Only**
Prilocaine/Lidocaine	EMLA	*Restricted Formulary*	Approved at Pill Line for dialysis patients only.	AHFS 72:00 Local anesthetics	**Medline Only**
1) Prilosec 2) Zegerid	**1) Omeprazole** **2) Omeprazole sodium bicarbonate**	1)Formulary 2)*Restricted Formulary*	Preferred PPI 2) Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Prinivil, Zestril	**Lisinopril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
ProAmatine	**Midodrine**	*Restricted Formulary*	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	**medline**
Probenecid	Benemid	Formulary		AHFS 40:40 Uricosuric agents	**issue**
Procarbazine	Matulane	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Procrit, Epogen	**Epoetin Alfa**	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Prochlorperazine	Compazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	**issue**
Prolixin	**Fluphenazine and Decanoate**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Promethazine	Phenergan	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	**issue**
Propafenone	Rythmol	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Proparacaine	**Parcaine**	*Restricted Formulary*	For procedures only	AHFS: 52:16 Local Anesthetics	**medline**
Propranolol	Inderal	Formulary *Restricted Formulary*: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Propylthiouracil	PTU	Formulary		AHFS 68:36.08 Anti-thyroid agents	**issue**
Proscar	**Finasteride**	*Restricted Formulary*	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	**issue**
Protamine Sulfate	Protamine	Formulary		AHFS 20:12.08 Antiheparin Agent	**medline**
Protonix **(all dosage forms)**	**Pantoprazole**	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Provera	**Medroxyprogesterone**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine bleeding and part of the SOTP program. Approved prior to release for contraception (Depo-Provera) per policy. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.	AHFS 68:32 Progestins	**issue**
Prozac	**Fluoxetine**	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Pseudoephedrine	Sudafed	*Restricted Formulary* **Non-Formulary:** common cold symptoms or combination products	OTC item requires approval from the Facility Medical Director or Pharmacist Supervisor	AHFS 12:12 Alpha and Beta agonists	**medline**
Psyllium Sugar free only	Metamucil Sugar free only	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor if failed Calcium polycarbophil	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
PTU	**Propylthiouracil**	Formulary		AHFS 68:36.08 Anti-thyroid agents	**issue**
Pulmicort	**Budesonide**	Formulary: Nebs only **Non-Formulary:** other dosage form		52:08 EENT Anti-inflammatory agents	**issue**
Pyrazinamide	PZA	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Pyridium	**Phenazopyridine**	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	**issue**
Pyridostigmine	Mestinon	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Pyridoxine	Vitamin B-6	*Restricted Formulary*	Approved for use with INH only	AHFS 88:08 Vitamin B complex	**issue**
PZA	**Pyrazinamide**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Questran, Prevalite	**Cholestyramine**	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
QVAR	**Beclomethasone inhaler**	Formulary: Inhalers **Non-Formulary:** Nasal spray		AHFS 52:08 EENT anti-inflammatory agents	**issue**
Raltegravir	Isentress	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	
Ranitidine	Zantac	Formulary		AHFS 56:28.12 Histamine H2- Antagonists	**issue**
Reglan	**Metoclopramide**	Formulary		AHFS 56:32 Prokinetic Agents	**issue**
Remeron	**Mirtazapine**	Formulary		AHFS 28:16:04 Anti-depressants	**medline**
Remicade	**Infliximab**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	**medline**
Renagel	**Sevelamer**	*Restricted Formulary*	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	**issue**
Rescriptor	**Delavirdine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Restoril	**Temazepam**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Retrovir	**Zidovudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Reyataz	**Atazanavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Rho D Immune Globulin	RhoGAM	Formulary		AHFS 80:04 Serums	**medline**
RhoGAM	**Rho D Immune Globulin**	Formulary		AHFS 80:04 Serums	**medline**
Ribavirin	Copegus	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	**Issue**
Ridaura	**Auranofin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	**Issue**
Rifadin	**Rifampin**	Formulary		AHFS 8:16 Anti-tuberculosis agents	**issue or medline if given for TB treatment**
Rifampin	Rifadin	Formulary		AHFS 8:16 Anti-tuberculosis agents	**issue or medline if given for TB treatment**
Rifapentine	Priftin	*Restricted Formulary*	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	**Medline Only**
Rilpivirine	Edurant	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Diarylpyrimidine, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Rilpivirine/ Emtricitabine/ Tenofovir	Complera	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.	Inhibitors (NRTI) Combinations	
Rilpivirine/ Emtricitabine/ <u>Tenofovir alafenamide</u>	Odefsey	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Risperdal, M-Tab,	**Risperidone**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Risperdal Consta	**Risperidone Consta**	*Restricted Formulary*: **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Risperdal Consta may be approved: (1) If oral risperidone has shown efficacy and the patient both lacked compliance and is scheduled to be released within the next 3 months into the community with documented follow-up. (2) After failure (documented lack of efficacy, significant EPS, or tardive dyskinesia) of haloperidol or fluphenazine decanoate. (3) For involuntary administration as part of DOC 630.540 with Psychiatric CRC approval. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Risperidone	Risperdal, M-Tab,	*Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		permitted per approved protocol).			
Risperidone Consta	Risperdal Consta	*Restricted Formulary*: **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Risperdal Consta may be approved: (1) If oral risperidone has shown efficacy and the patient both lacked compliance and is scheduled to be released within the next 3 months into the community with documented follow-up. (2) After failure (documented lack of efficacy, significant EPS, or tardive dyskinesia) of haloperidol or fluphenazine decanoate. (3) For involuntary administration as part of DOC 630.540 with Psychiatric CRC approval. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Ritonavir	Norvir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Ritonavir/ Lopinavir	Kaletra	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Robaxin	**Methocarbamol**	*Restricted Formulary*	Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			within any 3-month period requires CRC approval		
Rocaltrol	**Calcitriol**	*Restricted Formulary*	For dialysis patients and patients with Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism	AHFS 88:16 Vitamin D	**issue**
Rocephin	**Ceftriaxone**	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Romazicon	**Flumazenil**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**medline**
Rowasa, Asacol, Lialda	**Mesalamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**
Roxicodone	**Oxycodone**	*Restricted Formulary* **Non-Formulary:** combinations & long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Rythmol	**Propafenone**	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	**issue**
Salagen, Isopto-Carpine, Pilocar	**Pilocarpine ophthalmic solution**	Formulary		AHFS 52:20 Miotics	**issue**
Salmeterol	Serevent Diskus	Formulary		AHFS 12:12 Sympathomimetic agents	**Issue**
Salsalate	Disalcid	Formulary		ASHP 28:08.04.24 Salicylates	**issue**
Saphris **(**sublingual tablet**)**	**Asenapine (**sublingual tablet**)**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Preferred Brand agent Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Saquinavir	Invirase	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Selenium Sulfide 2.5%	Selsun or Exsel	*Restricted Formulary* **Non-Formulary:** Dandruff Treatment	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Selsun or Exsel	**Selenium Sulfide 2.5%**	*Restricted Formulary* **Non-Formulary:** Dandruff Treatment	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Selzentry	**Maraviroc**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Senna	X-Prep	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor		AHFS 56:12 Cathartics and laxatives	**issue**
Sensipar	**Cinacalcet**	*Restricted Formulary*	Approved for dialysis patients	AHFS 92:00 Misc.	**issue**
Septra DS, Bactrim DS, Cotrim DS	**Trimethoprim/ Sulfamethoxazole (SMX-TMP)**	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Serevent Diskus	**Salmeterol**	Formulary		AHFS 12:12 Sympathomimetic agents	**issue**
Sertraline	Zoloft	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Serzone	**Nefazodone**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Sevelamer	Renagel	*Restricted Formulary*	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	**issue**
Shohl's solution, Bicitra	**Sodium citrate/ Citric acid**	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Silvadene, SSD	**Silver sulfadiazine**	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**
Silver Nitrate	Grafco	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**medline**
Silver sulfadiazine	Silvadene, SSD	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Simeprevir	Olysio	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.20 HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Simethicone	Mylicon	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 56:10 Antiflatulents	**issue**
Simvastatin	Zocor	Formulary **Non-Formulary:** 80mg strength		AHFS 24:06 Antilipemic agents	**issue**
Simvastatin/ Ezetimibe	Vytorin	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Sinemet & Extended Release	**Levodopa/ Carbidopa** **&** **Extended Release**	Formulary: Parkinson's disease *Restricted Formulary*: Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Sinequan	**Doxepin**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Singulair	**Montelukast**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Sodium bicarbonate	Baros	*Restricted Formulary*	Approved for dialysis patients	AHFS 40:08 Alkalizing agent	**issue**
Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Formulary: Legend items *Restricted Formulary*: OTC items	OTC items require approval by facility medical director or pharmacy supervisor.	AHFS 40:36 Irrigating solutions AHFS 40:12 Replacement preparations AHFS 52:36 Miscellaneous EENT drugs	**issue topical**
Sodium citrate, Citric acid	Shohl's solution, Bicitra	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Sodium ferric gluconate complex	Ferrlecit	*Restricted Formulary*	Approved for dialysis patients only	AHFS Iron Preparations	**medline**
Sodium phosphate/ Sodium biphosphate	Fleets enema	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Sodium polystyrene sulfonate	Kayexalate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Sofosbuvir	Sovaldi	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/ Ledipasvir	Harvoni	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/ Velpatasvir	Epclusa	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Solu-Medrol, Medrol dose pack, Depo-Medrol	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Sorbitrate, Isordil	**Isosorbide dinitrate** **Isosorbide dinitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Sotalol	Betapace	Formulary *Restricted Formulary* Sotalol AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	**issue**
Sovaldi	**Sofosbuvir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Spironolactone	Aldactone	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	**issue**
SSD, Silvadene	**Silver sulfadiazine**	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**
Stavudine	Zerit	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Stelazine	**Trifluoperazine**	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08 Tranquilizers	**medline**
Strattera	Atomoxetine	Non-Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**Medline Only**
Streptomycin	Streptomycin	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.02 Aminoglycosides	**medline**
Stribild	**Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Stromectol	**Ivermectin**	*Restricted Formulary*	Approved after failure of or contraindication to permethrin.	AHFS 84:04.12 Scabicides and pediculicides	**medline**
Suboxone	**Buprenorphine/ Naloxone**	*Restricted Formulary*	Approved for prevention of withdrawal; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist AHFS 28:10 Opiate antagonist	**Medline Only**
Subutex	**Buprenorphine**	*Restricted Formulary*	Approved for prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist	**Medline Only**
Sucralfate	Carafate	Formulary		AHFS 56:28.32 Protectants	**issue**
Sudafed	**Pseudoephedrine**	*Restricted Formulary* **Non-Formulary:** common cold symptoms or combination products	OTC item requires approval from the Facility Medical Director or Pharmacist Supervisor	AHFS 12:12 Alpha and Beta agonists	**medline**
Sulamyd	**Sulfacetamide sodium**	Formulary **Non-Formulary:** combination products		AHFS 52:04.08 EENT sulfonamides	**issue**
Sulfacetamide sodium	Sulamyd	Formulary **Non-Formulary:** combination products		AHFS 52:04.08 EENT sulfonamides	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Sulfasalazine	Azulfidine	Formulary		AHFS 8:24.20 Sulfonamides	**issue**
Sumatriptan	Imitrex	*Restricted Formulary:* oral tablets **Non-Formulary:** other dosage forms and use beyond current quantity limitations.	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Sumycin	**Tetracycline**	*Restricted Formulary*	Approved for use only when cost efficient alternatives are unavailable.	AHFS 8:12.24 Tetracyclines	**issue**
Sunscreen	Sunscreen	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	SPF 30 with UVA protection is the preferred agent to order. Approved for patients with history of skin cancer (or pre cancer), medication induced phototoxicity/photosensitivity and if avoiding sunlight exposure is not adequate to prevent symptoms.	AHFS 84:80 Sunscreen agents	**issue**
Sustiva	**Efavirenz**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Symmetrel	**Amantadine**	Formulary		AHFS: 8:18.04 Adamantanes	**issue**
Synthroid, Levothroid	**Levothyroxine**	Formulary		AHFS 68:36.04 Thyroid agents	**issue**
Tamiflu	Oseltamivir	*Restricted Formulary*	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals	**issue**
Tamoxifen citrate	Nolvadex	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Tamsulosin	Flomax	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Tapazole	**Methimazole**	Formulary		AHFS 68:36.08 Anti-thyroid Agents	**issue**
Tazidime, Fortaz	**Ceftazidime**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tears Artificial	Akwa Tears	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to diagnosed autoimmune etiology or connective tissue disease.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Tegretol	**Carbamazepine**	Formulary **Non-Formulary:** Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Telaprevir 375mg Tablet	Incivek 375mg Tablet	*Restricted Formulary*	Approved only per Hep C Protocol.	AHFS 8:18.08.08 NS3/4A Protease Inhibitors (Pis)	**issue (max: 7 days supply)**
Temazepam	Restoril	*Restricted Formulary*	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Temovate	**Clobetasol 0.05%**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Tenofovir	Viread	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tenofovir/ Efavirenz/ Emtricitabine	Atripla	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Tenofovir/ Elvitegravir/ Emtricitabine/ Cobicistat	Stribild	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Tenofovir alafenamide/ Elvitegravir/ Emtricitabine/ Cobicistat	Genvoya	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Tenofovir/ Emtricitabine	Truvada	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			specialist, Chief Medical Officer, or Pharmacy Director is required.		
Tenofovir alafenamide/ Emtricitabine	Descovy	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tenofovir/ Emtricitabine/ Rilpivirine	Complera	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Tenofovir alafenamide/ Emtricitabine/ Rilpivirine	Odefsey	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Tenormin	**Atenolol**	Formulary		AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Terbinafine	Lamisil	*Restricted Formulary*: 1) Oral 2) Topical	1) Approved for treatment of complicated onychomycosis as specified in the Offender Health Plan. 2) Approved for patients with HIV and diabetics only.	AFSH 8:14 Antifungals	**issue**
Terbutaline sulfate	Brethine	*Restricted Formulary*	Approved for pregnant patients or patients with priapism only.	AHFS 12:12 Sympathomimetic agents	**issue**
Tessalon	**Benzonatate**	Formulary		AHFS 48:08 Antitussives	**issue**
Testosterone Cypionate	Depo-Testosterone	*Restricted Formulary*	Requires approval of therapy by Medical CRC or DOC CMO.	AHFS 68:08 Androgens	**Medline Only**
Tetanus & diphtheria & pertussis toxoid adsorbed (adult)	Adacel	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Tetanus immune globulin	BayTet	Formulary		AHFS 80:04 Serums	**medline**
Tetracycline	Sumycin	*Restricted Formulary*	Approved for use only when cost efficient alternatives are unavailable.	AHFS 80:04 Serums	**issue**
Thalitone	**Chlorthalidone**	*Restricted Formulary*	Approved for the treatment of hypertension.	AHFS 40:28 Diuretics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			12.5mg is the preferred starting dose.		
Theo-Dur	Theophylline	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	**issue**
Theophylline	Theo-Dur	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	**issue**
Thiamine	Vitamin B-1	*Restricted Formulary*	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	**medline**
Thiothixene	Navane	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated.	AHFS 28:16.08.32 Thioxanthenes	**medline**
Thorazine	**Chlorpromazine**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Tigan	**Trimethobenzamide**	Formulary		AHFS 56:22 Antiemetics	**issue**
Timolol maleate	Timoptic	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Timoptic	**Timolol maleate**	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Tinactin	**Tolnaftate**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	**issue**
Tipranavir	Aptivus	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Tivicay	**Dolutegravir**	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Tobradex	**Dexamethasone/ Tobramycin**	Formulary		AHFS 52:04 Antibacterials	**issue**
Tobramycin/ Dexamethasone	Tobradex	Formulary		AHFS 52:04 Antibacterials	**issue**
Tobramycin sulfate	Tobrex or TOBI	*Restricted Formulary*	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	**issue ophthalmic**
Tobrex or TOBI	**Tobramycin sulfate**	*Restricted Formulary*	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	**issue ophthalmic**
Tofranil	**Imipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Tolnaftate	Tinactin	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	**issue**
Toothpaste for dry mouth	Biotene	*Restricted Formulary*	Must be prescribed by DOC Dentists only.	To treat patients diagnosed with Xerostomia.	**Issue**
Toradol	**Ketorolac**	Formulary: Injection *Restricted Formulary:* Ophthalmic & Tablet dosage forms **Non-Formulary:** Use of injectable form in Chronic Pain or Outpatient PRN orders.	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation. Tablets approved for : treatment of renal or biliary colic.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	**medline**
Trandate	**Labetolol**	*Restricted Formulary*	Approved for pregnant women with HTN.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Tranexamic Acid 5% Solution (Compounded)	Tranexamic Acid 5% Solution (Compounded)	*Restricted Formulary*	Approved for dental use only.	AHFS 20:28.16 Hemostatics	**medline**
Tranylcypromine	Parnate	*Restricted Formulary*	Approved if alternative therapy fail. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	**medline**
Trazodone	Desyrel	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic	AHFS 28:16.04 Anti-depressants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			class or indication) may be prescribed at one time without CRC approval.		
Trental	**Pentoxifylline**	Formulary		AHFS 20:24 Hemorrheologic Agents	**issue**
Trexall	**Methotrexate**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Triamcinolone	Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection **Non-Formulary:** other topical strengths and nasal inhaler	.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Trifluoperazine	Stelazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08 Tranquilizers	**medline**
Trifluridine	Viroptic	Formulary		AHFS 52:04:20 Antivirals	**issue**
Trihexyphenidyl	Artane	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	**medline**
Trilafon	**Perphenazine**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.24 Phenothiazines	**medline**
Trileptal	**Oxcarbazepine**	*Restricted Formulary*	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder.	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Trilisate	**Choline magnesium trisalicylate**	Formulary		AHFS 28:08.04.24 Salicylates	**issue**
Trimethobenzamide	Tigan	Formulary		AHFS 56:22 Antiemetics	**issue**
Trimethoprim/ Sulfamethoxazole (SMX-TMP)	Bactrim DS, Cotrim DS, Septra DS	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Triple Antibiotic, Neosporin	**Bacitracin, Polymyxin B, Neomycin**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Triumeq	**Abacavir/ Dolutegravir/ Lamivudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Trizivir	**Abacavir/ Lamivudine/ Zidovudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tropicamide	**Mydral**	*Restricted Formulary*	For procedures only.	AHFS: 52:24 Mydriatic	**medline**
Trusopt	**Dorzolamide**	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	**issue**
Truvada	**Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tuberculin	Tubersol	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	**medline**
Tubersol	**Tuberculin**	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	**medline**
Tums	**Calcium carbonate**	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for hypocalcaemia, hyperphosphatemia, H. pylori or end stage renal disease.	AHFS 40:12 Replacement preparations	**issue**
Tolnaftate	Tinactin	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	**issue**
Twinrix	**Hepatitis A inactivated/ Hepatitis B recombinant vaccine**	*Restricted Formulary*	Follow Hepatitis Vaccine Public Health Order (InsideDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Tylenol	**Acetaminophen**	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			surgery), or acute pulpitis (for up to 14 days).		
Tylenol #3	**Acetaminophen/ Codeine**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines.	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	**Medline Only**
Umeclidinium	Incruse Ellipta	Formulary		12:08.08 - Antimuscarinics/ Antispasmodics	**issue**
Unasyn	**Ampicillin & sulbactam sodium**	Formulary		AHFS 8:12.16 Penicillins	**medline**
Urea lotion 10%	Aqua Care	*Restricted Formulary*	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic Agents	**issue**
Urecholine	**Bethanechol**	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Urised	**Methenamine/ Atropine/Benzoic acid/ Hyoscyamine/ Methylene blue/ Phenyl salicylate**	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Valisone	**Betamethasone valerate 0.1%**	Formulary		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Valium	**Diazepam**	*Restricted Formulary* **Non-Formulary:** Hypnotic use	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Valproic acid	Depakene	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Vancocin	**Vancomycin**	Formulary: IV *Restricted Formulary:* solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	**medline (IV)** **issue (oral)**
Vancomycin	Vancocin	Formulary: IV *Restricted Formulary:* solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	**medline (IV)** **issue (oral)**
Varicella Vaccine	Varivax	*Restricted Formulary*	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Varicella Zoster Virus Vaccine, Live	Zostavax	*Restricted Formulary*	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Varivax	**Varicella Vaccine**	*Restricted Formulary*	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Vasotec	**Enalapril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Velpatasvir/ Sofosbuvir	Epclusa	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Venlafaxine	Effexor, Effexor XR	Formulary: IR, ER, XR	Therapeutic Interchange 1:1 XR or ER to IR. No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Venofer	**Iron Sucrose**	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 20:04.04 Iron Preparations	**medline**
Venoglobulin	**Immune globulin**	Formulary		AHFS 80:04 Serums	**issue**
Ventolin HFA	**Albuterol HFA**	Formulary: Neb, MDI **Non-Formulary:** Extended release, other HFA Brands	One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Verapamil	Calan, Calan SR	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Versed	**Midazolam**	*Restricted Formulary*	Approved for procedures only.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Vibramycin, Periostat	**Doxycycline**	*Restricted Formulary*	Approved for use only when cost-efficient alternatives are unavailable.	AHFS 8:12.24 Tetracyclines	**issue**
Victrelis 200mg Capsule	**Boceprevir 200mg Capsule**	*Restricted Formulary* (Preferred Agent)	Approved only per Hep C Protocol.	AHFS 8:18.08.08 NS3/4A Protease Inhibitors (Pis)	**issue (max: 7 days supply)**
Videx	**Didanosine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Viracept	**Nelfinavir**	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Viramune Viramune XR	**Nevirapine** **Nevirapine XR**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Viread	**Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Viroptic	**Trifluridine**	Formulary		AHFS: 52:04:20 Antivirals	**issue**
Visine A	**Naphazoline/ Pheniramine**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	**issue**
Vistaril, Atarax	**Hydroxyzine**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**medline**
Vitamin B complex	Nephrovite, Nephrocap	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 88:08 Vitamin B Complex	**issue**
Vitamin B-1	**Thiamine**	*Restricted Formulary*	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	**medline**
Vitamin B12	**Cyanocobalamin**	Formulary: Injectable **Non-Formulary:** Other dose form		AHFS 88:08 Vitamin B complex	**Medline Only**
Vitamin B-6	**Pyridoxine**	*Restricted Formulary*	Approved for use with INH only.	AHFS 88:08 Vitamin B complex	**issue**
Vitamin C	**Ascorbic acid**	*Restricted Formulary*	Approved for iron absorption aid.	AHFS 88:12	**issue**
Vitamin D3	**Cholecalciferol**	*Restricted Formulary*	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis.	AHFS 88:16 Vitamin D	**medline**
Vitamin D with Calcium	Ca with Vit D	*Restricted Formulary*: OTC item, requires approval by facility medical director or pharmacy supervisor.	Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients.	AHFS 88:16 Vitamin D	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Vytorin	**Ezetimibe/ Simvastatin**	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Warfarin sodium	Coumadin	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
X-Prep	**Senna**	*Restricted Formulary*: Requires approval by facility medical director or pharmacy supervisor		AHFS 56:12 Cathartics and laxatives	**issue**
Xalatan	**Latanoprost**	Formulary		AHFS 52:36 Miscellaneous EENT agents	**issue**
Xopenex HFA	**Levalbuterol HFA**	*Restricted Formulary*: Neb, MDI **Non-Formulary:** Other HFA Brands	Approved if albuterol has a higher cost, albuterol is limited in availability or if patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Xylocaine, Xylocaine with Epi.	**Lidocaine**	Formulary **Non-Formulary:** Patches	Not approved for antiarrhythmic treatment.	AHFS 72:00 Local anesthetics	**issue topical**
Zantac	**Ranitidine**	Formulary		AHFS 56:28.12 Histamine H2- Antagonists	**issue**
Zaroxolyn	**Metolazone**	*Restricted Formulary*	If creatinine clearance less than 30 or serum creatinine is greater than 2.	AHFS 40:28 Diuretics	**issue**
Zemplar	**Paricalcitol**	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 88:16 Vitamin D	**issue**
Zepatier	**Elbasvir/ Grazoprevir**	*Restricted Formulary*	Approved by Hep. C CRC and CMO/designee.	8:18.40.24 HCV Replication Complex Inhibitors 8:18.40.20 - HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Zerit	**Stavudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zestril, Prinivil	**Lisinopril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Ziagen	**Abacavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zidovudine	Retrovir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zidovudine/ Abacavir/ Lamivudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zidovudine/ Lamivudine	Combivir	*Restricted Formulary:*	Pharmacy will dispense as separate medications. Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zinc oxide	Desitin	*Restricted Formulary*	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:80 Sunscreen agents	**issue**
Ziprasidone	Geodon	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**issue**
Zithromax	**Azithromycin**	Formulary		AHFS 8:12.06 Macrolides	**issue**
Zofran	**ondansetron**	*Restricted Formulary*	Approved for cancer patients or if alternative	AHFS 56:22 Antiemetics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			therapies fail or contraindicated.		
Zocor	**Simvastatin**	Formulary **Non-Formulary:** 80mg strength		AHFS 24:06 Antilipemic agents	**issue**
Zoloft	**Sertraline**	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Zostavax	**Varicella Zoster Virus Vaccine, Live**	*Restricted Formulary*	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Zostrix	**Capsaicin**	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	**issue**
Zosyn	**Piperacillin/ Tazobactam**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2).	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	**medline**
Zovirax	**Acyclovir**	Formulary: Oral dosage form **Non-Formulary:** Topical		AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Zyloprim	**Allopurinol**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Zyprexa, Zyprexa Zydis	**Olanzapine**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD. May interchange Olanzapine/Olanzapine ODT 1:1.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Zyvox	**Linezolid**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials	**issue**

C – AHFS Pharmacological-Therapeutic Drug Classification

The following sections may contain formulary and not-formulary medications

4:00	**Antihistamine Drugs**
8:00	**Anti-infective Agents**
10:00	**Antineoplastic Agents**
12:00	**Autonomic Drugs**
16:00	**Blood Derivatives**
20:00	**Blood Formation and Coagulation**
24:00	**Cardiovascular Drugs**
28:00	**Central Nervous System Agents**
32:00	**Contraceptives (foams, devices)**
34:00	**Dental Agents**
36:00	**Diagnostic Agents**
38:00	**Disinfectants (for agents used on objects other than skin)**
40:00	**Electrolytic, Caloric, and Water Balance**
44:00	**Enzymes**
48:00	**Antitussives, Expectorants, and Mucolytic Agents**
52:00	**Eye, Ear, Nose, and Throat (EENT) Preparations**
56:00	**Gastrointestinal Drugs**
60:00	**Gold Compounds**
64:00	**Heavy Metal Antagonists**
68:00	**Hormones and Synthetic Substitutes**
72:00	**Local Anesthetics**
76:00	**Oxytocics**
78:00	**Radioactive Agents**
80:00	**Serums, Toxoids, and Vaccines**
84:00	**Skin and Mucous Membrane Agents**
86:00	**Smooth Muscle Relaxants**
88:00	**Vitamins**
92:00	**Miscellaneous Therapeutic Agents**
96:00	**Pharmaceutical Aids**

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4:00 Antihistamine Drugs

4:04 First Generation Antihistamines
Chlorpheniramine
Diphenhydramine (Benadryl)
Promethazine (Phenergan)
See also: Hydroxyzine 28:24.92
Meclizine 56:22

4:08 Second Generation Antihistamines
Loratadine (Claritin)

8:00 Anti-infective Agents

8:08 Anthelmintics
Mebendazole (Vermox)

8:12.02 Aminoglycosides
Gentamicin (Garamycin)
Neomycin
Streptomycin
Tobramycin (Tobrex or TOBI)

8:12.06 Cephalosporins
Cefazolin (Ancef)
Ceftazidime (Fortaz, Tazidime)
Cefepime (Maxipime)
Cefotetan (Cefotan)
Ceftriaxone (Rocephin)
Cephalexin (Keflex)
Cefoxitin (Mefoxin)
Cefuroxime (Ceftin)

8:12.07 Miscellaneous B-Lactam Antibiotics
Piperacillin/ Tazobactam (Zosyn)

8:12.12 Macrolides
Azithromycin (Zithromax)
Erythromycin (E-Mycin or Erytab or Erythrocin)

Continued on next page

8:00 Anti-infective Agents
(continued)

8:12.16 Penicillins
Amoxicillin
Amoxicillin/ clavulanate (Augmentin)
Ampicillin/ Sulbactam (Unasyn)
Dicloxacillin (Dynapen)
Penicillin G, benzathine (Bicillin LA)
Penicillin V, potassium (Pen VK)

8:12.18 Quinolones
Ciprofloxacin (Cipro)
Levofloxacin (Levaquin)

8:12.20 Sulfonamides
Sulfasalazine (Azulfidine)
Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP)

8:12.24 Tetracyclines
Doxycycline (Vibramycin, Periostat)
Tetracycline (Sumycin)

8:12.28 Miscellaneous Antibacterials
Clindamycin (Cleocin)
Linezolid (Zyvox)
Vancomycin (Vancocin)

8:14 Antifungals
Amphotericin B (Fungizone)
Clotrimazole (Mycelex)
Fluconazole (Diflucan)
Ketoconazole (Nizoral)
Nystatin (Mycostatin)
Terbinafine (Lamisil)

Continued on next page

8:00 Anti-infective Agents (continued)

8:16 Antituberculosis Agents
Ethambutol (Myambutol)
Isoniazid (INH)
Pyrazinamide
Rifampin
Rifapentine
See also: Ciprofloxacin 8:12
Streptomycin 8:12.02

8:16.92 Miscellaneous Antimycobacterials
Dapsone

8:18Antivirals

8:18.04 Adamantanes
Amantadine (Symmetrel)

8:18.08.04 HIV Fusion Inhibitors
Enfuvirtide (Fuzeon)

8:18.08.08 Protease Inhibitors (Pis)
Atazanavir (Reyataz)
Fosamprenavir (Lexiva)
Indinavir (Crixivan)
Lopinavir/ Ritonavir (Kaletra)
Nelfinavir (Viracept)
Ritonavir (Norvir)
Saquinavir (Invirase)
Tipranavir (Aptivus)

8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)
Delavirdine (Rescriptor)
Efavirenz (Sustiva)
Efavirenz/Emtricitabine/Tenofovir (Atripla)Etravirine (Intelence)
Rilpivirine (Edurant)
Rilpivirine/Emtricitabine/Tenofovir (Complera)
Rilpivirine/Emtricitabine/Tenofovir alafenamide (Odefsey)
Nevirapine (Viramune)

Continued on next page

8:00 Anti-infective Agents (continued)

8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)
Abacavir (Ziagen)
Abacavir/Dolutegravir/Lamivudine (Triumeq)
Abacavir / Lamivudine (Epzicom)
Abacavir / Lamivudine/ Zidovudine (Trizivir)
Didanosine (Videx)
Emtricitabine (Emtriva)
Emtricitabine/Cobcistat/Rilpivirine/Tenofovir (Stribild)
Emtricitabine/Cobcistat/Rilpivirine/Tenofovir alafenamide (Genvoya)
Emtricitabine/Efavirenz/Tenofovir (Atripla)
Emtricitabine/Rilpivirine/Tenofovir (Complera)
Emtricitabine/Tenofovir (Truvada)
Emtricitabine/Tenofovir alafenamide (Descovy)
Lamivudine (Epivir)
Lamivudine/ Zidovudine (Combivir)
Stavudine (Zerit)
Tenofovir (Viread)
Zidovudine (Retrovir)

8:18.08.92 – Antiretrovirals, Miscellaneous*
Dolutegravir (Tivicay)
Maraviroc (Selzentry)
Raltegravir (Isentress)

8:18.20 Interferons
Interferon Alfa 2b (Intron A)
Peginterferon Alfa-2a (Pegasys)

8:18.32 Nucleosides and Nucleotides
Acyclovir (Zovirax)
Entecavir (Baraclude)
Ribavirin (Copegus)

8:18.40.16 HCV Polymerase Inhibitors
Sofosbuvir (Sovaldi)

8:18.40.20 HCV Protease Inhibitors
Simeprevir (Olysio)

8:18.40.24 HCV Replication Complex Inhibitors
Daclatasvir (Daklinza)
Elbasvir/Grazoprevir (Zepatier)
Ledipasvir/Sofosbuvir (Harvoni)
Velpatasvir/Sofosbuvir (Epclusa)

8:30.08 Antimalarial Agents
Hydroxychloroquine (Plaquenil)

Quinine sulfate
See also: Tetracyclines 8:12.24

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

8:30.92 Miscellaneous Antiprotozoals
Metronidazole (Flagyl)
See also:
Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP) 18:12-20
Dapsone 19:16.92

8:36 Urinary Anti-infectives
Nitrofurantoin (Macrodantin)
Trimethoprim (with sulfamethoxazole)

Continued on next page

10:00 Antineoplastic Agents	Fluorouracil (Efudex) Hydroxynn (Hydrea) Methotrexate (Trexall) Procarbazine (Matulane) Tamoxifen (Nolvadex)
12:00 Autonomic Drugs	**12:04 Parasympathomimetic (Cholinergic) Agents** Bethanechol (Urecholine) Donepezil (Aricept) Pyridostigmine (Mestinon) ***12:08 Anticholinergic Agents*** **12:08.04 Antiparkinsonian Agents** Benztropine (Cogentin) Trihexyphenidyl (Artane) **12:08.08 Antimuscarinics/Antispasmodics** Dicyclomine (Bentyl) Hyoscyamine (Levsin) Ipratropium (Atrovent) Umeclidinium (Incruse Ellipta) **12:12 Sympathomimetic (Adrenergic) Agents** Albuterol (Proventil, Ventolin) Epinephrine Salmeterol (Serevent Diskus) Terbutaline (Brethine) **12:16 Sympatholytic (Adrenergic Blocking) Agents** Ergotamine/ Caffeine (Cafergot) See also: Atenolol 24:24 Metoprolol 24:24 Propranolol 24:24 **12:20 Skeletal Muscle Relaxants** Baclofen (Lioresal) Methocarbamol (Robaxin) Cyclobenzaprine (Flexeril)

Continued on next page

16:00 Blood Derivatives	Albumin Human (Plasbumin)
20:00 Blood Formation and Coagulation	**20:04.04 Iron Preparations** Iron Sucrose (Venofer) Sodium Ferric Gluconate (Ferrlecit) Ferrous Gluconate Ferrous Sulfate **20:12.04 Anticoagulants** Enoxaparin (Lovenox) Heparin Warfarin (Coumadin) **20:12.08 Antiheparin Agents** Protamine Sulfate **20:16 Hematopoietic Agents** Darbepoetin (Aranesp) Epoetin Alfa (Epogen) Filgrastim (Neupogen) **20:24 Hemorrheologic Agents** Pentoxifylline (Trental) **20:28.16 Hemostatic Agents** Antihemophilic Factor (Factor VIII) Anti-inhibitor coagulant complex (Feiba) Tranexamic Acid 5% Solution Compounded **20:40 Thrombolytic Agents** Alteplase (Activase)

Continued on next page

24:00 Cardiovascular Drugs

24:04 Cardiac Drugs

24:04.04 Antiarrhythmic Agents
Amiodarone (Cordarone)
Propafenone (Rythmol)

24:04.08 Cardiotonic Agents
Digoxin (Lanoxin)
See also: Dobutamine 12:12
Dopamine 12:12

24:06 Antilipemic Agents
Simvastatin (Zocor)
Cholestyramine (Prevalite, Questran)
Gemfibrozil (Lopid)
Lovastatin (Mevacor)
Niacin
Pravastatin (Pravachol)
Vytorin (Ezetimibe/simvastatin)

24:08 Hypotensive Agents

24:08.16 Central Alpha Agonists
Clonidine (Catapres)

24:08.92 Miscellaneous Hypotensive Agents
See also: Alpha-adrenergic blocking agents 24:20
Beta-adrenergic blocking agents 24:24
Calcium-Channel blocking agents 24:28
Diuretics 40:28
Renin-angiotensin-aldosterone system inhibitors 24:32

24:12 Vasodilating Agents
Isosorbide Dinitrate (Isordil)
Isosorbide Mononitrate (Imdur)
Nitroglycerin
See also: Amlodipine 24:28
Diltiazem 24:28
Verapamil 24:28

Continued on next page

24:00 Cardiovascular Drugs
(continued)

24:20 Alpha-Adrenergic Blocking Agents
Doxazosin (Cardura)
Prazosin (Minipress)
Tamsulosin (Flomax)

24:24 Beta-Adrenergic Blocking Agents
Atenolol (Tenormin)
Carvedilol (Coreg)
Metoprolol (Lopressor)
Metoprolol XL (Toprol XL)
Nadolol (Corgard)
Propranolol (Inderal)
Propranolol LA (Inderal LA)

24:28 Calcium-Channel Blocking Agents
Amlodipine (Norvasc)
Diltiazem/ CD (Cardizem)
Verapamil/ XR (Calan)

24:32 Renin-Angiotensin-Aldosterone System Inhibitors

24:32.04 Angiotensin-Converting Enzyme Inhibitors
Captopril (Capoten)
Enalapril (Vasotec)
Lisinopril (Prinivil)

24:32.08 Angiotensin II Receptor Antagonists
Losartan (Cozaar)

24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists
Spironolactone (Aldactone)

Continued on next page

28:00 Central Nervous System Agents

28:04 Direct Vasodilators
Hydralazine

28:08.04 Nonsteroidal Anti-Inflammatory Agents
Etodolac (Lodine)
Flurbiprofen (Ansaid)
Ibuprofen (Motrin)
Indomethacin (Indocin)
Ketorolac (Toradol)
Meloxicam (Mobic)
Naproxen (Anaprox)
Piroxicam (Feldene)

28:08.04.24 Salicylates
Aspirin
Choline magnesium Salicylate (Trilisate)
Salsalate (Disalcid)

28:08.08 Opiate Agonists
Codeine/ Acetaminophen (Tylenol with Codeine)
Fentanyl (Duragesic)
Hydromorphone (Dilaudid)
Methadone
Morphine (Duramorph, MS Contin)
Oxycodone (Roxicodone)

28:08.12 Opiate Partial Agonists
Buprenorphine (Subutex)
Buprenorphine/Naloxone (Suboxone)

28:08.92 Miscellaneous Analgesics and Antipyretics
Dichloraphenazone/ isometheptene/ APAP (Midrin)
Caffeine/ isometheptene/ APAP (Migraten)

28:10 Opiate Antagonists
Naloxone (Narcan)

28:12 Anticonvulsants

28:12.04 Barbiturates
Phenobarbital (Luminol)

Continued on next page

28:00 Central Nervous System Agents
(continued)

28:12.08 Benzodiazepines
Clonazepam (Klonopin)
See also: Diazepam 28:24.08
Lorazepam 28:24.08

28:12.12 Hydantoins
Phenytoin (Dilantin)

28:12.92 Miscellaneous Anticonvulsants
Carbamazepine (Tegretol)
Divalproex (Depakote)
Lamotrigine (Lamictal)
Levetiracetam (Keppra)
Oxcarbazepine (Trileptal)
Topiramate (Topamax)
Valproic acid (Depakene)

28:16 Psychotherapeutic Agents

28:16.04 Antidepressants
Amitriptyline (Elavil)
Citalopram (Celexa)
Clomipramine (Anafranil)
Desipramine (Norpramin)
Doxepin (Sinequan)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Imipramine (Tofranil)
Mirtazapine (Remeron)
Nortriptyline (Pamelor)
Paroxetine (Paxil)
Sertraline (Zoloft)
Trazodone (Desyrel)
Venlafaxine (Effexor)

28:16.04.12 Monoamine Oxidase Inhibitors
Tranylcypromine (Parnate)

28:16.08 Tranquilizers
Trifluoperazine (Stelazine)

28:16.08.04 Atypical Antipsychotics
Aripiprazole (Abilify)
Clozapine (Clozaril)
Olanzapine (Zyprexa)
Risperidone (Risperdal)
Ziprasidone (Geodon)

28:16.08.08 Butyrophenones
Haloperidol (Haldol)

28:16.08.24 Phenothiazines
Chlorpromazine (Thorazine)
Fluphenazine (Prolixin)
Perphenazine (Trilafon)
Prochlorperazine (Compazine)

28:16.08.32 Thioxanthenes
Thiothixene (Navane)

28:16.08.92 Miscellaneous Antipsychotics
Loxapine (Loxitane)

28:24 Anxiolytics, Sedatives, and Hypnotics

28:24.04 Barbiturates
Phenobarbital (Luminol)

28:24.08 Benzodiazepines
Chlordiazepoxide (Librium)
Diazepam (Valium)
Lorazepam (Ativan)
Midazolam (Versed)
Temazepam (Restoril)
See also: Clonazepam 28:12.08

28:24.92 Miscellaneous Anxiolytics, Sedatives, and Hypnotics
Buspirone (Buspar)
Hydroxyzine (Vistaril)
Promethazine (Phenergan)
See also: Diphenhydramine 4:04

28:28 Antimanic Agents
Lithium Salts

28:92 Miscellaneous Central Nervous System Agents
Atomoxetine (Strattera)
Entacapone (Comtan)
Guanfacine ER (Intuniv)
Levodopa/ Carbidopa (Sinemet)
Pramipexole (Mirapex)
Sumatriptan (Imitrex)

36:84 Tuberculosis
Tuberculin, PPD (Tubersol)

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

40:00 Electrolytic, Caloric, and Water Balance

40:08 Alkalinizing Agents
Sodium citrate/citric acid (Bicitra)

40:10 Ammonia Detoxicants
Lactulose (Cephulac)

40:12 Replacement Preparations
Dextran (Gentran)
Electrolyte Solutions
Potassium Supplements
Sodium chloride

40:18 Ion-removing Agents
Sodium Polystyrene Sulfonate (Kayexalate)
Sevelamer (Renagel)

40:20 Caloric Agents
Dextrose

40:28 Diuretics
Chlorthalidone (Thalitone)
Hydrochlorothiazide (HydroDiuril)
Furosemide (Lasix)
Metolazone (Zaroxolyn)
See also: Acetazolamide 52:10

40:28.10 Potassium Sparing Diuretics
Hydrochlorothiazide/ Triamterene (Maxzide)
Spironolactone (Aldactone)

40:36 Irrigating Solutions
Acetic Acid
Peritoneal Dialysis Solutions
Lactated Ringer's
Sodium Chloride
Water, Sterile

40:40 Uricosuric Agents
Probenecid (Benemid)

Continued on next page

44:00 Enzymes	See also: Alteplase 20:40 Pancrelipase 56:16
48:00 Antitussives, Expectorants, and Mucolytic Agents	**48:08 Antitussives** Benzonatate (Tessalon) **48:16 Expectorants** See also: Potassium Iodide 68:36 **48:24 Mucolytic Agents** Acetylcysteine (Mucomyst)
52:00 Eye, Ear, Nose, and Throat (EENT) Preparations	***52:04 Anti-Infectives*** **52:04.04 Antibacterials** Neomycin/ Polymyxin B/ hydrocortisone (Cortisporin Otic) Neomycin/ Polymyxin B/ dexamethasone (Maxitrol Ophthalmic) Ciprofloxacin (Ciloxin) Erythromycin Ofloxacin (Ocuflox) Polymyxin B/trimethoprim (Polytrim) Tobramycin (Tobrex) **52:04.08 EENT Sulfonamides** Sulfacetamide (Sulamyd) **52:04.92 Miscellaneous Anti-infectives** Acetic Acid (Domeboro) Carbamide Peroxide (Debrox) Chlorhexidine (Peridex) Silver Nitrate

Continued on next page

52:00 Eye, Ear, Nose, and Throat (EENT) Preparations (continued)

52:08 Anti-Inflammatory Agents
Beclomethasone (QVAR) oral inhalation first line nasal inhalation Non-Formulary
Budesonide (Pulmicort Nebs)
Flunisolide (Aerobid-M, Nasarel) for nasal inhalation and oral inhalation
Fluticasone (Flovent, Flonase)
Prednisolone (Pred Mild, Pred Forte)
Triamcinolone (Azmacort, Nasacort, Kenalog, Aristospan, Kenalog in Orabase)

52:10 Carbonic Anhydrase Inhibitors
Acetazolamide (Diamox)
Dorzolamide (Trusopt)

52:16 Local Anesthetics
Benoxinate/fluorescein (Fluress)
Proparacaine (Parcaine)

52:20 Miotics
Pilocarpine (Isopto-Carpine)

52:24 Mydriatics
Atropine
Cyclopentolate (Cyclogyl)
Homatropine
Tropicamide

52:32 Vasoconstrictors
Naphazoline (Clear-Eyes)- OTC
Naphazoline/ Pheniramine (Visine A)- OTC

52:36 Miscellaneous EENT Drugs
Betaxolol (Betoptic)
Brimonidine (Alphagan P)
Latanoprost (Xalatan)
Lubricant, Ocular (Lacrilube)- OTC
Sodium chloride nasal spray- OTC
Tears Artificial- OTC
Timolol (Timoptic)

See also: Cromolyn Sodium 92:00

Continued on next page

56:00 Gastrointestinal Drugs

56:04 Antacids and Adsorbents
Aluminum hydroxide (Alu-Tab Alu-Cap or Amphojel)
Aluminum hydroxide/ Magnesium hydroxide (Maalox)
Aluminum/ Magnesium trisilicate/ Algenic acid (Gaviscon)
Charcoal, Activated
Magnesium Hydroxide (Milk of Magnesia)

56:08 Antidiarrhea Agents
Bismuth Subsalicylate (Pepto-Bismol)
Loperamide (Imodium)

56:10 Antiflatulents
Simethicone (Mylicon)

56:12 Cathartics and Laxatives
Bisacodyl (Dulcolax)
Calcium Polycarbophil (Fibercon)
Docusate Sodium (Colace)
Fiber tablets or Powder (Metamucil)
Magnesium Citrate
Mineral Oil
Polyethylene glycol/electrolyte solution (Golytely)
Senna (X-Prep)
Sodium phosphate rectal enema (Fleets)

56:16 Digestants
Pancrelipase (Pancrease)

56:20 Emetics
Ipecac

56:22 Antiemetics
Ondansetron (Zofran)
Meclizine (Antivert)
Prochlorperazine (Compazine)
Trimethobenzamide (Tigan)
See also: Antihistamines 4:00
Phenothiazines 28:16.08
Promethazine 28:24.92

Continued on next page

56:00 Gastrointestinal Drugs (continued)	***56:28 Antiulcer Agents and Acid Suppressants*** **56:28.12 Histamine H2- Antagonists** Ranitidine (Zantac) **56:28.32 Protectants** Sucralfate (Carafate) **56:28.36 Proton Pump Inhibitors** Omeprazole ***56:32 Prokinetic Agents*** Metoclopramide (Reglan) ***56:36 Anti-inflammatory Agents*** Mesalamine (Asacol, Lialda, Rowasa) See also: Sulfasalazine 8:12.20 ***56:92 Miscellaneous GI drugs*** Olsalazine (Dipentum)
60:00Gold Compounds	Auranofin (Ridaura®)
68:00 Hormones and Synthetic Substitutes	Dexamethasone (Decadron) Methylprednisolone (Medrol and Solu-Medrol) Prednisone (Deltasone) Triamcinolone (Kenalog, Aristocort, Aristospan, Azmacort) **68:08 Androgens** Testosterone (Depo-Testosterone) **68:12 Contraceptives** Norgestimate/ Ethinyl Estradiol (Ortho-Tri-Cyclen) Norethindrone (Ortho Micronor) Norethindrone/ Ethinyl Estradiol (Ortho-Novum 1/35, 7/7/7) ***68:20 Anti-diabetic Agents*** **68:20.04 Biguanides** Metformin (Glucophage)

Continued on next page

68:00 Hormones and Synthetic Substitutes (continued)

68:20.08 Insulins
Insulin Aspart (NovoLog)
Insulin Glargine (Lantus)
Insulin, Lente Human
Insulin Lispro (Humalog)
Insulin, NPH Human
Insulin, Regular Human

68:20.20 Sulfonylureas
Glipizide (Glucotrol)
Glyburide (Micronase)

68:20.28 Thiazolidinediones
Pioglitazone (Actos)

68:20.92 Miscellaneous Anti-diabetic Agents
Glucagon (GlucaGen)

68:28 Pituitary
Desmopressin (DDAVP)

68:32 Progestins
Medroxyprogesterone

68:36 Thyroids and Anti-thyroid Agents

68:36.04 Thyroid Agents
Levothyroxine (Levothroid, Synthroid)

68:36.08 Anti-thyroid Agents
Methimazole (Tapazole)
Propylthiouracil

72:00 Local Anesthetics

Lidocaine (Xylocaine)
Bupivacaine (Marcaine)
See also: Anti-pruritics and Local Anesthetics 84:08
Local Anesthetics 52:16

Continued on next page

80:00 Serums, Toxoids, and Vaccines

80:04 Serums
Hepatitis B Immune Globulin (HBIG)
Immune Globulin, Human
Rho D Immune Globulin (RhoGAM) at WCCW only
Tetanus Immune Globulin

80:08 Toxoids
Tetanus and Diphtheria Toxoids Adsorbed

80:12 Vaccines
Hepatitis A Vaccine Inactivated (Havirix, Twinrix)
Hepatitis B Vaccine, Recombinant (Engerix, Recombivax, Twinrix)
Influenza Virus Vaccine
Measles, Mumps, Rubella Vaccine (MMR-II)
Pneumococcal Vaccine, Polyvalent
Varicella Zoster Virus Vaccine, Live (Varivax, Zostavax)

84:00 Skin and Mucous Membrane Agents

84:04 Anti-infectives

84:04.04 Antibacterials
Bacitracin
Bacitracin/ Polymyxin B/Neomycin (Neosporin)
Gentamicin
Metronidazole (Flagyl, MetroGel Vaginal)
Mupirocin (Bactroban) nasal product not approved

84:04.08 Antifungals
Clotrimazole (Lotrimin, Mycelex)
Ketoconazole (Nizoral)
Miconazole (Monistat)
Nystatin (Mycostatin)
Tolnaftate (Tinactin)

84:04.12 Scabicides and Pediculides
Crotamiton (Eurax)
Ivermectin (Stromectol)
Malathion (Ovide)
Permethrin (Nix)

Continued on next page

86:00 Smooth Muscle Relaxants	**86:12 Genitourinary Smooth Muscle Relaxants** Oxybutynin (Ditropan) **86:16 Respiratory Smooth Muscle Relaxants** See also: Anticholinergic Agents 12:08 Sympathomimetic Agents 12:12 Vasodilating Agents 24:12
88:00 Vitamins	Cyanocobalamin (Vitamin B-12) Folic Acid Niacin Pyridoxine (Vitamin B-6) Thiamine (Vitamin B-1) Vitamin B Complex (Nephrovite or Nephrocap) **88:16 Vitamin D** Calcitriol (Rocaltrol, Calcijex) Paricalcitol (Zemplar) **88:24 Vitamin K Activity** Phytonadione
92:00 Miscellaneous Therapeutic Agents	Alendronate (Fosamax) Allopurinol (Zyloprim) Azathioprine (Imuran) Calcipotriene (Dovonex) Calcium acetate (Phos-ex, PhosLo) Clopidogrel (Plavix) Colchicine Cromolyn Sodium (Intal) Finasteride (Proscar) Flumazenil (Romazicon) Fluoride, Topical (PreviDent) Levodopa/ Carbidopa (Sinemet) Montelukast (Singulair)
96:00 Pharmaceutical Aids	Alcohol, Isopropyl Ammonia

D – Possible Alternatives to Non-Formulary Medications

The following table contains a list of some Non-Formulary medications with examples of selected alternatives that are on the DOC Formulary Drug list.

Table

Non-Formulary	**Possible Formulary Alternative(s)**
Accolate®	montelukast
Accupril®	enalapril, lisinopril, benazepril
Accuretic®	enalapril + HCTZ, lisinopril + HCTZ, benazepril + HCTZ
Aceon®	enalapril, lisinopril, benazepril
Aciphex®	omeprazole
Acular®	Prednisolone acetate
Alrex®	Prednisolone acetate
Altoprev®	simvastatin, pravastatin, ezetimibe/simvastatin
Amaryl®	glyburide, glipizide immediate release tablets
Androgel®	Testosterone cypionate
Ascencia®	Accu-chek®, OneTouch®
Atacand®	losartan
Atacand HCT®	losartan + HCTZ
Avapro®	Losartan
Avinza®	morphine sulfate ER
Azelex®	Acne preparations are not approved in the formulary
Anzemet®	Meclizine,prochlorperazine, trimethobenzamide, ondansetron
Benicar®	Losartan
Benicar HCT®	losartan + HCTZ
Betimol®	betaxolol, timolol
Bextra®	etodolac, indomethacin, ketorolac,
Cardene® SR	diltiazem, verapamil, amlodipine
Non-Formulary	**Possible Formulary Alternative(s)**
Cardizem® LA	diltiazem
Ceclor® CD	cefoxitin, cefuroxime or other approved antibiotic class based on sensitivity

Cedax®	ceftazidime, ceftriaxone or other approved antibiotic class based on sensitivity
Celebrex®	etodolac, indomethacin, ketorolac
Cipro® XR	ciprofloxacin or other approved antibiotic class based on sensitivity
Colazal®	mesalamine
Combivir	Zidovudine and Lamivudine
Covera® HS	verapamil
Crestor®	simvastatin, pravastatin, ezetimibe/simvastatin
Depakote® **ER**	divalproex DR
Differin®	Acne preparations are not approved in the formulary
Detrol® LA	oxybutynin
Ditropan® XL	oxybutynin
Diovan®	losartan
Dynabac®	erythromycin, azithromycin
Dynacirc® CR	amlodipine
Famvir®	acyclovir
FML® Forte	prednisolone
Focalin®	no approved CNS stimulant in the formulary
Frova®	sumatriptan
GoLytely PEG	generic electrolyte solution
Helidac®	bismuth salicylate + metronidazole + tetracycline
Hyzaar®	losartan + HCTZ
Klaron®	Acne preparations are not approved in the formulary
Kristalose®	lactulose
Kytril®	trimethobenzamide, meclizine, prochlorperazine, ondansetron
Non-Formulary	**Possible Formulary Alternative(s)**
Flescol® XL	simvastatin, pravastatin, ezetimibe/simvastatin
Lexxel®	enalapril + amlodipine
Lorabid®	cefuroxime, cefoxitin
Lumigan®	latanoprost
Maxalt® MLT	sumatriptan
Mavik®	captopril, enalapril, lisinopril

Maxaquin®	ciprofloxacin
Maxidone®	use opioid analgesic + APAP separately if needed
Metrolotion®	Acne preparations are not approved in the formulary
Miacalcin®	alendronate
Micardis®	losartan
Micardis HCT	losartan + HCTZ
Monopril®	enalapril, lisinopril, benazepril
Monopril® HCT	enalapril+hctz, lisinopril+hctz, benazepril+hctz
Nexium®	omeprazole
Noritate®	Acne preparations are not approved in the formulary
Noroxin®	ciprofloxacin
Nulev®	hyoscyamine sulfate
Nulytely®	generic electrolyte solution
Omnicef®	ceftazidime, ceftriaxone or use another antibiotic class based on sensitivity
Orapred®	prednisone, methylprednisolone
OxyIR®	oxycodone
Non-Formulary	**Possible Formulary Alternative(s)**
PCE®	erythromycin, azithromycin
Pediapred®	prednisone, methylprednisolone
Penetrex®	ciprofloxacin
Phenytek®	phenytoin
Plendil®	amlodipine, diltiazem, verapamil
Prandin®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Pravigard®	simvastatin + ASA, pravastatin + ASA, ezetimibe/simvastatin + ASA
Premarin®	Estradiol
Prevacid®	omeprazole
Prilosec® Rx	omeprazole
Protopic®	use corticosteroid/anti-inflammatory topical agents
Proventil HFA	albuterol inhaler (Ventolin® HFA)

Prozac® 90mg	fluoxetine (daily), citalopram, paroxetine, sertraline
Pulmicort®	budesonide nebs, beclomethasone
Quinapril®	enalapril, lisinopril, benazepril
Quixin®	ofloxacin, ciprofloxacin
Relenza®	amantadine
Relpax®	sumatriptan
Rescula®	latanoprost
Risedronate	Alendronate
Retin-A®	Acne preparations are not approved in the formulary
Ritalin® LA	no approved CNS stimulants in the formulary
Skelid®	alendronate
Spectracef®	ceftazidime, ceftriaxone
Non-Formulary	**Possible Formulary Alternative(s)**
Starlix®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Sular®	amlodipine, diltiazem, verapamil
Suprax®	ceftazidime, ceftriaxone
Tarka®	verapamil + enalapril
Teveten®	losartan
Teveten® HCT	losartan + HCTZ
Tri-Norinyl®	generic hormonal contraceptives
Triptans (5HT-1)	sumatriptan
Uniretic®	enalapril + HCTZ
Vantin®	ceftazidime, ceftriaxone
Vexol®	prednisolone
Vioxx®	etodolac, indomethacin, ketorolac
Zagam®	ciprofloxacin

E – Approved Medications for Therapeutic Interchange

Description

Therapeutic Interchange (TI) involves the dispensing of chemically different drugs that are considered to be therapeutically equivalent. Therapeutically equivalent drugs are chemically dissimilar but produce essentially the same therapeutic outcome and have similar toxicity profiles. Usually these drugs are within the same pharmacologic class. They frequently differ in chemistry, mechanism of action, pharmacokinetic properties, and may possess different adverse and drug interaction profiles.

Under the DOC P&T Formulary (page 10), pharmacists are granted authority to therapeutically substitute medications. This document outlines the specific medications and strengths approved for Interchange.

If no changes in dosage form with inhalers that contain Chlorofluorocarbon (CFC), pharmacy will automatically dispense alternative propellant, hydroflouroalkane (HFA), when available, without a Therapeutic Interchange.

All therapeutic equivalent doses are averages and may need to be followed-up for additional dose adjustment. Formulary references (I is Formulary, II is *Restricted Formulary*, or III is Non-Formulary) are indicated after each medication.

Cardiovascular Drugs

The following table shows cardiovascular drugs. All doses are in total-daily oral dose unless otherwise stated

Angiotensin Converting Enzyme (ACE) Inhibitors					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Benazepril (I)	5mg	10mg	20mg	40mg	80mg
Captopril (I)	6.25mg TID	12.5mg TID	25-37.5mgTID	50mg TID	100-150mg TID
Enalapril (I)	5mg	10mg	20mg	20mg BID	
Fosinopril (III)	5mg	10mg	20mg	40mg	80mg
Lisinopril (I)	5mg	10mg	20mg	40mg	40mg BID
Moexipril (III)	3.75mg	7.5mg	15mg	30mg	60mg
Perindopril (III)	2mg	4mg	6mg	8mg	16mg
Quinapril (III)	5mg	10mg	20mg	40mg	
Ramipril (III)	1.25mg	2.5mg	5mg	10mg	
Trandolapril (III)	0.5mg	1mg	2mg	4mg	
Angtiotensin Receptor Blockers					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Candesartan (III)	4mg	8mg	16mg	32mg	32mg
Losartan (I)	25mg	25mg	25mg	50mg	100mg
Alpha-1 Blockers					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Doxazosin (I)	1mg	2mg	4mg	8mg	
Prazosin (I)	1mg/2/5				
Tamsulosin (I)	0.4mg			0.8mg	
Terazosin (III)	1mg	2mg	5mg	10mg	
Calcium Channel Blockers (dihydropyridine)					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Amlodipine (I)	2.5mg	5mg	10mg	10mg	
Felodipine ER (III)	2.5mg	5mg	10mg	20mg	
Isradipine CR (III)	5mg	10mg	20mg	20mg	
Nicardipine SR (III)	30mg BID		60mg BID		
Nifedipine XL (II)	30mg	60mg	90mg	120mg	
Nisoldipine (III)	20mg	30mg	40mg	60mg	
Calcium Channel Blockers (non-dihydropyridine)					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Diltiazem ER (I)	180mg	240mg	360mg	540mg	
Verapamil SR (I)	180mg	240mg	360mg	540mg	

Continued on next page

Cardiovascular Drugs

The following tables shows Inhaled drugs.

Inhaled Oral Corticosteroids/LABAs			
Advair Diskus (III) (Fluticasone/Salmeterol)	100/50mcg 1 inh BID	250/50mcg 1 inh BID	500/50mcg 1 inh BID
Advair HFA (III) (Fluticasone/Salmeterol)	45/21mcg 2 inh BID	115/21mcg 2 inh BID	230/21mcg 2 inh BID
Dulera (I) (Mometasone/Formoterol)	100/5mcg 2 inh BID	100/5mcg 2 inh BID	200/5mcg 2 inh BID

Inhaled Nasal Corticosteroids	**Dose equivalencies**	**Dose equivalencies**
Flunisolide (III) nasal spray (25mcg/spray)	2 sprays/nostril BID	2 sprays/nostril TID
Triamcinolone (III) nasal spray (55mcg/spray)	2 sprays/nostril QD	
Fluticasone propionate (III) nasal spray (50mcg/spray)	2 sprays/nostril QD	2 sprays/nostril BID
Beclomethasone (III) nasal spray (42mcg/spray)	1 spray/nostril BID	2 spray/nostril BID

HMG CoA Reductase Inhibitors (Statins) *All doses are in total-daily oral dose unless otherwise stated*						
Agent	**%LDL Reduction**					
	20-30%	**30-40%**	**40-45%**	**46-50%**	**50-55%**	**56-60%**
Atorvastatin (II)		10mg	20mg	40mg	80mg	
Lovastatin (III)	20mg	40mg	80mg			
Simvastatin (I)	10mg	20mg	40mg	80mg (III)		
Pravastatin (II)	20mg	40-80mg				
Rosuvastatin (III)			5mg	10mg	20mg	40mg
Ezetimibe/ Simvastatin (II)					10/80mg	

Continued on next page

Diabetic Drugs *The following table shows Diabetic Drugs.*

Sulfonureas *All doses are in total-daily oral dose unless otherwise stated*				
Chlorpropamide (III)	125mg	250mg	500mg	750mg
Glipizide (I)	5mg daily	5mg BID or 10mg daily	10mg BID	20mg BID
Glyburide (I)	2.5mg	2.5mg BID or 5mg daily	5mg BID or 10mg daily	10mg BID or 20mg daily
Glyburide Micronized (III)	1.25mg	3mg	3mg BID or 6mg daily	6mg BID or 12mg daily
Nateglinide (III)	60mg ac TID	60mg ac TID	120mg ac TID	120mg ac TID
Repaglinide (III)	0.5mg ac TID-QID	1-2mg ac TID-QID	3mg ac TID-QID	4mg ac TID-QID
Tolbutamide (III)	500mg	1000mg	2000mg	3000mg
Tolazamide (III)	100mg	250mg	500mg	750-1000mg div BID

Continued on next page

Pain Medication

The following tables show pain medications.

Long-acting Opioids *All doses are in total-daily oral dose unless otherwise stated* *Add the link (from the opioid 156gmt. protocol) for conversion table*			
Oxycontin (III)	Morphine ER (I)	Methadone (I) (***must consult pharmacist)***	Fentanyl Patch (II) (mcg/72 hour patch)
20	30	10	25mcg
40	60	20	50mcg
80	120	20-25	75mcg
100	150		100mcg
120	180	25-30	125mg
160	240	30-35	150mcg
200	300	30-35	
240	360	35	
280	420	40	
320	480	45	

Muscle Relaxants *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low or Initial Dose**	**Moderate Dose**	**Max Daily Dose**
Carisoprodol (III)	350mg TID	350mg QID	350mg QID
Chlorzoxazone (III)	250mg TID-QID	500mg TID-QID	750mg TID-QID
Cyclobenzaprine (II)	5mg TID	10mg TID	20mg TID (60mg/day)
Methocarbamol (II)	750mg QID	1,000mg QID or 1,500mg TID	1,500 QID (Max dose = 8gm/day)
Metaxalone (III)	800mg TID	800mg QID	800mg QID
Orphenadrine (III)	50mg BID	100mg BID	100mg BID

Continued on next page

Pain Medication
(continued)

Non-Steroidal Anti-Inflammatory (NSAIDs) *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low Dose**	**Med Dose**	**High or Max Dose**
Choline Mag Trisalicylate (I)	500mg TID	750mg TID	1,000mg TID
Diclofenac (III) (sodium and potassium)	100mg	150mg	225mg in rheumatoid arthritis 150mg in osteoarthritis
Celecoxib (III)	200mg	200mg BID	200mg BID
Diflunisal (III)	250mg BID	500mg BID	750mg BID
Etodolac IR (II)	200mg TID	400mg BID	1200mg
Etodolac SR (III)	400mg	500mg – 600mg	1200mg
Fenoprofen (III)	200-300mg QID	600mg TID-QID	800mg QID
Flubriprofen (II)	50mg BID	50mg TID-QID	100mg TID
Ibuprofen (II)	400mg TID	600mg TID-QID	800mg QID
Indomethacin (II)	25mg TID	50mg TID	200mg
Ketorolac (II)	10mg BID	10mg TID	10mg QID
Ketoprofen IR (III)	25-50mg TID	75mg TID	300mg
Ketoprofen SR (III)	100mg	150mg	200mg
Meclofenamate (III) sodium	50mg TID	100mg TID	100mg QID
Meloxicam (II)	7.5mg	7.5mg	15mg
Nabumetone (III)	1,000mg	1,000mg BID	2,000mg
Naproxen (II)	250mg TID	500mg BID	1250mg
Naproxen sodium (II)	275mg TID	550mg BID	1375mg
Oxaprozin (III)	600mg	1200mg	1200mg
Piroxicam (III)	10mg	20mg	40mg (not for rheumatoid or osteoarthritis)
Salsalate (I)	500-750mg BID	750mg TID	1,000mg TID
Sulindac (III)	150mg BID	200mg BID	200mg BID
Tolmetin (III)	200mg TID	400mg TID	600mg TID
Valdecoxib (III)	10mg	10mg	20mg BID

Continued on next page

Other Medications

The following tables show other medications.

Serotonin-Receptor Agonists *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low Single Dose**	**Max Single Dose**	**Max Daily Dose**
Almotriptan (III)	6.25mg	12.5mg	25mg
Eletriptan (III)	20mg	40mg	80mg
Frovatriptan (III)	2.5mg	5mg	7.5mg
Naratriptan (III)	1mg	2.5mg	5mg
Rizatriptan (III)	5mg	10mg	30mg
Sumatriptan (II)	25-50mg	100mg	200mg
Zolmitriptan (III)	1.25-2.5mg	5mg	10mg

Urinary Antispasmodics *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low or Initial Dose**	**Moderate Dose**	**Max Daily Dose**
Flavoxate (III)	100mg TID	200mg TID	200mg QID (800mg/day)
Oxybutynin (I)	2.5mg TID or 5mg BID	5mg TID-QID	5mg QID (20mg/day)
Oxybutynin ER (III)	10mg	15-20mg	30mg
Tolterodine (III)	1mg BID	2mg BID	4mg
Tolterodine ER (III)	2mg	4mg	4mg

Proton-Pump Inhibitors (PPI's) *All doses are in total-daily oral dose unless otherwise stated*				
Esomeprazole (III)	20mg	20mg	40mg	80mg
Lansoprazole (III)	15mg	30mg	30mg BID	60mg BID
Omeprazole (I)	10mg	20mg	20mg BID or 40mg QD	40mg BID
Pantoprazole (I)	20mg	40mg	40mg BID	80mg BID
Rabeprazole (III)	20mg	20mg	20mg BID	40mg BID

Continued on next page

Other Medications (continued)

Estrogens *All doses are in total-daily oral dose unless otherwise stated*				
Conjugated Estrogen (III)	0.3mg	0.6mg	0.9mg	1.25mg
Estradiol (II)	0.5mg	1mg	1.5mg	2mg

Anti-Convulsants *Doses may need to be adjusted by an additional 8-20%. Liver enzymes should be monitored closely*				
Divalproex DR (I)	250mg	500mg	1000mg	1500mg
Divalproex ER (III)	250mg	500mg	1000mg	1500mg

Serotonin-Norepinephrine Reuptake Inhibitor *All doses are in total-daily oral dose unless otherwise stated*				
Venlafaxine XR & ER (I)	225mg	150mg	75mg	37.5mg
Venlafaxine IR (I)	225mg	150mg	75mg	37.5mg

References

1. WSPA (Washington State Pharmacy Association)– Washington Rx Therapeutic Interchange Program (taken from Washington Rx Clinical Pearls Sheet).
2. Highline Hospital – approved P&T therapeutic Interchange list
3. Franciscan Healthcare – approved P&T therapeutic interchange list
4. Clinical Pharmacology – http://www.clinicalpharmacology-ip.com/default.aspx
5. LexiComp Drug information Handbook

F – Links

Links

Protocols and Guidelines:

http://www.ahrq.gov/clinic/epcix.htm
http://idoc/offenders/support/services/health.htm

DOC Forms:

http://insidedoc/forms/default.aspx

Drug information:

http://www.clinicalpharmacology-ip.com/default.aspx

Washington State P&T Committee and formulary:

http://www.rx.wa.gov/

ISMP:

http://www.ismp.org/Newsletters/default.asp

Washington State Pharmacy Quality Assurance Commission

http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission

G – Revisions to Pharmaceutical Management and Formulary Manual

Note: All updates/corrections are made in the text of the Pharmaceutical Management and Formulary Manual posted on the Health Services website to ensure version posted is current. This log shows all changes applied since the 3/25/11 version.

Section Revised	Nature of Revision	Date Applied
Formulary Drug Listing Table	Any drugs listed with restrictions will be updated to reflect the Restricted status.	3-25-11
Formulary Drug Listing Table	Modify Gabapentin to Restricted status approved for doses up to 2400mg/day as Pill Line only.	3-25-11
Formulary Drug Listing Table	Delete brand reference on Regular and NPH insulins.	3-25-11
Formulary Drug Listing Table	Amend restrictions on Pramipexole to allow for treatment of RLS in dialysis patients.	3-25-11
Formulary Drug Listing (Definitions)	Modify sentence to "All extended release, liquid, and combination formulations of the medications are Non-Formulary unless a medical condition requires the use or a liquid medication or is a DOC pharmacy compounded product. These liquids are Restricted status and require approval from the FMD or RPh Supervisor."	3-25-11
Formulary Drug Listing Table	Move Colchicine to Restricted status approved for up to 14 days of treatment for acute gout flares and Non-Formulary for chronic use.	3-25-11
Formulary Drug Listing Table	Remove ergotamine/caffeine from the formulary.	3-25-11
Formulary Drug Listing Table	Add Excedrin Migraine (APAP/ASA/Caffeine) to the formulary as Restricted status approved for migraine therapy after failure of OTC product 10 tablets/fill and 20 tablets/month.	3-25-11
Formulary Drug Listing Table	Remove Calcipotriene from the formulary.	3-25-11
Formulary Drug Listing Table	Amend restrictions on Omeprazole to add "for concomitant therapy in patients with chronic routine use of NSAIDS according to AHRQ Natl. Guideline Clearinghouse in regards to GI toxicity.	3-25-11
Purpose Narrative	Add "guidelines, protocols, forms, and algorithms that address pharmacological therapy will be reviewed by the P&T committee prior to implementation to assure consistency with the DOC formulary document.	3-25-11
Voting Members Narrative	Member back-ups will be considered voting members only when they are functioning as the alternate to the voting member.	7-8-11
Title Page	Revise the title of the document to read: Pharmaceutical Management and Formulary Manual.	7-8-11
Consultants/Guests Narrative	Individual P&T members have the authority to request expert advice from Subject Matter Experts (SME) or consultants as	7-8-11

	necessary. This request shall be routed through the committee chairperson.	
Authorization of Non-Formulary Narrative	The final decision of an appealed Non-Formulary request is made by the Chief Medical Officer in consultation with key stakeholders.	7-8-11
Meeting Operations Narrative	Individuals who request to add topics to the P&T agenda must provide adequate reference material and appropriate presentation details to the committee chairperson before the meeting convenes.	7-8-11
All Areas Applied	Replace all references of Health Services Medical Director to Chief Medical Officer	7-8-11
Section Revised	**Nature of Revision**	**Date Applied**
Voting Members Narrative	The Chief Medical Officer is considered a voting member.	7-8-11
Refusal to Fill or Discontinue an Order Narrative	In addition to notifying the prescriber and nursing staff of the refusal to fill a medication, the pharmacist must also notate the refusal and reason on a PER in the patient's chart.	7-8-11
Prescription Renewal and Refill Narrative	Medications categorized as Controlled Substances C3-C5 are only permitted to be written for up to 6 months and with no more than 5 refills.	7-8-11
Beginning of Manual	Add table of Revisions for reference.	7-8-11
Issuable and Medline Medications Narrative	Deleted "Forced or involuntary medication programs require CRC approval for more details please refer to DOC Policy 630.540."	7-8-11
Restricted Formulary Narrative	Deleted "Other uses require the failure of first line agent(s) and the approval of the local Medical Director and Pharmacist Supervisor or DOC Pharmacy/Medical Director."	7-8-11
Formulary Drug Listing Table	Move losartan to Formulary status from *Restricted Formulary*.	7-8-11
Formulary Drug Listing Table	Move testosterone to *Restricted Formulary* status from Non-Formulary requiring approval from Medical CRC or the Chief Medical Officer.	7-8-11
Special Criteria on Therapeutic Class of Medication	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval. If a 3rd anti-depressant is needed the case must be taken to Psych CRC for approval. All new patients admitted to WA-DOC who are currently prescribed more than 2 anti-depressants may continue therapy for up to 60 days, as permitted by the WA-DOC Pharmaceutical Management and Formulary Manual.	9-30-11
Protocols/Guidelines on InsideDOC /HS	The P&T committee approves the following protocols: OCD, ADHD, PTSD, Benzodiazepine, and Panic Disorder which will go into effect 30 days after the posting of the September 2011 P&T Meeting Minutes.	9-30-11
Authorization of Non-Formulary Medications	Removed comments "When a vaccine is medically necessary refer to DOC Policy 670.000 and Meningococcal, Herpes Zoster, and HPV vaccines require CRC approval."	9-30-11
Formulary Drug Listing Table	Added Peg-interferon alfa-2b as a *Restricted Formulary* agent to be used in conjunction with the Hep C protocol.	9-30-11

Formulary Drug Listing Table	Updated the following vaccines from 11/09 P&T minutes: Formulary Agents : Tetanus, DPT, Hep A, Hep B Restricted Agents per protocol : MMR, Varicella, Influenza, Pneumococcal Restricted Agents per CRC approval : Meningococcal, Herpes Zoster, and HPV	9-30-11
Formulary Drug Listing Table	Addition to Calcitriol restrictions to allow for "Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism".	9-30-11
Formulary Drug Listing Table	Remove "seasonal allergies (only after failure of a 1st line agent)" from the restrictions of diphenhydramine criteria. Treatment of seasonal allergies with diphenhydramine is considered non-formulary	9-30-11
Formulary Drug Listing Table	Remove restriction "failure of 1st line OTC agent or sumatriptan" from the Excedrin Migraine criteria.	9-30-11
Formulary Drug Listing Table	Added to Magnesium Citrate restrictions to "allow for severe constipation. Not to exceed 2 doses per week."	9-30-11
Urgent Med Stock	Standardized list of Urgent Medication Stock approved and posted	02-03-12
Formulary Drug Listing Table	Olanzapine ODT and Olanzapine tablets may be used interchangeably	2-14-12
Formulary Drug Listing Table	Changed the vaccines Hep B, Tetanus , Influenza, Pneumovax, MMR, Varicella, Hep A, Hib to restricted	2-14-12
Formulary Drug Listing Table	Changed HPV and Zoster to non-formulary.	
Formulary Drug Listing Table	Change Oxybutynin, Dicyclomine, and Hyoscyamine to default to PLN status	2-14-12
Urgent Med Stock	Add gabapentin to the Urgent Medication List	2-14-12
Formulary Drug Listing Table	Move omeprazole to formulary status.	2-14-12
Formulary Drug Listing Table	Move Isosorbide Mononitrate ER and Isosorbide Dinitrate ER to formulary status.	2-14-12
Formulary Drug Listing Table	Language clarification on Baclofen, Cyclobenzaprine, Methocarbamol	2-14-12
Formulary Drug Listing Table	Add Levetiracetam to formulary.	2-14-12
Formulary Drug Listing Table	Move all Nasal Steroids to non-formulary status.	2-14-12
Possible Alternates to Non-Formulary Section	Removed Nasal Steroid as formulary alternates.	2-14-12
Formulary Drug Listing Table	Changed nystatin to include liquid as formulary.	2-14-12
Section VI Medication Categories Narrative	Change the definition of Formulary status under Section VI Medication Categories to read: Formulary Medication: Medications in this category may be prescribed when medically necessary according to the Offender Health Plan (OHP)and require no further approval for use provided the criteria listed in the formulary and OHP are met.	2-14-12

Addition to Urgent Stock List	Darunavir 400 mg Raltegravir 400 mg Chlorhexidine Gluconate 0.12% Dental Soln Baclofen 10mg Omeprazole 20mg Ophthalmic Mydriatic per optometry recommendation Spironolactone 50 mg Add Ondansetron 8mg ODT	5-14-12
Changes to Urgent Stock List	Add Proparacaine ophth drops in lieu of Tetracaine ophth drops Add Olanzapine 5 mg in lieu of 2.5 mg or 10 mg Add Ofloxacin 0.3% ophth solution 5ml in lieu of Ciprofloxacin 0.3% drops 10ml Add PO and PR promethazine 25 mg Change Lamotrigine 25 mg to 100 mg	5-14-12
OTC	Add Pterygium to approved diagnosis for Artificial Tears on the formulary document	5-14-12
Addition to Formulary	- Add Zegerid as *Restricted Formulary* for use in tube feeds - Add levalbuterol HFA to list of formulary medication Permit 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability	5-14-12
Pill line modification	Keppra (Levetiracetam) as KOP	5-14-12
Addition to Formulary	Approve adding boceprevir and telaprevir as *Restricted Formulary* per approved Hep C protocol as	08/06/12
Addition to Urgent Stock List	- Add Telaprevir and Boceprevir to urgent stock list - Add oseltamivir, zanamivir and/or other anti-flu agent to urgent stock list during flu season (October-April) as per ID recommendations - Add levodopa and carbidopa (pharmacy to decide strengths needed) - Add Triamcinolone (Kenalog) 40mg injectable	08/06/12
Commissary	Permit commissary to stock either enteric-coated or plain aspirin	08/06/12
Addition of statement to formulary document	"Anti-neoplastics will be permitted as continuation of cancer therapy or per specialist recommendation or else require NFR approval"	08/06/12
Urgent medication stock must meet the following criteria:	- Must be formulary or *Restricted Formulary* items - Therapeutic equivalent options are not currently included on approved urgent medication stock list AND - at least one of the following is true of the medication: o Lack of availability may cause <u>significant risk</u> to patient, cause <u>permanent damage or danger to others</u> o <u>Commonly</u> used in moderate to severe pain o <u>Selected</u> common antibiotics & antivirals o <u>Commonly</u> used in treatment of seizure o Sudden stop may cause <u>significant</u> withdrawal symptoms o <u>Narrow therapeutic range</u> with significant unwanted clinical outcome (i.e.: Warfarin) o <u>Mass utilization</u> (i.e.: response to epidemic episode or vaccines) o <u>Medications commonly used for onsite procedures</u>	08/06/12

	o Difficult to access or too expensive to purchase from a local community pharmacy	
NFR not completed at the reception facility	- 30-day extension at receiving facility to be allowed if inmate transfers from reception center before NFR process is completed	10/05/12
NFR Evaluation	Add "Pharmacist Evaluation of a Non-Formulary Request" to the Formulary document	10/05/12
Clozapine Protocol	Updated Clozapine protocol has been approved	10/05/12
Addition to Urgent Stock List	- Allow 2 mg and add 5 mg Haldol on Urgent list. - Suboxone at facilities with authorized prescriber	10/05/12
2 weeks PLN status	Remove PLN 2-week timeline from formulary. - HIV meds to be KOP. - Fluphenazine, fluvoxamine, Mirtazapine, venlafaxine and warfarin will be PLN.	10/05/12
Peginterferon Alfa-2b (PegIntron) vs. Peginterferon Alfa-2a (Pegasys)	Peginterferon Alfa-2b (PegIntron) is the preferred agent	10/05/12
Addition to Formulary	Add to *Restricted Formulary* - Atorvastatin approved after failure of other formulary options or other options are contraindicated - Proamatine (Midodrine) approved for dialysis (CKD 5) patients - Vitamin D-3 (cholecalciferol) approved For CKD 4 & 5 (ESRD & Dialysis)	10/05/12
Tramadol	If approved to be dispensed it must be treated as controlled substances	10/05/12
Gabapentin and pregabalin	Gabapentin and pregabalin NFR approvals will be approved for a maximum of 1 year. Currently authorized prescriptions for gabapentin and pregabalin will require repeat of NFR & review at time of prescription renewal.	10/05/12
Language update	Change language in formulary to read "InsideDOC" in place of "DOCnet".	10/05/12
Levalbu & Albuterol	Move Lev/albuterol to formulary permitting 1 inhaler per month; 1 additional refill may be approved by FMD/PS and prescriber must be consulted	01/28/13
Migraine meds	Move Imitrex / Migraten / Midrin tabs/caps to formulary. Use of these meds beyond current quantity limitations would require NFR request.	01/28/13
Ketorolac	Ketorolac injection is formulary. Tablets and ophthalmic forms are restricted. Add that prn outpatient orders for injectable form require NFR approval.	01/28/13
Glucose tablet	Change glucose tabs to formulary with note of current quantity limitations	01/28/13
Formulary Edit	- Simultaneous use of >2 antipsychotics (except for cross taper for up to 30 days), prn and/or off-label purposes requires NFR (unless permitted per protocol)	01/28/13

	- Eucerin: Delete "not including diabetic patient" from formulary document - Sinemet: formulary for Parkinson's disease. - Medline Only: status for Depo-testosterone and other injectable medications, bupropion, gabapentin and opioids - Medline: Aricept, Warfarin, and Diphenhydramine	
Action	Separate Risperdal and Risperdal Consta to indicate formulary and restricted formulary status of each item	01/28/13
Asenapine (approved with condition)	If contract pricing was offered and approved by DOC: Add Saphris (asenapine) to the formulary document as restricted formulary. Include it as first choice over Abilify in therapy guidelines pending contract pricing.	01/28/13
Add to formulary	- MagOx 400mg PO - Pantoprazole (all forms) as preferred PPI - Prevnar 13 to restricted formulary per ACIP recommendations. - Oxymetazoline nasal spray – add to formulary as restricted item for acute epistaxis and US list	01/28/13
Urgent Stock List	Add the following to Urgent Stock List: - APAP 650mg suppository - APAP 120mg/5ml - Cefepime 2GM inj - Dexamethasone 1mg - Factor 8 - Oxymetazoline nasal spray - Pipracillin/Tazobactam 4.5 Gm inj	01/28/13
Add to formulary document narrative	All new prescriptive authority protocols must be reviewed and approved by P&T committee prior to implementation. WCC may continue with protocol as is for now until reviewed by P&T committee.	01/28/13
2013 P&T meeting schedule	From 9am – 4pm at HQ on: March 8, June 14, September 13, December 13	01/28/13
Psych CRC & Risperdal Consta	Add Psychiatric CRC approval as part of the Restricted Formulary criteria for Risperdal Consta use as part of the DOC Involuntary Antipsychotic Administration policy (630.540). .	04/12/13
Urgent Stock update	Include Heparin flush 100 units/ml on the urgent stock list instead of the 10 units/ml strength.	04/12/13
Updating DOC 13-468	Recommend to change APAP as needed (prn) orders on DOC 13-468 to include APAP 325 mg, 2-3 tabs q4h. The maximum dose of APAP should not exceed 4 g/24 hours from all sources Recommend to change prochlorperazine prn orders to promethazine 25 mg PO/PR q4h on DOC 13-468.	04/12/13
Glargine	Add restricted formulary language to permit BID dosing of glargine in Type 1 DM if daily dose is proven ineffective. NFR approval required for bid dosing of glargine in Type 2 DM. Add to restricted formulary that glargine is approved for Continuation of Therapy or failure of NPH in T1DM.	04/12/13
Ketorolac	Change "Tablets approved for: treatment of Nephrolithiasis" to say "Tablets approved for: treatment of renal or biliary colic"	04/12/13

Lidocaine	Move lidocaine patches to non-formulary	04/12/13
Gabapentin	Add to Restricted formulary criteria: "requires annual review and verification of eligibility criteria."	04/12/13
Editing formulary language	Permit CMO and Director of Pharmacy and/or designees to edit formulary language to reflect the intent of P&T Committee decisions when there is no change in essential content. Any edit will require CMO approval and the chairperson will notify Committee members.	04/12/13
Addition to formulary	Add levodopa/carbidopa CR to the formulary	04/12/13
Anti-neoplastics update	Change formulary language to read "Anti-neoplastics may be permitted as formulary for continuation of cancer therapy or per specialist recommendation or else it is considered as non-formulary."	04/12/13
Migraine Medications therapies	Classify Excedrin, sumatriptan and Midrin/Migraten as Restricted Formulary items approved for migraine therapy after failure (or contraindication) of 2 OTC products. Patients already on existing therapy as of 3/8/13 will be permitted to continue therapy. Current quantity limits in the formulary document will be maintained.	04/12/13
Addition to formulary	Add Saphris as restricted formulary (failure of 2 first line agents) per 12/12 minutes.	07/11/13
Formulary Clarification	"Pneumococcal vaccine" generic name to read "Pneumococcal polysaccharide 23-valent vaccine" and change criteria to "approved per ACIP recommendations". PREVNAR 13 generic to read "Pneumococcal conjugate 13-valent vaccine" and change criteria to "approved for immunocompromised patients per ACIP recommendations."	07/11/13
Add to Formulary & PULHES Document	"Prescribers change U codes for clinical reasons only. The U code will not be altered based solely on housing assignment."	07/11/13
Formulary status changes	Restrict doxycycline to use only when cost-efficient alternatives are unavailable.	07/11/13
Protocol	WCC Medication Renewal Protocol was approved with pharmacist authorization to write renewal orders at intake for up to 60 days on mental health medications and 90 days on general medical medications.	07/11/13
Exedrin	Change Excedrin to be limited to to 20 tablets dispensed each 30 day period.	07/11/13
Therapeutic Interchange	Permit 1:1 therapeutic interchange between insulin aspart and lispro with both listed separately as restricted formulary.	07/11/13
Addition to Formulary	Change formulary to add Augmentin XR as restricted formulary 2nd line for use as part of the acute rhinosinusitis protocol.	07/11/13
Changes to Formulary Status	Remove formulary restriction for Levofloxacin PO. Add clarification that nifedipine extended release is restricted formulary.	07/11/13

	Change all benzodiazepines to restricted formulary per benzodiazepine protocol; remove formulary statements and dosage limits for benzodiazepines	
Change to Formulary Status	Change lamotrigine language to "Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications." Amend formulary status of Chlorhexidine to read: "Restricted Formulary – oral solutions for Dental Use only. Topical preparations are approved for use per "MRSA" protocol & for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance. NON-FORMULARY – Any other topical use" Change albuterol language to "Any early refill must be approved by FMD or pharmacist supervisor and the prescriber must be consulted." Permit albuterol inhaler refills to occur every 25 days.	10/15/13
Modify dispensing quantity for offenders at DNR	Permit pharmacy dispensing of medications to active DNR offenders with up to a 90-day supply.	10/15/13
Addition to Urgent stock list	Add the following to the urgent stock list: - PFS (10ml syringes) 0.9% NS - Permethrin 5% cream (scabies) - Permethrin 1% lotion (Lice) - Switch methocarbamol 750mg to 500mg Edit criteria for selection as urgent medication stock to include "Mass utilization or public health risk"	10/15/13
Clarification	Multi vitamin with mineral formulations are considered non-formulary	10/15/13
Addition/Deletion	Add Clotrimazole troche to formulary Remove Advair HFA from formulary and add Dulera (both doses).	10/15/13
Advair HFA to Dulera Therapeutic Interchange	The TI table to switch Advair HFA to Dulera is approved. Prescribers will be given a listing of patients with current Advair HFA prescriptions and will have 14 days to specify if the TI is agreeable by marking Yes or No next to the patient's name. The prescriber must submit a NFR if the TI is not accepted. After prescriber review, the pharmacist staff will apply the approved TI by discontinuing Adair HFA orders at the time of refill and writing a new order for Dulera accordingly.	10/21/13
Levalbuterol Modification	Levalbuterol for nebulizers and MDI will move to restricted formulary unless there is increased cost, limited availability and adverse side effects related to albuterol. All other information remains the same and will change as albuterol changes.	01/13/14
HIV Medications	Add dolutegravir to formulary with restricted status	01/13/14
Addition to Formulary	- Fluconazole - Cefepime - EMLA cream as restricted formulary PLN for dialysis patients only	01/13/14
Formulary Status Modification	Make methocarbamol and cyclobenzaprine medline only. Facilities without pill lines may prescribe as SC-Earned.	01/13/14
Addition to Formulary	Add Escitalopram to the formulary.	05/16/14
Non-Formulary	Simeprevir and sofosbuvir are considered Non-Formulary. Individual cases will be brought to Hepatitis C CRC for approval	05/16/14

	prior to submission of an NFR. Final approval of the CMO is required.	
Formulary Status Modification	- Atorvastatin will be restricted formulary and approved per the 2013 ACC/AHA Guidelines. - Gemfibrozil will be changed to restricted formulary with the criteria of approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval. - Simvastatin 80mg is now Non-Formulary.	05/16/14
Clarification	The Pharmacy Management Document wording has been changed in reference to the use of anti-infectives. The new wording reads: "When there are multiple anti-infective choices of equal safety and efficacy, the prescriber may consult with the pharmacist to determine the most cost-effective option to use regardless of formulary status. If a patient enters or returns to a facility on a non-formulary anti-infective, the practitioner may continue the medication if deemed necessary, submitting an NFR as soon as possible and/or consulting with an infectious disease specialist to determine an alternative formulary agent."	05/16/14
Urgent Stock List	Testosterone will be listed on the Urgent Stock List as only available as single-dose vials.	05/16/14
Addition to Formulary	Cefotetan has been added as a Formulary agent.	09/02/14
Formulary Status Modifications	- The Restricted Formulary Criteria for Depo-Provera has changed to add the following statement: Approved prior to release for contraception per policy. - The Restricted Formulary Criteria for oral contraceptive agents has changed to add the following statement: Approved prior to release for 1 month and post release for contraception per policy. - The Formulary status of simeprevir and sofosbuvir has changed to: Restricted Formulary – Approved by Hep. C CRC and CMO/designee. These agents will be medline only. - PegIntron will no longer be the preferred pegylated interferon on the formulary. - The Formulary status of tetracycline has changed to: Restricted Formulary – Approved for use only when cost efficient alternatives are unavailable. - The Formulary status of Vytorin has been changed to Non-Formulary. The change will be effective upon prescription of new orders or renewal of currently active orders. - The Formulary criteria for urea lotion has changed to: Restricted Formulary – Approved for diabetic patients for lower extremity hyperkeratosis. The change will be effective upon prescription of new orders or renewal of currently active orders. - The Formulary status of oral terbinafine has been changed to Restricted Formulary – Approved for treatment of onychomycosis. - Venlafaxine ER is Formulary.	09/02/14
Dental Antibiotic Protocol	The Dental Antibiotic Protocol has changed. The new document is posted on DOCShare.	09/02/14
Urgent Stock List	The Urgent Stock List criteria has been changed and multiple agents have been added or removed from the list.	09/02/14
Addition to Formulary	Ledipasvir/sofosbuvir has been added as Restricted Formulary – Approved by Hep. C CRC and CMO/designee. These agents will be medline only. Chlorthalidone has been added as Restricted Formulary – For treatment of hypertension. 12.5mg is the preferred starting dose.	4/21/15

	Bacitracin has been added as Formulary. Ipratropium/albuterol nebulizer combination has been added as Formulary. Rifapentine has been added as Restricted Formulary – Approved per the LTBI protocol. This agent will be Medline Only. Triumeq (abacavir; dolutegravir; lamivudine) has been added as Restricted Formulary – Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director is required.	
Formulary Status Modifications	Add a new Formulary criterion to oral contraceptive agents: Restricted Formulary – Approved for scheduled extended family visits. Add notation to the Formulary listings for sofosbuvir, simeprevir and ledipasvir/sofosbuvir that Hepatitis C treatment is permissible in a camp as observed therapy. The Formulary status of gabapentin has been changed to Non-Formulary. The Formulary document will note: Prescriber should refer to the Gabapentinoid Protocol for specific criteria. Patients may not receive more than 2400mg per day without specific approval. Each patient must have NFR approval each year. The Formulary status of vancomycin oral capsules has been changed to Restricted Formulary – Approved for moderate to severe clostridium difficile colitis. The pill line status of venlafaxine is changed to Medline Only (Facilities without pill lines may prescribe as SC-Earned). The Formulary status of Midrin/Migraten has been changed to Non-Formulary. The Formulary status of coal tar has been changed to Restricted Formulary – Approved for psoriasis only. Multiple OTC products have been updated to match the Medically Necessary OTC Medication document.	4/21/15
Urgent Stock List	The Urgent Stock List criteria has been changed and multiple agents have been added or removed from the list.	4/21/15
Addition to Formulary	Varicella-zoster virus vaccine, live has been added as Restricted Formulary – Approved for use on patients who are 60 years and older and per ACIP recommendations, or per CRC approval. Entecavir has been added with the same criteria as tenofovir. Umeclidinium has been added as Formulary. Norethindrone has been added as Restricted Formulary – Approved for scheduled extended family visits. Approved prior to release for 1 month and post release for contraception per policy. Guanfacine ER has been added as Restricted Formulary – Approved for treatment of ADHD per the ADHD Protocol.	10/5/15

	Tranexamic acid 5% solution has been added as Restricted Formulary – Approved for dental use only. Daclatasvir has been added as Restricted Formulary – Approved by Hep. C CRC and CMO/designee. Treatment is permissible in a camp for observed therapy.	
Formulary Status Modification	The Formulary status of Ipratropium/albuterol (Combivent) has been changed to Non-Formulary. The Formulary status of terbinafine oral has been changed to Restricted Formulary – Approved for treatment of complicated onychomycosis as specified in the Offender Health Plan. Triamcinolone lotion, ointment and dental paste dosage forms are included as formulary. The Formulary status of bismuth subsalicylate has been updated to Restricted Formulary – Approved for H-Pylori regimen and for the treatment of norovirus.	10/5/15
Pharmaceutical Management Manual Updates	The naming format for electronically saved NFR files has been changed to include the patient's DOC number and the date of decision. Updated antiviral language to reflect Chief Medical Officer instead of Statewide Chief Medical Officer of Health Services.	10/5/15
Urgent Stock List	The Urgent Stock List criteria has been changed and multiple agents have been added or removed from the list.	10/5/15
Pharmaceutical Management Manual Updates	Clarified the intent of the steps for evaluating medical necessity when a Non-Formulary request is evaluated. Updated the language concerning appeals of Non-Formulary decisions. Updated the language concerning the approval of use of more than 2 antidepressants to specify Psychiatric CRC. Added the approved Violator Pharmaceutical Requests language.	1/27/16
Addition to Formulary	Polymyxin B Sulfate/Trimethoprim has been added as Formulary. Ammonia Inhalant has been added as Formulary. Cobicistat; elvitegravir; emtricitabine; tenofovir alafenamide (Genvoya) has been added as Restricted Formulary – Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	1/27/16
Formulary Status Modification	The Formulary status of mebendazole has been changed to Non-Formulary. The Formulary status of Antipyrine/benzocaine has been changed to Non-Formulary. Current stock on hand may be exhausted. All Brand name solid oral dosage forms of phenytoin are considered Formulary when a generic product is unavailable. NAC Herbal Supplement (acetylcysteine) is Non-Formulary. Omeprazole is the preferred PPI.	1/27/16
Urgent Stock List	Multiple agents have been added or removed from the list.	1/27/16

Addition to Formulary	Nadolol has been added as Restricted Formulary – Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers. Meloxicam has been added as Restricted Formulary – Approved for the treatment of arthritis only. Added additional conditions to the Restricted Formulary criteria for cholecalciferol – multiple sclerosis, gastric bypass and gastroparesis. Benoxinate, Fluorescein has been added as Restricted Formulary – Approved for optometrist use only. Add Elbasvir, Grazoprevir as Restricted Formulary - Approved by Hep. C CRC and CMO/designee for pill line only. Treatment is permissible in a camp for observed therapy. Add Emtricitabine; Rilpivirine; Tenofovir alafenamide to the Formulary with the same criteria as the existing medications. Buprenorphine (Subutex) has been added as Restricted Formulary with the same criteria as Suboxone.	5/31/16
Urgent Stock List	Multiple agents have been added or removed from the list.	5/31/16
Pharmaceutical Management Manual Updates	Clarify in Formulary that Polytrim is a KOP, and Ammonia Inhalants are for pill line only. Update the Formulary language concerning Methadone/buprenorphine to include: "for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber". Section XIII will be modified as recommended to include "discontinuation" in the title. Definition of provider to be clarified as all licensed individuals, practitioners or providers. Add language per recommendation - Antineoplastic agents to be used for treatment of a malignant condition on the recommendation of an oncologist AND when treatment is in strict accordance with current guidelines published online by the National Comprehensive Cancer Network (NCCN) that are in Category of Evidence and Consensus 1 or 2A.	5/31/16
Addition to Formulary	Add ivermectin as Restricted Formulary – Approved after failure of or contraindication to permethrin. Add Descovy (emtricitabine/tenofovir alafenamide) as Restricted Formulary - Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required. Add atomoxetine to the Formulary document as Non-Formulary and Pill Line Only except for facilities without pill lines. Add Epclusa (sofosbuvir/velpatasvir) as Restricted Formulary – Approved by Hep. C CRC and CMO/designee. The issuable/medline status will be consistent with other oral hepatitis C medications.	8/15/16
Formulary Status Modification	Remove crotamiton from the Formulary.	8/15/16

	Change the special criteria for chlorhexidine oral rinse to – Approved for dental use only when prescribed by a DOC Dentist or infirmary practitioner. Change the formulary status of tamsulosin to Formulary. Add language to the special criteria for oral contraceptives – Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Clarify the issuable/medline status of oral hepatitis C DAA medications to be Pill Line only at facilities with Pill Lines and KOP with monitoring for camps without pill lines. Update the special criteria of buprenorphine to - Approved for prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe. Update the special criteria of buprenorphine/naloxone to - Approved for prevention of withdrawal; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	
Pharmaceutical Management Manual Updates	Added language concerning consultation recommendations for multidisciplinary prescribing.	8/15/16
Pharmaceutical Management Manual Updates	Updated Violator Pharmaceutical Requests section	9/27/16