

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-02.2**

SUBJECT: INMATE SELF-MEDICATION

PURPOSE: Inmate self-medication is in alignment with a Department philosophy of inmate self-responsibility, and helps with preparation for life outside Corrections. The inmate self-medication program is the process by which responsible inmates possess and self-administer identified prescription medications ordered by Health Services' staff.

The Health Services Section maintains that there are some individuals who, while they may be taking medications, are as stable and as competent as many other inmates and that they can be, and should be encouraged, to be responsible for keeping and taking their medications.

REFERENCE: NCCHC Standard P-D-02, Medication Services  
ODOC Rule Health Services (Inmate) 291-124-0070

DEFINITIONS:

- Blister Pack - A sealed card of prescribed medication, containing individual unit dosages.
- Long Term - A period of time more than 30 days.
- Prescribed Medication - Medication ordered by the treating practitioner to be used by the inmate.
- Short Term - A period of time 30 days or less.
- MAR - Medication Administration Record.
- Approved Medication = Medications that have been designated by the Therapeutics Committee for self carry Department wide. Nurses may remove or restore an individual's self carry privileges based on behavior, but the medication once designated "self carry," remains self carry for the rest of the population.
- Earned Medication = Self-medication privileges granted for selected medications based on past compliance, stability on the medication and demonstrated responsible behavior on the part of the patient. (May only be granted by prescribing practitioner.)
- Restricted Medication = Medications that are to be administered dose by dose by staff.

## **Inmate Self-Medication**

### PROCEDURE:

Before being allowed to keep and take their medications, a determination must be made by the treating health staff that the inmate is stable, competent, and responsible enough to self-administer his/her medications safely. It is expected that the patient will take their medication regularly, as prescribed, and follow all the rules on self-medication.

The Therapeutics Committee may reassign the category designation (e.g., approved, eared, restricted) for any combination of institutions, programs or medications for reasons of institution security and/or patient and staff safety.

Approved Medication. Medication issued to an inmate for self-administration will be prescribed medication as listed on the "Inmate Self-Medication List" and will not include controlled substances.

Earned Medication. Requires specific authorization by the prescribing practitioner before the inmate may participate in any self-medication program. The medications that may be earned may not include controlled medications but may include non-formulary medications.

Restricted Medication. Medication that remains in staff control and is issued dose by dose at designated times.

#### A. Prescribed Medication Packaging

1. All approved medication will be prepackaged in blister packaging or unit dose form except for inhalers, ointments and other medication not conducive to blister packaging. These medications will be provided in appropriate alternative packaging.
2. All prescribed medication will be labeled with the following:
  - a. Inmate's name
  - b. SID
  - c. Issuance date
  - d. Expiration date of medication
  - e. Discontinued date of order
  - f. Medication name
  - g. Unit dosage
  - h. Prescribing practitioner
  - i. Medication instructions
  - j. Prescription number

#### B. Prescribed Medication Issuance for Approved Medications

1. Health Services staff will process all medication orders in the usual manner.

## **Inmate Self-Medication**

2. All medication refills will be noted on the MAR. Where appropriate, weekly, biweekly or monthly progress notes will be made when the blister packs are checked.
3. All medication refills will be noted on the MAR.
4. Upon completion of the prescription, a progress note will be made if appropriate.
5. All injectable forms of medications are to be restricted.

### **C. Prescribed Medication Issuance for Earned Medications**

1. The self carry, self-administration privilege clearance must be documented in a progress note.
2. Have the inmate sign the MAR for receipt of the medication. This indicates that the inmate has been instructed regarding the medication being issued and also understands the "Inmate Self-Medication Instructions."
3. Eligible patients must have been maintained on current medications for enough time to establish a record of being stable (at least two months). Once the KOP privilege is earned, dosage, strength, or time of day adjustments are not an indication of instability and not an indication for removal of self carry. Moving from one institution to another is not reason enough to restrict self carry privileges.
4. Each individual patient must be cleared/approved for self carry by their treating practitioner, and this privilege can be revoked for cause by any practitioner or nursing staff. If nursing staff revokes this privilege they must notify both the pharmacy and the treating practitioner.
5. If an inmate/medication is cleared for self carry, the approval must be written on the medication order to the pharmacy (e.g., Zoloft 100mg qd x 90 days, approved for KOP).
6. Initially, patients on this program will bring their medication card to Health Services for review on at least a weekly basis for the first month, then once every two (2) weeks for the following month. If the patient is compliant and stable after two months then they have full KOP privileges until or unless revoked.
7. An individual inmate's earned self carry medication privilege may be revoked at any time by either CTS staff or HS staff, and his/her medication will be returned to HS staff for their control of administration. When an inmate is removed from earned medication privileges, the provider or nurse will write an order to the pharmacy indicating that the inmate has been removed from earned medication privileges. Nursing staff must also notify

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the practitioner. This individual's privilege to self carry may be re-started again, ONLY by the attending practitioner.

8. Mental Health patients on self carry status will be reviewed for MH special needs on a regular basis.

### D. Prescribed Medication Issuance for Restricted Medication

1. A prescribed medication blister pack will be issued to the inmate by a nurse or designee as follows:
  - a. Verify with the MAR that the order is valid.
  - b. Verify that the medication in the blister pack matches the label on the blister pack.
  - c. Verify that the inmate receiving the blister pack is the right inmate.
  - d. Provide education as needed to assure that the inmate knows how to take the medication he/she is receiving.
2. At any time, Health Services/Pharmacy staff may examine the usage to review inmate compliance with the practitioner's orders. Document any non-compliance in the health care record with appropriate follow-up action.
3. If medication is not issued to the patient, note on the label "Not Issued" and return to Pharmacy.

### E. Prescribed Medication Completion

1. Empty medication containers may be returned to the Health Service area if required by the institution.
2. Approved medication containers that are not empty but are no longer valid, have reached expiration date or not desired by the inmate, will be returned by the inmate to Health Services and then returned to the pharmacy. CII-CIV medications must be destroyed on-site.

### F. Prescribed Medication Accountability

1. Inmates who are unable or unwilling to comply with an order for prescribed medication will not be allowed to have **any** medications in their possession. The prescribed medication for this type of inmate will be issued during the medication line.
2. When an inmate is removed from approved or earned self-medication privileges, the nurse will write the order to the pharmacy and notify the

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provider indicating that the inmate has been removed from self-medication privileges.

3. For approved medications, the inmate can be returned to self-medication privileges at the discretion of the nurse. The nurse will write the reinstating order and send/fax to the pharmacy and the provider stating that the inmate has been put back on self-medication privileges.
4. For earned medication privileges, the inmate may ONLY be reinstated to self-medication privileges by the prescribing practitioner.
5. All prescribed medication (pills) will remain in the blister pack until immediately prior to ingestion. An exception will be allowed for an inmate worker who does not have access to the functional unit during regularly scheduled work hours, such as inmate work crews. The Health Services' section may authorize an inmate to carry one dose of medication in a sealed envelope if the inmate identification and medication contents have been labeled on the envelope.
6. Any loose (unpackaged) pill(s) found in the facility is/are considered contraband.
7. Violation of this procedure may result in the issuance of a Misconduct Report to the inmate.

### **G. Medication Refill**

1. Refill of ongoing "Inmate Self-Medication" is the responsibility of the patient.
2. The method the patient will use to make his/her request to Health Services for medication refill will be specified by each institution's Health Service for their various housing areas.
3. Health Services staff will send/fax a copy of the refill tab of the medication to be refilled, or a copy of the original order marked "please refill" or the necessary information to look up the correct order along with the refill request to the pharmacy five to seven days prior to running out.

### **H. Special Housing Units**

The Health Services Manager in conjunction with the Security designee may make provisions for self-medication privileges in the special housing units.

## **Inmate Self-Medication**

### **I. Prescribed Formulary Medications**

In addition to the attached list of formulary medications indicating their status as A-approved, E-earned or R-restricted, certain non-formulary medications may also be earned. Those non-formulary medications that may currently be earned include the anti-depressants: Escitalopram (Lexapro), Fluvoxamine Maleate (Luvox), Paroxetine HCL (Paxil) and Sertraline HCL (Zoloft) and Venlafaxine HCL (Effexor XR).

Effective Date: \_\_\_\_\_

Revision date: April 2007

Supersedes P&P dated: March 2006

For Updates to this Formulary go to:  
U:drive/Operations/Health Services/Formulary/Formulary  
Information – then click on the Formulary tab (second tab at the bottom)

Attachment 1  
P&P P-D-02.2

# OREGON DEPARTMENT OF CORRECTIONS PHARMACEUTICAL FORMULARY

Revised 04/03/07

## CHAPTER 1 ANESTHETICS

### 1.1 LOCAL ANESTHETICS

- R \* Lidocaine 2% 1:100,000 w/epi
- R \* Lidocaine 1% 1:100,000 w/epi
- R \* Lidocaine 2%
- R \* Lidocaine 1%
- R \* Carbocaine 2% w Neo-Cobefrin
- R \* Carbocaine 3%
- R \* Marcaine .5%
- R \* Marcaine .5% c Epi

### 1.2 TOPICAL ANESTHETICS

- R \* Cetacaine Top. anesth. Spray
- R \* Lidocaine 5% oint.

## CHAPTER 2 ANTIINFECTIVES

### 2.1 ANTIBACTERIAL DRUGS

#### 2.1.1 Cephalosporins

- A \* Cephalexin - KEFLEX 250mg, 500mg
- A \* Cefaclor - CECLOR 250mg, 500mg
- A \* Cefazolin Sodium - KEFZOL, ANCEF 1gm
- A \* Ceftriaxone - ROCEPHIN 250mg & 1gm I.M./I.V

#### 2.1.2 Macrolides

- A \* Erythromycin Enteric Coated Base - 250mg
- A \* Erythromycin Ethylsuccinate 400mg - EES 400

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- A \* Biaxin 250 mg & 500 mg
- A \* Azithromycin ZITHROMAX 250mg, 600mg

### 2.1.3 Penicillins

- A \* Amoxicillin 250mg, 500mg
- A \* Amoxicillin/Potassium Clavulanate - AUGMENTIN 250mg, 500mg, 875mg
- A \* Dicloxacillin - 250mg, 500mg
- A \* Penicillin VK 250mg, 500mg
- A \* Penicillin VK Oral Solution 250mg/5ml 200ml

### 2.1.4 Sulfonamides

- A \* Sulfamethoxazole/Trimethoprim - BACTRIM DS, SEPTRA DS,

### 2.1.5 Tetracyclines

- A \* Tetracycline 250mg, 500mg
- A \* Doxycycline - VIBRAMYCIN 100mg

### 2.1.6 Quinolones

- A \* Levofloxacin - LEVAQUIN 500 MG
- A \* Ofloxacin - FLOXIN 300mg, 400mg
- A \* Ciprofloxacin - CIPRO 250mg, 500mg, 750mg

### 2.1.7 Urinary Anti-infectives

- A \* Nitrofurantoin - MACRODANTIN 50mg, 100mg

### 2.1.8 Miscellaneous

- A \* Clindamycin - CLEOCIN 150mg  
\* 150mg/ml I.M./I.V. soln

## 2.2 TOPICAL ANTIBACTERIAL DRUGS

- A \* Polymyxin/Bacitracin - POLYSPORIN
- A \* Polymyxin/Bacitracin/Neomycin - NEOSPORIN
- A \* Silver Sulfadiazine - SILVADENE, SSD

## 2.3 ORAL ANTIFUNGAL DRUGS

- A \* Clotrimazole - MYCELEX Troche
- A \* Ketoconazole - NIZORAL
- A \* Nystatin Oral Suspension

## 2.4 TOPICAL ANTIFUNGAL DRUGS

- A \* Clotrimazole - LOTRIMIN, GYNE-LOTRIMIN, MYCELEX
- A \* Miconazole - MICATIN, MONISTAT-DERM
- A \* Tolnaftate – TINACTIN (Diabetics with Peripheral Vascular Neuropathy or a Hx of cellulites) (No Powders)



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**Attachment 1  
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- A \* Clioquinol/HC 3%/1% - VIOFORM HC

## 2.5 ORAL ANTIVIRAL DRUGS

- A \* Acyclovir - ZOVIRAX 200mg, 800mg
- A \* Zidovudine - RETROVIR 100mg
- A \* Indanivir - CRIXOVAN 400 mg
- A \* Lamivudine- EPIVIR 150mg
- A \* Lamivudine/Zidovudine - COMBIVIR 150/300mg
- A \* Stavudine - ZERIT 20mg, 40mg
- A \* Didanosine - VIDEX 100mg, 150mg
- A \* Zalcitabine- HIVID 0.375mg, 0.75mg

## 2.6 ANTIINFECTIVE DRUGS FOR SPECIALIZED INDICATIONS

### 2.6.1 Amebicicides

- A \* Metronidazole - FLAGYL 250mg, 500mg

### 2.6.2 Antituberculosis Drugs

- A \* Isoniazid 300mg
- A \* Rifampin - RIMACTANE 300mg
- A \* Ethambutol - MYAMBUTOL 500mg
- A \* Pyrazinamide 500mg

### 2.6.3 Plasmodicides

- A \* Hydroxychloroquine Sulfate 200mg

### 2.6.4 Sulfones

- A \* Dapsone 50mg

### 2.6.5 Trichomonocides

- A \* Metronidazole - FLAGYL 250mg, 500mg

## 2.7 OTHER ANTIINFECTIVE DRUGS

- A \* Povidone/Iodine - BETADINE, EFODINE

# CHAPTER 3

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT MEDICATIONS

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### 3.1 IMMUNOSUPPRESSANT DRUGS

- E \* Prednisone 1mg, 5mg, 10mg, 20mg, 50mg
- E \* Azathioprine - IMURAN 50mg
- E \* Methotrexate 2.5mg
- E \* Cyclosporine – Neoral 25 mg, 100mg; Sandimmune 25mg,100mg

### 3.2 HIV CHEMOTHERAPEUTIC AGENTS

#### 3.2.1 Nucleoside Analogs

- A \* Eпивir
- A \* Hivid
- A \* Retrovir
- A \* Videx
- A \* Zerit
- A \* Ziagen

#### 3.2.2 Non-nucleoside analogs

- A \* Rescriptor
- A \* Sustiva
- A \* Viramune

#### 3.2.3 Protease Inhibitors

- A \* Agenerase
- A \* Fortovase
- A \* Crixovan
- A \* Inverase
- A \* Norvir
- A \* Viracept

#### 3.2.4 Nucleotide

- A \* Preveon

#### 3.2.5 Immunomodulators

- R \* Avonex
- R \* Interferon
- R \* Intron A
- R \* Pegasys
- R \* Ribavirin

### 3.3 HORMONES

- R \* Lupron

# CHAPTER 4

## CARDIOVASCULAR MEDICATIONS

### 4.1 CARDIAC GLYCOSIDES

- A \* Digoxin - LANOXIN 0.125mg, 0.25mg

### 4.2 CALCIUM CHANNEL ANTAGONISTS

- A \* Diltiazem - CARDIZEM 30mg, 60mg, 90mg, 120mg  
A \* Amlodipine- NORVASC 2.5mg 5mg, 10mg  
A \* Diltiazem CD -CARDIZEM-CD 120mg, 180mg, 240mg, 300mg  
A \* Nifedipine - ADALAT, PROCARDIA 10mg, 20mg  
A \* ADALAT CC 30mg, 60mg, 90mg  
A \* Verapamil - CALAN 80mg, 120mg  
A \* Verapamil SR -CALAN SR 120mg, 240mg

### 4.3 DIURETICS

#### 4.3.1 Loop Diuretics

- A \* Furosemide - LASIX 20mg , 40mg , 80mg  
A \* Furosemide Inj - LASIX 10mg/ml

#### 4.3.2 Thiazide and Related Diuretic

- A \* Hydrochlorothiazide - HYDRODIURIL 25mg & 50mg  
A \* Indapamide - LOZOL 2.5mg

#### 4.3.3 Potassium-Sparing Diuretics

- A \* Triamterene 37.5mg/Hydrochlorothiazide 25mg - DYZAZIDE  
A \* Triamterene 75mg/Hydrochlorothiazide 50mg - MAXZIDE  
A \* Spironolactone 25 mg

#### 4.3.4 Angiotensin Receptor Blocker (ARB)

- A \* Losartan Potassium - COZAAR 25mg, 50mg, 100mg

### 4.4 BETA-ADRENERGIC ANTAGONIST DRUGS

#### 4.4.1 Non-Selective Drugs

- A \* Propranolol - INDERAL 10mg, 20mg, 40mg  
A \* Labetalol - NORMODYNE, TRANDATE 200mg  
A \* Nadolol - CORGARD 40mg, 80mg  
A \* Carvedilol - COREG 3.125mg, 6.25mg, 12.5mg, 25mg

#### 4.4.2 Beta-1 "Selective" Drugs

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Attachment 1  
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- A \* Atenolol - TENORMIN 50mg
- A \* Metoprolol Tartrate - LOPRESSOR 50mg, 100mg

## 4.5 ANTIHYPERTENSIVE DRUGS

### 4.5.1 Vasodilator Antihypertensives

- A \* Terazosin -HYTRIN 1mg, 2mg, 5mg
- A \* Hydralazine HCl. - APRESOLINE 25mg, 50mg
- A \* Prazosin HCl. - MINIPRESS 1mg, 2mg, 4mg
- A \* Doxazosin Mesylate - CARDURA 2mg, 4mg
- A \* Tamsulosin HCl - FLOMAX 4mg

### 4.5.2 Centrally-Acting Antihypertensives

- A \* Clonidine - CATAPRES 0.1mg, 0.2mg
- A \* Guanfacine - TENEX 1mg

### 4.5.3 Angiotensin Converting Enzyme Inhibitor

- A \* Enalapril Maleate - VASOTEC 5mg, 10mg
- A \* Captopril - CAPOTEN 25mg, 50mg

## 4.6 VASODILATING DRUGS

### 4.6.1 Nitrates

- A \* Isosorbide Dinitrate-ISORDIL 5mg, 10mg, 20mg, 40mg
- A \* Isosorbide Mononitrate -IMDUR - 60 mg
- A \* Nitroglycerine Sublingual – NITROSTAT 0.3mg, 0.4mg, 0.6mg
- A \* Nitroglycerine Oral - NITRO-BID 2.5mg, 6.5mg
- A \* Nitroglycerine Patches - 0.1mg/hr, 0.2mg/hr, 0.3mg/hr, 0.4mg/hr, 0.6mg/hr

### 4.6.2 Other Vasodilating Drugs

- A \* Niacin 50mg, 100mg, 250mg, 500mg
- A \* Dipyridamole - PERSANTINE 25mg, 50mg, 75mg

## 4.7 ANTIDYSRHYTHMIC DRUGS

- A \* Quinidine Sulf. 260mg tab, 325mg cap
- A \* Sodium Bicarbonate 8.4% 1mEq/ml

## 4.8 ANTILIPIDEMIC DRUGS

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- A \* Niacin - NIACIN 50mg, 100mg, 250mg, 500mg
- A \* Niacin SR 500mg
- A \* Cholestyramine Resin - QUESTRAN
- A \* Atorvastatin - LIPITOR 10mg, 20mg, 40mg, 80mg
- A \* Lovastatin - MEVACOR 20mg, 40mg
- A \* Gemfibrozil - LOPID 600mg

## 4.9 OTHER CARDIOVASCULAR DRUGS

- A \* Pentoxifylline - TRENTAL 400mg
- A \* Aspirin-enteric coated -ASPIRIN 81mg
- A \* Cozaar 25mg

# CHAPTER 5

## AUTONOMIC & CENTRAL NERVOUS SYSTEM MEDICATIONS

### 5.1 ANALGESICS AND MEDICATIONS FOR HEADACHES

#### 5.1.1 Analgesics -- Non-Narcotic

- A \* Salsalate - DISALCID 500mg, 750mg

#### 5.1.2 Narcotic Drugs and Combinations

- R \* Morphine Sulfate 10mg/ml, 15mg/ml C-II
- R \* Meperidine HCl. - DEMEROL 50mg tab C-II
- R 25mg/ml, 50mg/ml, 75mg/ml tubex C-II
- R \* Oxycodone/Acetaminophen - ROXICET , 5-325mg tabs C-II
- R \* Codeine/Acetaminophen - TYLENOL #3 C-III
- R \* \* Propoxyphene Nap/Acetaminophen - PROPACET-100 C-IV
- R \* \* Hydrocodone/Acetaminophen - VICODIN C-III

#### 5.1.3 Non-Steroidal Anti-inflammatory Agents

- A \* Indomethacin - INDOCIN 25mg, 50mg
- A \* Ketoprofen - ORUDIS 50mg, 75mg
- A \* Naproxen - NAPROSYN 250mg, 375mg, 500mg
- A \* Piroxicam - FELDENE 10mg, 20mg
- A \* Meloxicam - MOBIC 7.5mg, 15mg
- R \* Ketorolac Inj - TORADOL 15 mg/ml & 30 mg/ml

#### 5.1.4 Drugs to Prevent and Treat Headaches

- A \* Propranolol - INDERAL 10mg, 20mg, 40mg
- A \* Ergotamine/Caffeine - CAFERGOT, WYGRAINE

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**Attachment 1  
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R \* Isometheptene/Dichlorophenazone/Acetaminophen - MIDRIN

## 5.2 ANTIANXIETY AND SEDATIVE-HYPNOTIC DRUGS

### 5.2.1 Benzodiazepines

R \* Lorazepam - ATIVAN 0.5mg, 1mg C-IV  
R \* Diazepam - VALIUM 5mg C-IV  
R 10mg/2ml injectable C-IV  
R \* Clorazepate - TRANXENE 3.75mg, 7.5mg C-IV  
R \* Alprazolam - XANAX 0.25mg, 0.5mg, 1mg C-IV  
R \* Chlordiazepoxide - LIBRIUM 5mg, 10mg, 25mg C-IV  
R \* Clonazepam - KLONOPIN 0.5mg, 1mg, 2mg

### 5.2.2 Other Sedative-Hypnotic Drugs

E \* Diphenhydramine - BENADRYL 50mg  
R \* Hydroxyzine HCl. - ATARAX 10mg, 25mg, 50mg  
R \* Hydroxyzine Pamoate- VISTARIL 25mg, 50mg, 100mg  
E \* Buspirone - BUSPAR 5mg , 10mg, 15mg

## 5.3 ANTIMANIA DRUGS

E \* Lithium Carbonate 300mg -LITHOCAPS 300mg  
E \* Lithium Carbonate CR 300mg- LITHOBID 300mg  
E \* Lithium Carbonate CR 450mg - ESKALITH 450mg

## 5.4 ANTICONVULSANT DRUGS

### 5.4.1 Hydantoins

A \* Phenytoin - DILANTIN 50mg, 100mg (30mg is not formulary)

### 5.4.2 Barbiturates

R \* PHENOBARBITAL 32.4mg, 64.8mg, 97.2mg C-IV

### 5.4.3 Miscellaneous Anticonvulsants

E \* Divalproic Acid - DEPAKOTE ER 250mg, 500mg (Depakote EC no longer formulary)  
A \* Carbamazepine - TEGRETOL 100mg, 200mg  
E \* Primidone - MYSOLINE 50mg, 250mg  
E \* Gabapentin - NEURONTIN 100mg, 300mg, 400mg, 600mg, 800mg (formulary for Medical only. Non-formulary for  
E CTS)  
E \* Lamotrigine – LAMICTAL 25mg, 100mg, 150mg, 200mg

## 5.5 ANTIDEPRESSANT DRUGS

### 5.5.1 General Antidepressants

- R \* Amitriptyline HCl. - ELAVIL 10mg, 25mg, 50mg, 75mg, 100mg, 150mg
- E \* Fluoxetine – PROZAC 10mg, 20mg
- E \* Bupropion HCL. - WELLBUTRIN 75mg, 100mg
- E \* Citalopram HBr. – CELEXA 20mg, 40mg
- R \* Clomipramine HCL - ANAFRANIL 25mg, 50mg, 75mg
- R \* Desipramine - NORPRAMIN 25mg, 50mg
- R \* Doxepin - SINEQUAN, ADAPIN 10mg, 25mg, 50mg, 75mg, 100mg, 150mg
- R \* Imipramine - TOFRANIL 25mg, 50mg
- E \* Mitazapine – REMERON 15mg, 30mg, 45mg
- R \* Nortriptyline - PAMELOR 25mg, 50mg, 75mg
- R \* Trazodone - DESYREL 50mg, 100mg, 150mg

## 5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS

- E \* Meclizine - ANTIVERT 25mg
- R \* Prochlorperazine - COMPAZINE 10mg
- R     Suppository 25mg
- R \* Promethazine - PHENERGAN 25mg
- R     Suppository 25mg

## 5.7 ANTIPARKINSON DRUGS

### 5.7.1 Anticholinergic Drugs

- E \* Diphenhydramine - BENADRYL 50mg
- E \* Trihexyphenidyl - ARTANE 2mg, 5mg
- A \* Benztropine - COGENTIN 1mg, 2mg
- E \* Procyclidine - KEMADRIN 5mg

### 5.7.2 Other Antiparkinson Drugs

- A \* Carbidopa/Levodopa - SINEMET 25-100, 25-250, 10-100
- A \* Amantadine - SYMMETREL 100mg
- A \* Bromocriptine - PARLODEL 2.5mg

## 5.8 ANTIPSYCHOTIC DRUGS

- R \* Haloperidol - HALDOL 2mg, 5mg, 10mg
- R \* Haloperidol - LACTATE 5mg/ml
- R \* Haloperidol - DECANOATE 50mg/ml, 100mg/ml
- R \* Risperidone - RISPERDAL 1mg, 2mg, 3mg, 4mg
- R \* Aripiprazole ABILIFY 10mg, 15mg, 20mg, 30mg
- R \* Chlorpromazine - THORAZINE 25mg, 50mg, 100mg, 200mg
- R \* Clozapine – CLOZARIL 25mg, 100mg

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- R \* Droperidol - INAPSINE
- R \* Fluphenazine - PROLIXIN 1mg, 5mg
- R \* Fluphenazine - DECANOATE 25mg/ml
- R \* Olanzapine – ZYPREXA 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg
- R \* Olanzapine – ZYPREXA Injectable 10mg
- R \* Perphenazine - TRILAFON 4mg, 8mg, 16mg
- R \* Quetiapine Fumarate – SEROQUEL 25mg, 100mg, 200mg, 300mg
- R \* Thioridazine - MELLARIL 25mg, 50mg, 100mg, 200mg
- R \* Thiothexene - NAVANE 5mg, 10mg delete pending
- R \* Trifluoperazine - STELAZINE 5mg, 10mg delete pending
- R \* Ziprasidone – GEODON 20mg, 40mg, 80mg
- R \* Paliperadone - INVEGA 3mg, 6mg, 9mg

## 5.9 CNS STIMULANT

### 5.9.1 CNS Stimulant Drugs

- R \* Pemoline - CYLERT 37.5mg, 75mg C-IV
- R \* Methylphenidate -RITALIN 10mg C-II

# CHAPTER 6

## DERMATOLOGICAL MEDICATIONS

## 6.1 TOPICAL CORTICOSTEROID DRUGS

- A \* Betamethasone Dipropionate - DIPROLENE
- A \* Betamethasone Valerate - VALISONE
- A \* Fluocinonide 0.05% - LIDEX
- A \* Hydrocortisone 1%
- A \* Triamcinolone Acetonide - ARISTOCORT, KENALOG

## 6.2 ANTIPRURITIC DRUGS

- E \* Diphenhydramine – BENADRYL 25mg, 50mg
- E \* Cyproheptadine - PERIACTIN 4mg
- E \* Hydroxyzine HCl. - ATARAX 10mg, 25mg, 50mg

## 6.3 TOPICAL ANTIBACTERIAL DRUGS

- A \* Bacitracin/Polymyxin B - POLYSPORIN
- A \* Bacitracin/Polymyxin B/Neomycin - NEOSPORIN
- A \* Silver Sulfadiazine - SILVADENE, SSD



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## 6.4 TOPICAL ANTIFUNGAL DRUGS

- A \* Clotrimazole - LOTRIMIN
- A \* Miconazole - MONISTAT, MICATIN
- A \* Clioquinol/HC 3%/1% - VIOFORM HC

## 6.5 KERATOLYTIC DRUGS

- A \* Salicylic Acid/Lactic Acid - DUOFILM
- A \* Salicylic Acid plaster -MEDIPLAST
- A \* Carmol 20 (not 40)

## 6.6 ANTIPSORIASIS AND ANTIECZEMA DRUGS

- A \* Coal Tar Preparations-ESTAR, SEBUTONE, ZETAR, POLYTAR
- E \* Methotrexate 2.5mg
- R \* Methotrexate Injectable 25mg/ml

## 6.7 TREATMENT SHAMPOOS

- A \* COAL TAR BASED- (POLYTAR, ZETAR, IONIL-T,)
- A \* SULFUR/SALICYLIC ACID BASED- (SEBULEX)
- A \* SULFUR/SALICYLIC ACID/COAL TAR BASE - (SEBUTONE)

## 6.8 OTHER DERMATOLOGICAL PREPARATIONS & COMPOUNDED PRESCRIPTIONS

- R \* Fluorouracil - EFUDEX
- R \* K-Y Lubricating Jelly, SURGILUBE, LUBIFAX
- A \* Permethrin Rinse 1% -NIX
- A \* Permethrin Cream 5% - ELIMITE
- A \* Petrolatum, white
- A \* Chlorhexidine/Isoprop Alcohol Scrub - BETASEPT, HIBICLENS

# CHAPTER 7

## EAR-NOSE-THROAT MEDICATIONS

### 7.1 DRUGS AFFECTING THE EAR

- A \* Acetic Acid - DOMEBORO OTIC, VOSOL
- A \* Antipyrine/Benzocaine - AURALGAN, AUROTO

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- A \* Hydrocortisone/Neomycin/Polymyxin-CORTISPORIN, OTOCORT, ANTIBIOTIC/HC
- A \* Acetic Acid /HC 2%/1% VoSol HC
- A \* Carbamide Peroxide - DEBROX

## 7.2 DRUGS AFFECTING THE NOSE

- A \* Sodium Chloride Nasal Spray- OCEAN
- A \* OxymetazolineNasalSpray-AFRIN
- A \* Cromolyn Sodium – NASALCROM
- A \* Flunisolide - NASALIDE

## 7.3 DRUGS AFFECTING THE THROAT AND MOUTH

- R \* Lidocaine viscous - XYLOCAINE
- A \* PHYLORINOL
- A \* Kenalog in Orabase

# CHAPTER 8

## ENDOCRINE MEDICATIONS

### 8.1 ANTIDIABETIC DRUGS

#### 8.1.1 Insulin

- R \* Insulin N - Novolin N
- R \* Insulin R - Novolin R
- R \* Insulin N/R 70/30 - Novolin 70/30
- R \* Insulin - Humalog 100u/ml
- R \* Insulin 75/25 - HUMALOG 75/25
- R \* Insulin - LANTUS 100u/ml

#### 8.1.2 Oral Hypoglycemic Drugs

- A \* Glipizide - GLUCOTROL 5mg, 10mg
- A \* Glipizide - GLUCOTROL XL 5mg, 10mg
- A \* Metformin - GLUCOPHAGE 500mg, 850mg
- A \* Rosiglitazole Maleate – AVANDIA 2mg, 4mg, 8mg

### 8.2 GLUCOSE ELEVATING DRUGS

#### 8.2.1 Injectable

- R \* Glucagon
- R \* Dextrose 50% 500mg/ml

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### 8.2.2 Oral

- R \* Glucose - GLUTOSE

## 8.3 ADRENAL CORTICOSTEROID DRUGS

### 8.3.1 Glucocorticoid Drugs

- R \* Hydrocortisone - CORTEF
- R \* Prednisone 1mg, 5mg, 10mg, 20mg, 50mg
- R \* Dexamethasone - DECADRON 0.75mg, 1mg, 4mg
- R \* Methylprednisolone 4mg - METHYL PRED PAK
- R \* Methylprednisolone Acetate 40mg - DEPO-MEDROL
- R \* Methylprednisolone Sodium Succinate 125mg - SOLU-MEDROL
- R \* Triamcinolone Acetonide Susp - KENALOG-10, KENALOG-40

## 8.4 THYROID AND ANTITHYROID DRUGS

### 8.4.1 Thyroid Supplements

- A \* Levothyroxine Sodium – SYNTHROID All Available Strengths

### 8.4.2 Antithyroid Drugs

- A \* Propylthiouracil - PTU 50mg

## 8.5 ANDROGEN AND ESTROGEN DRUGS

### 8.5.1 Androgen Drugs

- E \* Danazol - DANOCRINE 50mg

### 8.5.2 Estrogen Drugs

- A \* Conjugated Estrogens - PREMARIN (generic not recommended) 0.3mg, 0.625mg, 0.9mg, 1.25mg
- A \* Estradiol - ESTRACE 1mg, & 2mg

SEE ALSO CHAPTER 13

# CHAPTER 9

## GASTROINTESTINAL MEDICATIONS

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## 9.1 ANTACIDS

- A \* Calcium Carbonate- 10gr
- A \* Calcium Carbonate w/vitamin D-600mg/200iu

## 9.2 ANTIFLATULENT DRUGS

## 9.3 ANTIDIARRHEAL DRUGS

- A \* Loperamide - IMODIUM 2mg
- R \* Diphenoxylate HCl./Atropine - LOMOTIL C-V

## 9.4 ANTISPASMODICS AND DRUGS AFFECTING GI MOTILITY

### 9.4.1 Anticholinergic Drugs

- E \* Dicyclomine - BENTYL 10mg, 20mg

### 9.4.2 Other Drugs affecting GI Motility

- A \* Metoclopramide - REGLAN 5mg, 10mg
- R \* Atropine/Scopolamine/Hyoscyamine/Phenobarbital - DONNATAL

## 9.5 ANTIULCER DRUGS

- A \* Ranitidine - ZANTAC 150mg
- A \* Sucralfate - CARAFATE 1gm
- A \* Omeprazole- PRILOSEC 20mg

## 9.6 LAXATIVES AND CATHARTICS

- A \* Docusate Sodium 100mg, 250mg
- A \* Bisacodyl 5mg tab
- A \* Bisacodyl 10mg suppository
- A \* Bismuth Subsalicylate - liquid, chewable tablets
- A \* Fleets Enema
- A \* Milk of Magnesia
- A \* Mineral Oil - heavy
- A \* Magnesium Citrate - CITROMA
- A \* Lactulose - CEPHULAC, DUPHALAC

## 9.7 OTHER GI DRUGS

- A \* Sulfasalazine - AZULFIDINE
- A \* Misoprostol - CYTOTEC 200 mcg
- A \* Hydrocortisone/Bismuth/Zinc - ANUSOL-HC Supp., Cream
- A \* Pancrealipase - PANCREASE

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- R \* Activated Charcoal Liq. Base
- A \* Bismuth/Zinc - ANUSOL cream & supp.
- A \* Hydrocortisone Retention Enema - CORTENEMA
- A \* Hydrocortisone Ointment 1%
- A \* Hydrocortisone Cream 2.5%
- A \* Hydrocortisone Acetate 25mg Supp.

## 9.8 ANTI-EMETICS

- A \*Metoclopramide - REGLAN 5mg & 10mg tabs
- R \* Prochlorperazine - COMPAZINE 5mg & 10mg tabs
  - R Compazine supp 25mg
  - R Compazine Inj 5 mg/ml 2 ml
- E \* Meclizine - ANTIVERT 25mg tabs
- E \* Promethazine - PHENERGAN 25mg tabs
  - R Phenergan inj 12.5mg/ml, 25 mg/ml 1 ml
  - E Phenergan supp 25 mg
- A \* Trimethobenzamine - TIGAN 100 mg, 25 mg caps

# CHAPTER 10

## IMMUNOLOGICALS AND VACCINES

- R \* Immune Globulin - GAMMAR
- R \* Hepatitis A/B 720/20 - TWINRIX
- R \* Peginterferon 180mcg - PEGASYS
- R \* Ribavirin 200mg
- R \* Influenza Virus Vaccine
- R \* Pneumococcal Vaccine, Polyvalent - PNU-IMUNE 23
- R \* Hepatitis B Virus Vaccine (Recombinant) - RECOMBIVAX HB
- R \* Tetanus & Diphtheria Toxoid Adsorbed
- R \* Purified Protein Derivative -TUBERSOL

# CHAPTER 11

## MUSCULOSKELETAL MEDICATIONS

### 11.1 DRUGS FOR INFLAMMATORY DISEASES

#### 11.1.1 Salicylates and Non-Steroidal Anti-inflammatory Agents

- A \* Piroxicam - FELDENE 10mg, 20mg

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- A \* Indomethacin - INDOCIN 25mg, 50mg
- A \* Ketoprofen - ORUDIS 50mg, 75mg
- A \* Naproxen - NAPROSYN 250mg, 375mg, 500mg
- A \* Salsalate - DISALCID 500mg, 750mg
- A \* Diflunisal - DOLOBID 500mg

### 11.1.2 Corticosteroid Drugs

- A \* Prednisone 1mg, 5mg, 10mg, 20mg, 50mg
- A \* Dexamethasone 0.5mg, 0.75mg, 1mg, 4mg
- A \* Methylprednisolone 4mg - METHYL PRED PAK
- R \* Methylprednisolone Acetate 40mg - DEPO-MEDROL
- R \* Methylprednisolone Sodium succinate 125mg - SOLU-MEDROL
- R \* Triamcinolone Acetonide - KENALOG-10, KENALOG-40

### 11.1.3 Other Drugs for Arthritis

- E \* Methotrexate 2.5mg
- R \* Methotrexate Injection 25mg/ml

## 11.2 DRUGS TO PREVENT AND TREAT GOUT

### 11.2.1 Uricosurics

- A \* Allopurinol - ZYLOPRIM 100mg, 300mg
- A \* Probenecid - BENEMID 500mg

### 11.2.2 Other Drugs

- A \* Colchicine 0.6mg

## 11.3 SKELETAL MUSCLE RELAXANTS

### 11.3.1 Direct Muscle Relaxant Drugs

- R \* Baclofen - LIORESAL 10mg, 20mg
- R \* Diazepam - VALIUM 5mg C-IV

### 11.3.2 CNS Muscle Relaxant Drugs

- R \* Cyclobenzaprine HCL FLEXERIL 10mg  
\* Restricted to 5 day Dental Treatment

# CHAPTER 12

## NUTRITIONAL PRODUCTS,

## BLOOD MODIFIERS AND ELECTROLYTES

### 12.1 VITAMINS, MINERALS, AND RELATED PRODUCTS

#### 12.1.1 Injectable Drugs

- R \* Cyanocobalamin 1000mcg/ml - VITAMIN B-12

#### 12.1.2 Multivitamins, Folic Acid

- A \* Ferrous Sulfate 325mg  
A \* Ferrous Gluconate 325mg  
A \* Folic Acid 1mg (TLC with methotrexate)  
A \* Nicotinic Acid 50mg, 100mg, 250mg, 400mg, 500mg  
A \* Calcitriol - ROCALTROL 0.25mcg  
A \* Prenatal Vitamin - STUARTNATAL 1+1 (Dx of Pregnancy only)  
A \* Pyridoxine - VITAMIN B-6 50mg (with INH only, or when prescribed by CTS)  
A \* Thiamine HCl. - VITAMIN B-1 100mg  
A \* Nephrovite

### 12.2 POTASSIUM SUPPLEMENTS

- A \* POTASSIUM CHLORIDE 8mEq tablet  
A \* POTASSIUM CHLORIDE 10mEq tablet  
A \* POTASSIUM CHLORIDE 20mEq tablet

### 12.3 DRUGS AND VITAMINS AFFECTING COAGULATION

#### 12.3.1 Hematological Vitamin

- R \* Phytonadione - Vita-K 5mg  
R \* Phytonadione - Vita-K 2mg/ml injectable

#### 12.3.2 Anticoagulants

- R \* Warfarin - COUMADIN 2mg, 2.5mg, 5mg, 7.5mg, 10mg

#### 12.3.3 Heparin and Heparin Antagonists

- R \* Heparin  
R \* Protamine Sulfate

### 12.4 ANTIPLATELET DRUGS

- A \* Dipyridamole - PERSANTINE 25mg, 50mg, 75mg  
A \* Aspirin - Enteric Coated - 81mg  
A \* Clopidogrel bisulfate -PLAVIX 75mg

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## 12.5 AMMONIA DETOXICANTS

- A \* Lactulose-CEPHULAC,DUPHALAC

## 12.6 MISCELLANEOUS INTRAVENOUS SOLUTIONS

- R \* Dextrose 5%
- R \* Sodium Chloride 0.9%
- R \* Dextrose 5% / Sodium Chloride 0.9%
- R \* Dextrose 5% / Sodium Chloride 0.45%
- R \* Multi-Electrolyte Solution - ISOLYTE M w/Dextrose 5%
  - Dextrose 50 g/l
  - Calories 170 Cal/L
  - Na+ 147mEq/l
  - K+ 4 mEq/L
  - Ca++ 4 mEq/L
  - Cl- 155 mEq/L
  - Osmolarity 560 mOsm/L
- R \* Lactated Ringers
- R \* Sterile Water

## 12.7 OTHER RELATED PRODUCTS

- R \* ENSURE LIQUID (Infirmar patients only)
- R \* Jevity w fiber (tube feedings only)

# CHAPTER 13

## OBSTETRICAL AND GYNOCOLOGICAL MEDICATIONS

### 13.1 SPECIALIZED DRUGS, TOPICAL ANTIINFECTIVES

#### 13.1.1 Specialized OB/GYN Drugs

- A \* Bromocriptine - PARLODEL 2.5mg

#### 13.1.2 OG/GYN Topical Anti-Infective Drugs

##### 13.1.2.1 Antifungal Drugs

- A \* Miconazole - MONISTAT 3, MONISTAT 7
- A \* Clotrimazole - GYNE-LOTTRIMIN

##### 13.1.2.2 Other Anti-infective Drugs

- A \* Povidone/Iodine vaginal Douche. - BETADINE



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## 13.2 ANDROGEN DRUGS

R \* Testosterone Propionate 100mg/ml C-IV

## 13.3 ESTROGEN DRUGS

A \* Conjugated Estrogens - PREMARIN (generics not recommended) 0.3mg, 0.625mg, 0.9mg, 1.25mg

A \* Estradiol - ESTRACE 1mg, 2 mg

## 13.4 PROGESTIN DRUGS

A \* Medroxyprogesterone - PROVERA 2.5mg, 5mg, 10mg

A \* Norethindrone - MICRONOR

## 13.5 ORAL CONTRACEPTIVES

### 13.5.1 Mono-Phasic

A \* Norethindrone/Mestranol-ORTHO-NOVUM1/80, NORINYL 1-35, NORINYL 1-50

A \* Norgestrel/Ethinyl Estradiol - OVRAL-28

A \* Norethindrone/Ethinyl Estradiol - OVCON-35, OVCON-50

### 13.5.2 Bi-Phasic

A \* Norethindrone/Ethinyl Estradiol - ORTHO-NOVUM10/11

### 13.5.3 Tri-Phasic

A \* Norethindrone/Ethinyl Estradiol - ORTHO-NOVUM 7/7/7

# CHAPTER 14

## OPHTHALMIC MEDICATIONS

## 14.1 OPHTHALMIC ANTI-INFECTIVE DRUGS

### 14.1.1 Topical Antibacterial Drugs

A \* Neomycin/Gramicidin/Polymyxin-NEOSPORIN, AK-SPORE, TRI-THALMIC

A \* Sulfacetamide - SODIUM SULAMYD, SULF-10

A \* Bacitracin Zinc/Polymyxin - POLYSPORIN, AK-POLY-BAC

A \* Gentamicin Sulfate - GENOPTIC, GARAMYCIN

A \* Tobramycin - TOBREX

A \* Erythromycin - ILOTYCIN

A \* Trifluridine 1% - VIROPTIC

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## 14.2 TOPICAL CORTICOSTEROID DRUGS

- A \* Dexamethasone - DECADRON, AK-DEX, MAXIDEX
- A \* Prednisolone Acetate - PRED FORTE, INFLAMASE MILD
- A \* Medrysone - HMS
- A \* Fluorometholone - FML

## 14.3 COMBINATION ANTIINFECTIVE & CORTICOSTEROID DRUGS

- A \* Hydrocortisone/Neomycin/Polymyxin-AK-SPORE HC, CORTISPORIN
- A \* Dexamethasone/Neomycin/Polymyxin - MAXITROL, AK-TROL
- A \* Sulfacetamide/Prednisolone - METIMYD, VASOCIDIN
- A \* Dexamethasone/Tobramycin TOBRA-DEX

## 14.4 ANTIGLAUCOMA DRUGS

- A \* Pilocarpine - PILOCAR 1%, 2%, 4%
- A \* Acetazolamide - DIAMOX 250mg
- A \* Betaxolol - BETOPTIC
- A \* Timolol - TIMOPTIC 0.5%, 0.25%, TIM
- A \* Dorzolamide HCl - TRUSOPT 2%
- A \* Levobunolol HCl. - BETAGAN
- A \* Dipiverfrin - PROPINE
- A \* Latanoprost - XALATAN 0.005%

## 14.5 OCCULAR LUBRICANTS

- A \* Duratears Ophthalmic Ointment
- A \* Lacri-Lube Ophthalmic Ointment

## 14.6 OPHTHALMIC VASOCONSTRICTORS

- A \* Naphazoline 0.1% - AK-CON, MURO'S OPCON

## 14.7 OPHTHALMIC DECONGESTANT COMBINATIONS

- A \* NaphazolineHCl/AntazolinePhosphate-VasoconA
- A \* Naphazolin Hcl/pheniramine -Opcon-A, Visine A

## 14.8 MYDRIATICS

- R \* Scopolamine - ISOPTO HYOSCINE 0.25%
- R \* Cyclopentolate - CYCLOGYL

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R \* Cyclopentolate/Phenylephrine - CYCLOMYDRIL

R \* Atropine - ISOPTO ATROPINE

## 14.9 HYPERTONIC SODIUM CHLORIDE

A \* Muro-128 solution, ointment

A \* Sodium Chloride 5% ointment

A \* Sodium Chloride 5% solution

## 14.10 OTHER OPHTHALMIC DRUGS - IRRIGATING, DIAGNOSTICS, LOCAL ANESTHETICS, ANTIALLERGY

R \* Fluorescein Sodium - FLUOR-I-STRIP

R \* Fluorescein Benoxinate - FLURATE

R \* Phenylephrine HCL 2.5%

R \* Proparacaine - OPTHAININE, OPTHETIC

R \* Sodium Chloride/Boric Acid Irrigating solution - EYE WASH

R \* Tropicamide 1%

# CHAPTER 15

## RESPIRATORY MEDICATIONS

### 15.1 BRONCHODILATORS AND RELATED DRUGS

#### 15.1.1 B-2 Adrenergic Drugs

##### ORAL INHALERS

A \* Albuterol - PROVENTIL

##### ORAL TABLETS

A \* Albuterol - 2mg, 4mg tabs

A \* Albuterol - 4mg ER - VOSPIRE ER

A \* Terbutaline - BRETHINE 2.5mg, 5mg, 1mg/ml injectable

##### INHALER SOLUTIONS

A \* Albuterol -

##### INJECTABLES

R \*Epinephrine - 10mg/ml

#### 15.1.2 Methyl Xanthine Drugs

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**RAPID-ACTING METHYL XANTHINES**

- A \* Aminophyllin 100mg, 200mg

**SUSTAINED-RELEASE METHYL XANTHINES**

- A \* Theophylline anhydrous 200mg, 300mg
- A \* THEODUR 100mg

**15.1.3 Leukotriene Receptor Antagonist**

- A \* Zafirlukast - Accolate 20mg

**15.1.4 Other Related Drugs**

- A \* Cromolyn Sodium - INTAL INHALER
- A \* Sodium Chloride
- A \* Acetylcysteine - MUCOMYST
- A \* Ipratropium - ATROVENT INHALER

**15.1.5 Steroid Inhalers**

- A \* QVAR
- A \* AZMACORT INHALER
- A \* AEROBID INHALER

**15.2 ANTIHISTAMINE AND DECONGESTANT DRUGS**

**15.2.1 Single-Entity Antihistamines**

**Ethanolamine Antihistamines**

- E \* Diphenhydramine - BENADRYL 50mg

**Alkylamine Antihistamines**

- E \* Chlorpheniramine Maleate 4mg

**Miscellaneous Antihistamines**

- E \* Cyproheptadine - PERIACTIN 4mg
- R \* Hydroxyzine HCl. - ATARAX 10mg, 25mg, 50mg
- R \* Hydroxyzine Pamoate - VISTARIL 25mg, 50mg, 100mg
- A \* Loratadine - CLARITIN 10mg

**15.3 ANTITUSSIVE AND EXPECTORANT DRUGS**

**Narcotic-Containing Products**

- R \* Acetaminophen/Codeine - TYLENOL #3 C-III

## CHAPTER 16

### UROLOGICAL MEDICATIONS

#### 16.1 DRUGS USED TO TREAT URINARY TRACT DISORDERS

##### 16.1.1 Anticholinergic-Antispasmodics

- A \* Oxybutynin - DITROPAN 5mg
- A \* Flavoxate - URISPAS 100mg

##### 16.1.2 Cholinergic stimulants

- A \* Bethanechol - URECHOLINE 5mg, 10mg

##### 16.1.3 Urinary Anesthetics

- A \* Phenazopyridine - PYRIDIUM 100mg, 200mg

##### 16.1.4 Miscellaneous

- A \* Finasteride - PROSCAR 5mg

## CHAPTER 17

### ANTIDOTES

- R \* Atropine Sulfate
- R \* Naloxone - NARCAN
- R \* Physostigmine Salicylate - ANTILIRIUM
- R \* Activated Charcoal
- R \* EDTA
- R \* Vitamin K - MEPHYTON
- R \* Protamine Sulfate
- R \* Glucagon

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R \* Acetylcysteine - MUCOMYST

## CHAPTER 18 DIAGNOSTICS

R \* Iodate Sodium - ORAGRAFIN

R \* Fluorescein - FLUOR-I-STRIPS

## CHAPTER 19 IRRIGATING SOLUTIONS

R \* Sodium Chloride for Irrigation

R \* Sterile Water for Irrigation

R \* Acetic Acid for Irrigation

## KOP Medication List (CTS)

### Antidepressants:

1. All SSRIs (Prozac, Paxil, Zoloft, Celexa, Lexapro, Luvox)
2. Effexor (and Effexor XR)
3. Remeron

### Mood Stabilizers:

1. Lithium
2. Tegretol
3. Depakote (and Depakote ER)
4. Lamictal
5. Topamax

### Other:

1. Buspar

### Medications NOT for KOP:

1. Wellbutrin
2. All scheduled medications (benzodiazepines, Ritalin, etc.)
3. Tricyclic antidepressants (amitriptyline, nortriptyline, desipramine, doxepin, clomipramine, imipramine)
4. Trazodone
5. Neuroleptics (Haldol, Seroquel, Zyprexa, Risperdal, Geodon, Abilify, etc.)

DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES SECTION

Inmate Self-Medication Instructions

**Inmate Orders**

(Violation will result in a misconduct report)

1. Do not break apart the blister pack.
2. Do not possess medication that has expired.
3. Do not possess another inmate's medication.
4. Do not give any of your medication to or, accept any medication from another inmate.
5. Do not possess a loose (unpackaged) pill(s) unless specifically approved by the Health Services Section.
6. You are responsible to lock your medication in your housing storage area.

**General Instructions**

1. Return your medication to the Health Services Section for the following unless specifically instructed otherwise:
  - a. The date on your prescription has expired.
  - b. The blister pack is empty.
  - c. The prescription or medication has been changed or discontinued by a prescribing practitioner.
2. A Health Services' employee may request you to bring your medication to the Health Services' Section periodically to be examined.
3. Medication refills may take five to seven working days to arrive. As such, you need to request a refill from the Health Services Section five to seven days before a refill is needed.
4. You will be given medication in a blister pack for a 30 day period of time or less.
5. If you are found in non-compliance of the self-medication system you will be required to report to the medication line for any further medication.
6. Some medications may require a modified self-medication process until you can demonstrate compliance with instructions. The Health Services' employee will determine how the self-medication process will be modified and when you can assume the full self-medication system.



## Departamento Correccional

### Instrucciones De Propio Medicamentos De Los Presos

#### Inmate Orders

(Violación puede resultar en Reporte de Mala Conducta)

1. No rompa el paquete de pastillas o cápsulas.
2. No tenga medicamento que se ha vencido en su posesión.
3. No tenga en su posesión medicamento de otro preso.
4. No le de su medicamento a otro preso ni acéptelo de nadie tampoco.
5. No tenga pastillas o cápsulas sueltas en su posesión al menos que sea aprobado específicamente por los Servicios de Salud.
6. Usted es responsable de guardar su medicina en su celda.

### INSTRUCCIONES GENERALES

1. Entregue sus medicamentos al Departamento de Salud cuando:
  - a. La fecha de su medicamento se ha vencido.
  - b. El paquete esta vacío.
  - c. El medico cambia la receta de su medicamento o descontinúa su uso.
2. Cualquier empleado de Servicios de Salud podrá pedir que usted traiga sus medicamentos para revisarlos de vez en cuando.
3. El proceso de rellenar sus medicamentos puede tardar cinco a siete días de trabajo para llegar. Solicite sus medicamentos cinco a siete días antes que se vencen o terminan.
4. A los presos se les darán sus medicamentos en paquete por 30 días o menos. El paquete vacío será entregado al departamento de salud.
5. El preso que no comparte con las reglas del sistema de propio medicamento, puede ser que lo manden a la fila de medicamentos por su medicina en el futuro.
6. Algunas medicinas tendrán un proceso modificado hasta que el preso puede mostrar que puede seguir las instrucciones. Un empleado del Departamento de Salud será el que determinara como será el proceso de propio medicamento y cuando el preso puede guardar sus propios medicamentos.

Attachment **CRCI/SFFC**  
P&P P-D-02.2, Inmate Self-Medication

**POLICY:** CRCI Health Services assures that proper identification is obtained prior to issuing any medications to inmates.

**PROCEDURE:**

1. All inmates will present their Institution ID card prior to receiving any controlled medication and whenever a keep-on-person Medication is issued to them.
2. Inmates who do not have their ID card will be sent back to their housing unit to obtain the card.
3. Should an inmate not have their institution ID card, medications will be issued provided there is positive identification by a staff member.

Attachment **SRCI**  
P&P P-D-02.2, Inmate Self-Medication

1. Inmates are instructed in this process during the intake process, when issued medications, and as necessary.
2. When an inmate has a 5-day supply of self-medication remaining, they are to peel the top portion of the prescription label from the medication and apply to the "Request for Medication Refill" form. Additional information as indicated on the form is to be completed by the inmate requesting the refill.
3. If the prescription label cannot be peeled apart, the information from the label is to be written on the "Request for Medication Refill" form.
4. The "Request for Medication Refill" form is to be placed in the locked white containers with the red crosses that are located near each of the housing unit dining areas.
5. Health Service staff assigned to the housing units will empty the locked container for their assigned housing unit once during their assigned shift. The nurse will review the "Request for Medication Refill" for appropriateness, request for provider appointment, and place in the pharmacy envelope in the nurses charting room in Central Health Services.
6. Staff will pick up the envelope in the mornings once a day. Subsequent orders may be submitted by first making a copy of the order and faxing the copy to the pharmacy.
7. An inmate may request assistance by signing up for sick call if there is concerns regarding request for and/or receipt of medication refills.

Attachment **EOCI**

P&P # P-D-02.2, Inmate Self-Medication

Inmates request medication refills by sending an inmate communications form to pharmacy. The inmate needs to peel the sticky label off of his current blister pack of medication and apply the label to the inmate communications form. Inmates are instructed to send in their refill request five to seven days before they run out of medication. If they cannot apply their medication label to the inmate communication then they need to copy the name of their medication, prescription number, their name and SID number and send it to the appropriate Health Service staff. Refill requests will still be received at medication lines if the inmate needs assistance in making his request. Inmates may also sign up for sick call and ask the nurse for directions.

## **Inmate Self-Medication Instructions**

### **Inmate Orders**

(Violation will result in a misconduct report)

1. Do not break apart the blister pack.
2. Do not possess medication that has expired.
3. Do not possess another inmate's medication.
4. Do not give any of your medication to another inmate.
5. Do not possess a loose (unpackaged) pill(s) unless specifically approved by the Health Services section.
6. You are responsible to lock your medication in your housing storage area.

### **General Instructions**

1. Return your medication to the Health Services section for the following unless specifically instructed otherwise:
  - a. The date on your prescription has expired.
  - b. The Prescribing Practitioner has changed your medication or it has been discontinued.
2. If the blister pack is empty, for your confidentiality you can pull off the label with your name and SID number and destroy the label. Empty blister packs do not need to be returned to medical.
3. A Health Services' employee may request you to bring your medication to the Medical Department periodically to be examined.
4. Medication refills may take four working days to arrive. As such you need to request a refill from the Health Services section seven days before a refill is needed. Apply the label to an I/M communication form.
5. You will be given medication in a blister pack for a 30 day period of time or less.
6. If you are found in non-compliance of the self-medication system, you will be required to report to the medication line for any further instructions.
7. Some medications may require a modified self-medication process until you can demonstrate compliance with instructions. The Health Services' employee will determine how the self-medication process will be modified and when you can assume the full medication system.

**OREGON DEPARTMENT OF CORRECTIONS**  
**Health Services Section Policy & Procedure #P-D-02.2**  
**Addendum: OSCI Site Specific**

Subject: Keep on Person Medication-Modifications for selected MH medications.

Purpose: This policy will allow some inmates to keep, self-administered, and be responsible for some of their “Mental Health” medications. This addendum is to govern the process of monitoring and delivery of KOP Mental Health medications to inmates at OSCI. This addendum does not change any aspect of the original P&P for Mental Health KOP.

OSCI: Addendum to KOP inmate monitoring process/procedure.

- A. Initially patients on this program will bring their medication card to Health Services for review at least weekly for the first month. If the patient is compliant and stable with this self-administer program they may bring their medication card to Health Services a minimum of every two to three weeks for review for the second month. If compliance and stability is maintained into the third month, the inmate will continue on KOP but will be monitored during routine visits with CTS. This will be done at the discretion of the treating practitioner, and/or the nursing services. All time intervals are not specific intervals but are proposed intervals. Health Services can request the inmate to bring the medication to the clinic for review at any time.
- B. Once an inmate is approved for KOP, the KOP nurse will document it on the MAR in the area of the medication that is approved. This will be transcribed on a monthly basis to the new month during MAR checks.
- C. Inmates that are transferred and are already on the KOP will continue on the program. Their medications will be given to them if the chart clearly documents compliance and stability. If the chart is not clear and there is a KOP order, the inmate will be treated as an initial patient on the program.

**DEPARTMENT OF CORRECTIONS (TRCI)**  
**Inmate Self Medication Instructions**  
Inmate orders  
(Violation may result in a misconduct report.)

1. Do not break apart the blister pack.
2. Do not possess medication that has expired. **Return on Order Ends or Rx Exp. Date.**
3. Do not possess another inmates' medication.
4. Do not give your medication to another inmate by individual or multiple dosages or by blister pack.
5. Do not possess a loose (unpackaged) pill (s) unless specifically approved by the Health Services Section.
6. You are responsible to lock your medication in your housing storage area.

**GENERAL INSTRUCTIONS**

1. Return your medication to the Health Services Department for the following:
  - a. The date of your order ended or your prescription has expired. **Order Ends Date or Rx Exp. Date.**
  - b. The prescribing Practitioner has changed your medication or it has been discontinued.
2. A Health Services employee may request you to bring your medication to the Health Service's Department periodically to be examined.
3. Medication refills may take **five to seven working days** to arrive. As such, you need to request a refill from Health Services no less than seven working days before a refill is needed.
4. You will be given medication in a blister pack or tube for a period of 30 days or less. **To extend the Rx Exp. Date you must sign up for sick call.**
5. If you are found in non-compliance for the self medication system you will be required to report to the medication line for any further medication.
6. Some medications may require a modified self medication process until you can demonstrate compliance with instructions. The Health Services employee will determine how the self medication process will be modified and when you can assume the full self medication system.

**TRCI GUIDELINES**

1. If you have a current medication order and need a refill, peel off the small sticker on the right side of the label or write the information (**Prescription** number) on an inmate communication (**KYTE**) and send it to Health Services, seven days prior to needing the refill.
2. When your blister pack runs out and you have received notification from Health Services, report to the Medication line at 1:00 PM to pick up your refill.
3. If you have any questions or concerns about your medication or the refill order process, please sign up for sick call.

**Departamento De Correcciones (TRCI)**  
**Instrucciones de “propio tratamiento con medicamentos” de los presos**  
Ordenes para los Encarcelados  
(Violación puede resultar en un reporte de Mala Conducta)

1. No rompa el paquete de pastillas o cápsulas.
2. No tenga medicamento que se ha vencido en su posesión. **(Devuélvalo en la fecha que la Orden se Termina o Rx Exp Fecha que se vence la receta)**
3. No tenga, en su posesión, medicamento de otro preso.
4. No le de su medicamento a otro preso; no por dosis individual, ni varias dosis, ni el paquete de pastillas o cápsulas.
5. No tenga ni una pastilla suelta (desempaquetada) a menos que sea indicado por los Servicios de Salud.
6. Usted es responsable de guardar su medicina en su celda.

**INSTRUCCIONES GENERALES**

1. Devuelva su medicamento al Departamento de Servicios de Salud por lo siguiente:
  - a. La fecha de su orden se ha terminado o la fecha de su receta se ha vencido.  
**ORDER ENDS DATE o Rx Exp: Date**
  - b. El Medico ha cambiado la receta de su medicamento o ha discontinuado su uso.
2. Cualquier empleado de los Servicios de Salud podrá pedir que usted traiga su medicamento a los Servicios de Salud para revisarlo de vez en cuando.
3. El proceso de rellenar los medicamentos pueden tardar hasta **CINCO A SIETE DIAS DE TRABAJO** para llegar. Así que usted necesita hacer su pedido de medicina a los Servicios de Salud no menos de **Siete** días antes de que lo va necesitar.
4. Le darán sus medicamentos en un paquete o tubo para el periodo de 30 días o menos. **Para renovar la fecha de vencimiento de la receta (Rx Exp: Date) tiene que apuntarse en la Llamada del Enfermería (Sick Call)**
5. Si lo encuentran en falta de cumplir con el sistema de “propio tratamiento con medicamento” va ser requerido presentarse a la “fila de medicina” para recibir sus medicamentos de entonces en adelante.
6. Algunos medicamentos pueden requerir un proceso modificado de “propio tratamiento con medicamento” hasta que usted pueda demostrar que puede cumplir con las instrucciones. El empleado de los Servicios de Salud determinara como el proceso de “propio tratamiento con medicamento” se modificara y cuando podrá encargarse del sistema completo.

**TRCI DIRECTIVOS**

1. Si usted tiene una orden actual de medicamento y necesita rellenarla, despegue la etiqueta pequeña al la mano derecha de el sello en su paquete o escriba la información **(Numero de receta)** en una comunicación de preso (**KYTE**) y mándelo al Departamento de Servicios de Salud siete días antes de que necesite el relleno de medicina.
2. Cuando se le acaba su medicamento, y ha recibido la notificación de los Servicios de Salud, reportase a la línea de medicina a la 1:00 de la tarde para recoger su medicamento.
3. Si tiene preguntas o preocupación acerca de su medicina o el proceso de pedir el relleno de medicamentos, por favor apúntese en la Llamada del Enfermería.



**Inmate Self-Medication Instructions**

**Inmate Orders**

(Violation will result in progressive discipline)

1. Do not break apart the blister pack.
2. Do not possess medication that has expired.
3. Do not possess another inmate's medication.
4. Do not give any of your medications to another inmate.
5. Do not possess loose (unpackaged) pill(s) unless specifically approved by Health Services.
6. You are responsible to lock your medication in your housing storage area.

**General Instructions**

1. Return your medication to Health Services for the following unless specifically instructed otherwise:
  - a. The date on your prescription has expired.
  - b. The Prescribing Practitioner has changed your medication or it has been discontinued.
2. If the blister pack is empty, place the empty blister pack in the medical kyte box to be returned to Health Services. All empty blister packs need to be returned to medical.
3. A Health Services' employee may request you to bring your medication to the Medical Department periodically to be examined.
4. Medication refills may take seven days to arrive. As such you need to request a refill from Health Services seven days before a refill is needed. Apply the refill label to a refill medication kyte form.
5. You will be issued medication in a blister pack for no longer than a 30 day supply.
6. If you are found in non-compliance of the self-medication system, you will be required to report to the medication line for any further instructions.
7. Some medications may require a modified self-medication process until you can demonstrate compliance with instructions. The Health Services' employee will determine how the self-medication process will be modified and when you can assume the full medication system.
8. By signing the MAR to receive your medications you agree to comply with the Inmate Self-Medication policy.

\_\_\_\_\_  
I HAVE READ THE ABOVE & UNDERSTAND  
THE ABOVE STATEMENT

\_\_\_\_\_  
WITNESS

**Coffee Creek Correctional Facility**  
**Inmate Self-Medications P-D-02.2**  
**Attachment**

1. Inmates are instructed in the self-medication process during the intake process, when issued medications, and as necessary.
2. When an inmate has a 5-day supply of self-medication remaining, they are to peel the refill portion of the prescription label from the medication and apply to a medical communication form. If the refill portion is missing, information from the label may be written on the communication form.
3. The medical communication form with the refill request is placed by the inmate into the medical kyte box. The medical kyte boxes are emptied daily by nursing staff.
4. Nursing staff will review the refill requests for appropriateness and place in the pharmacy basket. If the refill request is not appropriate, nursing staff will instruct the inmate to sign up for nurse triage.
5. The medication room technician will fax refill requests to Central Pharmacy.
6. When the refill is received from Central Pharmacy, a pass will be sent to the inmate indicating that the medication is available for pick-up.
7. Prior to receiving any self-medication, all inmates will present their Institution ID card. Inmates who do not have their ID card will be sent back to their housing unit to obtain the card.
8. To receive a refill, inmates will turn in their medication pass and their empty blister back or medication container.