

FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY

2007



/s/

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*listed on BOP Chief Pharmacist web page

National BOP Formulary Mission / Procedural Statement

Purpose:

The formulary system, as defined in the "ASHP Statement on the Formulary System," is a method for evaluating and selecting suitable drug products for the formulary of an organized health-care setting.

The BOP formulary is a list of medications that are considered by the organization's professional staff to ensure high quality, cost-effective drug therapy for the population served. As members of the Pharmacy, Therapeutics, and Formulary Meeting, defined healthcare staff are responsible for the development, maintenance, and approval recommendations of the formulary to the BOP Medical Director. Periodically, medications are reassessed and extensively reviewed for inclusion, exclusion, or restrictions in the formulary as applicable per current evidence-based practices and security concerns. Regular maintenance of the BOP formulary ensures that optimal treatment options are uniformly consistent and readily available.

Optimization of therapeutic outcomes, costs related to the drug use process, and ensuring conduciveness within the correctional environment are the primary goals of BOP Formulary management.

Expectations:

1. ALL BOP institutions, including Medical Centers, are expected to abide by the formulary as outlined in the BOP Pharmacy Services Program Statement. It is expected that persons in the review process will NOT be circumvented in the event of a short term absence for non-urgent requests.
2. It is expected that ALL comments made on the request are medically appropriate and of a nature conducive to being placed in the medical record.
3. It is expected that non-urgent non-formulary medications will not be initiated until AFTER authorization is received, even if medication is on the shelf from a previous request. Doing so can be deemed an unauthorized procurement.
4. Prescribers (BOP Physician / MLP / Dentist) are expected to thoroughly justify the request including why the formulary agent cannot be used, and provide pertinent laboratory information. It is expected that non-formulary use criteria will be thoroughly addressed point by point on the form and the justifications/criteria are met.
5. Clinical Directors are expected to support the BOP National Formulary and ensure compliance at their respective

institution. The CD is expected to review all requests ensuring that appropriate justification and corresponding non-formulary use criteria are met. It is expected that the CD will allow the pharmacist to appropriately comment and provide pertinent information on the request even if not supportive. It is expected that the CD will disapprove, at the local level, any request which does not meet the non-formulary use criteria.

6. Institution Chief Pharmacists are expected to review all medication orders for formulary compliance. This will include reviewing all non-formulary requests for completeness and appropriate justification, and, if applicable, commenting on information provided by the prescriber regarding non-formulary use criteria. The pharmacist is also expected to provide pertinent information regarding patient compliance for formulary agents, drug cost information, and other comments as they pertain to the request.
7. Institution Administration (HSA, Associate Warden, and Warden) are expected to support and ensure compliance with the BOP National Formulary by basing administrative decisions regarding medical care consistent with the BOP National Formulary, that do not conflict with the medically necessary provision of medications and restrictions set forth in the BOP National Formulary.
8. Consultant Physicians are expected to utilize and stay within the guidelines of the BOP National Formulary when making recommendations and to provide specific and adequate justification if formulary medications cannot be utilized.
9. Court Orders: It is expected that court orders from judges are seen as recommendations only, as judges cannot order specific treatments. Case law does not exist which would authorize specific treatments from judges. Such cases should be referred to the appropriate attorneys. All such recommendations are still subject to the non-formulary approval process.
10. It is expected that all institution inventories and ordering procedures will be conducive to acceptable inventory practices (e.g. two week par levels on the shelf maintained with weekly medication ordering).

Consequences:

1. Appropriateness of non-formulary medication requests are a review element of the Clinical Director Peer Review Process. On rare occasions, findings in this area may affect renewal

- of the CDs privileges.
2. The Medical Director may issue memos to the CD requesting response and corrective action. These memos may be prompted by consistent failure of the institution staff to appropriately complete all elements of the non-formulary request, particularly the required supporting documentation.
 3. The Medical Director may issue memos to the institution Warden regarding persistent problems or concerns regarding the institution's compliance with this process, particularly if the CD fails to address the concerns raised in step 2.

Continuity of Care Provision:

There are times when inmates are processed into a facility after normal working hours, weekends, and holidays. In those cases where continuity of care is medically necessary because:

1. There is not a formulary substitute, or,
 2. Changing to a formulary substitute will not allow for appropriate follow up monitoring until the next workday,
- AND
3. Not providing the medication would pose a significant risk to the patient;

an allowance is given to dispense/administer a non-formulary medication for four days while waiting for non-formulary approval. This four day allowance is to only be utilized for urgent continuity of care purposes, and not for initiating routine/non-emergency non-formulary medications without appropriate approval.

This provision is not a substitute for adequate follow up, monitoring, and initiation of non-formulary medications for patients maintained within the facility for chronic ongoing conditions. It is the prescribers responsibility to ensure appropriate non-formulary submission prior to the expiration of a current non-formulary request.

Medication orders which do not meet the above continuity of care elements should not be written, entered into the pharmacy software system, or dispensed prior to the appropriate non-formulary approval.

DEFINITIONS / RULES

FORMULARY RULES

- **BRAND NAME PRODUCTS ARE FOR REFERENCE ONLY**
- **THE LEAST EXPENSIVE GENERIC EQUIVALENT IS TO BE UTILIZED WHEN AVAILABLE, OTHERWISE NON-FORMULARY APPROVAL IS REQUIRED**
- **USE AGAINST SPECIFIC RESTRICTIONS REQUIRES NON-FORMULARY APPROVAL**
- **USE OF FORMULATION NOT SPECIFICALLY INCLUDED (E.G. EXTENDED RELEASE, NASAL, TOPICAL, OPHTHALMIC, RAPID DISSOLVE TABLET, COMBINATION PRODUCT, ETC) IS NOT AUTHORIZED; REQUIRES NON-FORMULARY APPROVAL**

COMPOUNDING

This defined as the combining, mixing, or altering of ingredients by a pharmacist in response to a physician's prescription to create a medication tailored to the needs of an individual patient. All compounded prescription drugs are deemed "new drugs" within the meaning of the Federal Food, Drug, and Cosmetic Act (FDCA).

ALL compounded medications will be considered non-formulary and will go through the same non-formulary and addition to formulary processes as individual, commercially available entities.

DIRECTLY OBSERVED THERAPY

A single dose of medication is administered at Pill Line by a qualified employee, and that dose is consumed in the presence of the employee.

HIV ANTIRETROVIRAL MEDICATION DISTRIBUTION RESTRICTION

A staged administration of antiretroviral medications is recommended for most inmates. Complete adherence to antiretroviral medications is critical for treatment effectiveness. The following medication administration should be considered for inmates initiated on antiretroviral therapy:

Weeks 1 and 2: Directly Observed Therapy (DOT), to monitor compliance and ability of inmate to tolerate medication.

Week 2 through 12: If compliance is 100% with above with manageable side effects; issue one week supply.

Week 12 thru 6 mo: If compliance is 100% with one week

supply administration and side effects are manageable, inmate is not due to be transferred, and does not have history of going in/out of SHU; issue 2 week supply.

After 6 months: If above criteria are met at 6 months and inmate's viral load and CD4 counts are indicative of successful therapy; issue 4 week supply. Ensuring successful therapy prior to increasing days' supply to inmate will avoid wasted medications from therapy changes.

NOTE: Physicians and nurses incorrectly predicted adherence to antiretrovirals 30-40% of the time in one study. Adherence should be assessed using objective measures.

Prescribers and pharmacists should have low threshold for resuming DOT if nonadherence is suspected clinically or virologically.

MAY BE DISPENSED WITH OTC LABELING

A medication with this restriction may be distributed to an inmate without affixing a prescription label as long as the medication contains proper OTC labeling that contains the drug name and strength, units contained in the package, expiration date, lot number, manufacturer, and common instructions for use.

MEDICAL CENTER ONLY

A restriction placed on some medication requiring that the use of this drug only be within a Federal Medical Center.

MEDICATION RESTRICTIONS

Prescribing restrictions placed on certain medications. Variance from restrictions requires non-formulary authorization.

PILL LINE ONLY

A restriction placed on controlled substances, psychotropics, TB medications, and some other drugs, requiring that a single dose of the drug be administered to an inmate by a qualified employee at a designated time and

place. The administration of that dose must be recorded on a Medication Administration Record (MAR) by the employee.

PHYSICIAN INITIATION ONLY

A restriction placed on some medications requiring that a physician be the originator of that drug therapy. This restriction implies that a Mid-Level Provider may continue this medication for the inmate at a later date without obtaining the physician's written or oral approval.

PHYSICIAN USE ONLY

A restriction placed on some medications requiring that a physician sign the medical record each time this drug is prescribed. Subsequent medication orders for this drug must also include the signature of a physician.

LOOK ALIKE / SOUND ALIKE MEDICATIONS

The Joint Commission on Accreditation of Health Care Organizations continues to revise and publish National Patient Safety Goals regarding Look Alike / Sound Alike medications. Look Alike / Sound Alike medication lists are available, including a list compiled by JCAHO utilizing FDA, ISMP (Institute of Safe Medicine Practices), and USP (United States Pharmacopeia) lists.

Each BOP institution needs to incorporate look-alike / sound-alike drugs into the agenda of the local Pharmacy & Therapeutics Committee Meetings. The discussions, decisions, and respective local policy must follow the requirements set forth in the current JCAHO National Patient Safety Goal. Recommendations and options are also provided for identified medications.

This responsibility is deferred to the local level due to the varying missions of our institutions (e.g. Medical Referral Center, ambulatory institution, Detention Centers, implementation of levels of care) and not all institutions carry exactly the same items from the BOP National Formulary.

RESOURCES

Joint Commission on Accreditation of Health Care Organizations
www.jcaho.org

Institute of Safe Medicine Practices
www.ismp.org

JCAHO National Patient Safety Standard Goal, Improve the Safety of Using Medications, Look-Alike / Sound-Alike element
www.jcaho.org/accredited+organizations/patient+safety/05+npsq/lasa.pdf

USP Quality Review Publication:
<http://www.usp.org/pdf/EN/patientSafety/qr792004-04-01.pdf>

NON-SUBSTITUTABLE PRODUCTS

<u>GENERIC DRUG NAME</u>	<u>REQUIRED BRAND PRODUCT</u>
ESTROGENS, CONJUGATED	Premarin™ (Wyeth-Ayerst)
PHENYTOIN SODIUM, EXTENDED RELEASE CAPSULE	Dilantin™ (Parke-Davis)
QUINIDINE GLUCONATE, SUSTAINED-RELEASE TABLETS	Quinaglute™ (Berlex)
THEOPHYLLINE, EXTENDED RELEASE TABLET	Theocron™ (Inwood Pharmaceuticals)
WARFARIN SODIUM	Coumadin™ (DuPont Pharmaceuticals)
PURIFIED PROTEIN DERIVATIVE	Tubersol™
LEVOTHYROXINE SODIUM	Levothroid™
NIFEDIPINE	Adalat CC™
NIACIN	Niaspan™

CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS

DEA SCHEDULE II

CODEINE
FENTANYL
MEPERIDINE
METHADONE
MORPHINE SULFATE
OPIUM & BELLADONNA SUPPOSITORY
OXYCODONE ± ACETAMINOPHEN
OXYCODONE

DEA SCHEDULE III

CODEINE/ACETAMINOPHEN
NANDROLONE
THIOPENTAL SODIUM

DEA SCHEDULE IV

BUTORPHANOL
CHLORAL HYDRATE
CLONAZEPAM
LORAZEPAM
MIDAZOLAM
PHENOBARBITAL

** ALL CONTROLLED SUBSTANCES ARE RESTRICTED TO PILL LINE **
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION **
** IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE
PULLED APART AND ADMINISTERED IN POWDER FORM **

**NON-CONTROLLED SUBSTANCES
RESTRICTED TO PILL LINE**

AMITRIPTYLINE	METHICILLIN RESISTANT STAPH
ARIPIRAZOLE	AUREUS (MRSA) TREATMENT
BENZTROPINE MESYLATE	trimethoprim-sulfameth
CHLORHEXIDINE GLUCONATE	clindamycin
CLOZAPINE	doxycycline
DESIPRAMINE	rifampin
DIPHENHYDRAMINE ORAL (NF)	ciprofloxacin
DISULFIRAM	gatifloxacin
DOXEPIN	minocycline (NF)
ETHAMBUTOL	levofloxacin (NF)
ETHIONAMIDE	linezolid (NF)
FLUPHENAZINE	MIRTAZAPINE
GABAPENTIN (NF)	NORTRIPTYLINE
HALOPERIDOL	NUTRITIONAL SUPPLEMENTS
HIV MEDS IN CONJUNCTION W/ FUZEON (NF)	OLANZAPINE
HYDROXYZINE ORAL (NF)	OXCARBAZEPINE (psychiatric indications only)
IMIPRAMINE	PAROXETINE
ISONIAZID	PERPHENAZINE
LITHIUM	PRIMIDONE
LAMOTRIGINE (psychiatric indications only)	PYRAZINAMIDE
LINEZOLID (NF)	QUETIAPINE
LEVETIRACETAM (psychiatric indications only)	RIBAVIRIN
LOXAPINE	RIFAMPIN
	RISPERIDONE
	SERTRALINE
	TRAZODONE
	TRIFLUOPERAZINE
	TRIHXYLPHENIDYL
	TOPIRAMATE (psychiatric indications only)
	VENLAFAXINE
	ZIPRASIDONE

* NF = Non-formulary

** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE
ADMINISTRATION. THE PHARMACY AND THERAPEUTICS COMMITTEE
AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL
MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. HEALTH
CARE PROFESSIONALS MAY ALSO PLACE SPECIFIC PATIENT ORDERS
ON PILL LINE**

****ANY MEDICATIONS USED TO TREAT TUBERCULOSIS (INCLUDING QUINOLONES AND OTHER ANTIBIOTICS NOT LISTED ABOVE) MUST BE GIVEN BY DIRECTLY OBSERVED THERAPY. IF NOT USED FOR TB (E.G. RIFAMPIN FOR MRSA) , THEY ARE NOT RESTRICTED TO PILL LINE****

**Clinical Criteria/Justification to be Met for Commonly Requested
Non-formulary Medications:**

Adlimumab (Humira™) - See Immunomodulator TNF Inhibitors

Adult Attention Deficit Hyperactivity Disorder Medications /

Treatment: bupropion (Wellbutrin™), atomoxetine (Strattera™), methylphenidate (Ritalin™), amphetamine / dextroamphetamine (Adderall™ / Dexedrine™)

1. Failure of non-pharmacologic / Education & Counseling / Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.
2. Failure of ALL formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.
 - a. desipramine/imipramine
 - b. nortriptyline
 - c. venlafaxine
3. Submitted documentation must include/show the following:
 - a. copy of full psychiatric and psychological behavioral function evaluations
 - b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)
 - c. doses of formulary medications have been maximized
 - d. six week minimum trial of medication occurred at maximized dose
 - e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial
 - f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline
 - g. history of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc)
4. Additional Notes:
 - a. Only approved on **pill line**
 - b. **long acting stimulants** will NOT be

- approved.
- c. Contingent to formulation compatibility, stimulant medications will be **crushed** prior administration
 - d. Stimulant medications (including atomoxetine) will be our last drug of choice and will only be approved if **function is significantly impaired**.
 - e. The use of a stimulant in persons with a history of stimulant **drug abuse** will not be approved.
 - f. pemoline (Cylert™) will not be approved due to the association of serious, possibly life threatening hepatic failure and the availability of other stimulant medication if warranted.

Alfuzosin (Uroxatral) - See Tamsulosin (Flomax™)

Amantadine (Symmetrel™)

- 1. Parkinson's Disease / syndrome
- 2. Drug induced extrapyramidal reactions not responsive to trihexyphenidyl or benztropine.
- 3. Institutional influenza outbreak - approval will be considered on a case by case basis **AFTER** discussion with the National Infectious Disease Coordinator or Chief Physician. Upon determining appropriateness per the CDC guidelines the institution will be advised to apply for non-formulary approval.

Antiepileptic Medications: ethosuximide (Zarontin™), felbamate (Felbatol™), zonisamide (Zonegran™). **[Gabapentin is discussed separately, below.]**

Approval of any non-formulary antiepileptic medications will be considered on an individual basis. When requesting approval please provide information necessary for evaluation of the request. This will include:

- 1. Previous medications, doses, and documented compliance; blood levels when appropriate.
- 2. EEG or clinical evidence of failure to achieve seizure-free state.
- 3. Documented adverse effects of formulary medications.
- 4. Results of any neurologic consultations.

Please be aware that many of the antiepileptic agents have potentially life-threatening side effects under certain conditions, or in some individuals. The prescriber should take special care:

1. To assess and follow the inmate for potential adverse side-effects.
2. Be aware of any potential drug-drug interactions.
3. Adjust dose no more quickly than recommended by the manufacturer.
4. Monitor compliance.

Antifungals - Oral for onychomycosis: [itraconazole (Sporanox™), ketoconazole, griseofulvin, fluconazole, terbinafine (Lamisil™)]

1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.
2. Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan™) 50mg q day X 6 weeks, unless otherwise contraindicated.

Antihistamines - See diphenhydramine

ARB (Angiotensin Receptor Blocker): losartan (Cozaar™), valsartan (Diovan™), irbesartan (Avapro™), candesartan (Atacand™), telmisartan (Micardis™), eprosartan (Trevetan™), olmesartan (Benicar™)

1. Documentation that patient was unable to tolerate ACE Inhibitor due to cough even after trial of fosinopril via non-formulary request, or angioedema.
2. Combination therapy with an ACE inhibitor after failure to control or treat proteinuria (remains greater than 1 gm/day) with an ACE inhibitor alone at the maximum recommended dose and compliance documented.
3. Check "yes" if noted. The ARB of choice for non-formulary approval will be the most cost effective at the time the original non-formulary request is submitted. Institutions should attempt to select the most cost effective ARB when renewing previously approved non-formulary requests.

Ascorbic Acid (Vitamin C)

1. Concomitant administration with an imidazole antifungal agent to improve bioavailability by

increasing stomach acidity.

Atorvastatin (Lipitor™)

1. Documented failure of simvastatin at maximum dose.
2. Failure of niacin utilization via the brand name Niaspan™ formulation.
3. Must complete and submit Appendix 2, Steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.

Becaplermin (Regranex™)

1. Patients should have a recent glycosylated hemoglobin (hemoglobin A1c or HbA1c) less than 8. If not, aggressive control of their diabetes should be attempted.
2. Patients should be nonsmoking or enrolled in a smoking cessation plan.
3. Stage III or IV (International Association of Enterostomal Therapy for staging chronic wounds) lower extremity diabetic ulcers that extend through the dermis into the subcutaneous tissue or beyond.
4. The wound must have an adequate blood supply measured by oscillometry (at least 2 units), transcutaneous oxygen pressure (T_{cp}O₂ >30 mm Hg) or bleeding with debridement.
5. The wound must be free from infection.
6. If present, lower extremity edema should be treated.
7. The patient must have failed standard therapy for at least 2 months (careful/frequent debridement, moist dressing changes and non-weight bearing).
8. The provider must see the patient on a weekly to biweekly basis for debridement and assessment of ulcer response.
9. The provider must recalculate a new amount of becaplermin gel to be applied at every visit.

Benzodiazepines

Clonazepam & Lorazepam long-term use

1. Control of severe agitation in psychiatric patients
2. When lack of sleep causes an exacerbation of psychiatric illness
3. Part of a prolonged taper schedule
4. Detoxification for substance abuse
5. Failure of standard modalities for seizure disorders (4th line therapy)
6. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)

7. Adjunct to neuroleptic therapy to stabilize psychosis
8. Second line therapy for anti-mania
9. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent (refer to BOP Schizophrenia Clinical Practice Guideline)

Buprenorphine (Subutex™, Suboxone™) for detoxification

1. Will only be approved for detoxification, NOT for pain or maintenance therapy.
4. Prescribing physician MUST have buprenorphine certification and DHHS - SAMHSA waiver. These must be submitted with request.
5. Only buprenorphine/naloxone (Suboxone™) will be approved.

Bupropion (Wellbutrin™)

1. Restricted to bipolar depression and/or ADHD.
AND (one of the following)
2. Must have failed therapy on at least two other formulary agents.
OR
3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and/or ADHD.
4. Bupropion will not be approved for smoking cessation therapy.

Carvedilol (Coreg™)

1. Documented NYHA Class III or IV Heart Failure.
2. Documented appropriate treatment with or failure of ACE inhibitors and diuretics.
3. Documented treatment failure of maximized dose of metoprolol [150 mg daily divided twice daily (e.g. 75 mg bid)] or maximum tolerable dose.
4. **NEW ADMISSIONS** - NYHA Class I or II patients who are new admits to BOP should be evaluated and converted to metoprolol.

5. Conversion of carvedilol (Coreg™) to metoprolol Guidance

The following is provided as guidance for those inmates who meet the above criteria for conversion of carvedilol to metoprolol. Please assure that inmates undergoing this conversion are monitored closely with each change in dose to assess response on pulse,

blood pressure, and symptoms of heart failure.

Method 1: Gradual withdrawal of carvedilol and uptitration of metoprolol over a 2 week period. As carvedilol is withdrawn, metoprolol should be increased to keep the heart rate within 5 beats of baseline. This should be continued until carvedilol is withdrawn and target metoprolol dose is achieved (ACC/AHA guidelines recommend a target dose 150 mg/day in two divided doses). (Source: Bollano, et al; "Different responses to dobutamine in the presence of carvedilol or metoprolol in patient with chronic heart failure"; *Cardiovascular Medicine*; February 2003: 621-624.)

Method 2: Acute conversion from carvedilol to metoprolol at a ratio of 50 mg of metoprolol to 25 mg of carvedilol. Uptitrate metoprolol to the target or maximum tolerated dose. (Source: Maack, et al.; "Prospective Crossover Comparison of Carvedilol and Metoprolol in Patients with Chronic Heart Failure", *Journal of the American College of Cardiology*; Oct 2001; 38(4):939-944.)

Cholinesterase Inhibitors for Alzheimer's Disease (AD)

Donepezil (Aricept™) is the non-formulary drug of choice.

1. Request for its non-formulary use requires completion of the "[Donepezil Non-formulary Use Criteria Algorithm](#)" form.

Cilostazol (Pletal™)

1. Six months of documented unsuccessful lifestyle modifications (e.g. exercise, smoking cessation).
2. Treatment of cardiovascular disease risk factors.
3. Revascularization cannot be offered or is refused by the patient.

Clonazepam long-term use - see Benzodiazepines

Clonidine (Catapres™)

1. For use in opiate detoxification only, non-formulary request may be submitted after opiate detox protocol initiated. Oral test dose followed by clonidine patch is preferred protocol mechanism.
2. Dose taper over 2 to 4 days for arriving inmates taking greater than 1 mg per day. Refer to clonidine

- withdrawal guidance, particularly for patients on concomitant beta blocker therapy. Non-formulary request may be submitted after taper initiated.
3. Use in clozapine induced hypersalivation (CIH) after failure or contraindication to benztropine, amitriptyline, and alpha blocker. NOTE: Including combination therapy with benztropine and an alpha blocker for 12 weeks.
 4. Use in Tourette's Syndrome.

Clonidine Discontinuation Guidance

Discontinuation of most any antihypertensive agent can lead to a corresponding withdrawal syndrome. However, this syndrome is most commonly seen with clonidine, beta-blockers, methyldopa, and guanabenz. The withdrawal syndrome is thought to be caused by sympathetic overactivity and includes nervousness, tachycardia, headache, agitation, and nausea. This is usually seen within 36 to 72 hours after cessation of therapy. In rare instances a rapid increase in blood pressure to pre-treatment levels or above can be seen which could potentially lead to myocardial ischemia. Again, this is rare, especially when patients are not taking above the standard therapeutic doses of these agents. It also appears to occur more often when multiple medications are being withdrawn at the same time.

Abrupt discontinuation of clonidine, in particular those taking greater than 1 mg daily, may result in nervousness, agitation, restlessness, anxiety, insomnia, headache, sweating, palpitation, increased heart rate, tremor, hiccups, muscle pain, increased salivation, stomach pain, nausea and flushing. This may be due in part to the fact that clonidine has been shown to act upon opiate receptors. These effects generally appear within two to three hours after the first missed dose.

Blood pressure may increase in four to eight hours after the first missed dose of clonidine and is associated with a rise in catecholamine plasma concentrations. This potential may be exacerbated after administration of higher doses or continued concurrent therapy with a beta-blocker.

Severe blood pressure increases after clonidine discontinuation can be treated with the reinstatement of clonidine therapy followed by a short, gradual taper over

two to four days; IV phentolamine +/- propranolol (propranolol should never be utilized alone as it may further elevate the BP); or utilization of a vasodilator such as hydralazine or diazoxide.

If a patient is taking clonidine concurrently with a beta-blocker, it is best to gradually withdraw the beta blocker, then withdraw the clonidine over two to four days. The beta-blocker can then be reinstated after clonidine has been successfully withdrawn. Concurrent beta-blocker therapy may exacerbate an increase in blood pressure upon clonidine withdrawal.

Appropriate follow-up to including adjustment of medication management of all patients is essential during this process.

COX-2 Inhibitors (Vioxx™, Celebrex™, Bextra™)

Documentation of

1. Prior history of a serious GI event (**hospitalization** for perforation, ulcer, or bleed) or
2. Concurrent use of warfarin (for OA, these patients must ordinarily fail acetaminophen and salsalate prior to receiving a COX-2 inhibitor).

Non-formulary Requests for Cox-II inhibitors will ordinarily not be considered for approval for:

1. Lack of response to traditional NSAIDs.
2. Dyspepsia or GI intolerance to traditional NSAIDs.
3. Patients receiving a proton pump inhibitor.
4. Patients receiving low dose aspirin for cardiovascular prophylaxis.
5. Patients with known cardiovascular disease.
6. Dysmenorrhea.

Cyclosporine ophthalmic emulsion 0.05% (Restasis™)

1. Diagnosis of Sjogren's Syndrome
2. Diagnosis of Rheumatoid Arthritis
3. Failed appropriate duration of carboxymethylcellulose (Celluvisc™) containing ocular lubricants via approved non-formulary request.

Darunavir (Prezista™)

1. Recommended by Regional HIV Pharmacist Consultant based upon all of the following other criteria.
2. Patients must be highly treatment-experienced including at least 2 prior failed PI regimens.

3. Patients have evidence of virologic failure (viral load > 1,000 copies/ml) and evidence of genotypic or phenotypic resistance on their current PI regimen.
4. There must be no more than 3 mutations at codons V11I, V32I, L33F, I47V, I50V, I54M/L, G73S, L76V, I84V, and L89V or a fold change in phenotypic susceptibility above 40 before initiating therapy.
5. The ability exists to construct a multi-drug regimen that includes two other active antiretroviral drugs, or one other active drug plus an appropriate antiretroviral drug combination with some residual activity, in addition to darunavir/ritonavir based upon resistance testing.
6. Patient must be able to tolerate ritonavir at a dose of 100 mg twice daily.

Delavirdine (Rescriptor™)

1. Patients who have previously tried efavirenz and nevirapine and were changed to delavirdine because of intolerance, adverse effects, or contraindications (e.g. rash or hepatotoxicity with nevirapine; pregnancy with efavirenz) citing specific reasons as to why efavirenz and nevirapine cannot be utilized.

Conversion Recommendations for those entering BOP institution on delavirdine, with undetectable viral load:

1st Alternative: Switch patient from **delavirdine to efavirenz** unless there is a contraindication (e.g. pregnancy). It is recommended that delavirdine therapy be stopped and efavirenz be started at full dose (600 mg HS) the next day.

2nd Alternative: Switch patient from **delavirdine to nevirapine**. Recommendation to stop delavirdine and start nevirapine utilizing dose escalation (e.g. 200 mg daily x 14 days, then 200 mg bid) as if beginning a treatment naive patient. Nevirapine has a higher incidence of rash than delavirdine. There is not 100% cross-reactivity in rash and the rash seems to be related to early blood levels, therefore dose escalation is still recommended. Viral resistance to nevirapine did not occur in clinical trials when patients were given escalating doses. Delavirdine and nevirapine share resistant mutations so conversion will not lead to increased resistance. If resistance is a concern, on a case by case basis, it may be prudent to give a protease inhibitor (PI)

plus nevirapine during the 2 week escalation period. For instance, the decision may depend on viral load; if < 50 for quite some time then no PI; if patient has detectable virus or blips, one may want to cover with a PI (e.g. nelfinavir) during nevirapine escalation. Nelfinavir will add pill burden & diarrhea but no drug interactions or overlapping toxicities exist between nelfinavir and nevirapine.

Inmates entering BOP on a delavirdine-containing regimen, whose viral load is not adequately suppressed, should have their entire HAART regimen re-evaluated in consultation with a specialist.

Dietary/Herbal Supplements

These agents are not FDA approved and will not be approved.

Diphenhydramine (Benadryl™), hydroxyzine (Atarax™, Vistaril™), loratadine (Claritin™), cetirizine (Zyrtec™), cyproheptadine (Periactin™), and fexofenadine (Allegra™) oral

PILL LINE ONLY

1. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl (diphenhydramine and hydroxyzine only)
2. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only)
3. Chronic idiopathic urticaria (consider other formulary H₂ blockers such as doxepin)
4. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only)
5. Non-formulary use approved via PILL LINE ONLY
6. **Urticaria:** Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.
7. **Urticaria:** IgE levels and/or absolute eosinophil count in conditions where this is typically seen.
8. **Urticaria:** Documented failure (ensuring compliance) of steroid pulse therapy (i.e. prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder)**

Enfuvirtide (Fuzeon™)

1. Inmate is candidate for antiretroviral therapy (ART)

- per USPHS Guidelines <http://www.aidsinfo.nih.gov/>
2. Infectious disease consultant recommends enfuvirtide. Consult must include complete proposed HAART regimen and must be submitted with non-formulary request.
 3. Inmate has failed, is resistant to or is intolerant of at least two PI-based regimens and one NNRTI-based regimen.
 4. Resistance testing must be submitted.
 5. At least two other medications are also potentially effective based on resistance testing, and these two medications can be safely co-administered. (Examples of combinations which are contraindicated include TDF+ABC+3TC, TDF+ddI+3TC, AZT+d4T, d4T+ddC, d4T+ddI, and ddI+ddC.)
 6. Inmate motivated to try new injectable regimen.

Additional Comments:

1. Inmate understands that medication will be discontinued if ineffective.
2. Inmate understands that if compliance falls below 95%, for any and all HAART medications, therapy will be discontinued.
3. All HAART medications will be administered as **pill line only**.

Entanercept (Enbrel™) - See Immunomodulator TNF Inhibitors

Ezetimibe (Zetia™)

1. Failure of niacin utilization via the brand name Niaspan™ formulation.
2. Must complete and submit Appendix 2, Steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.
3. Ezetimibe 10 mg daily can be considered on a non-formulary basis for those patients not meeting their LDL-C goal on simvastatin, lovastatin or atorvastatin 80 mg daily in combination with a bile acid sequestrant (BAS) or the maximally tolerated or recommended daily dose of a statin in combination with a bile acid sequestrant (BAS) or niacin.
4. If simvastatin, lovastatin, or atorvastatin cannot be used (e.g., due to a drug interaction - CYP 3A4 metabolism) or not tolerated, the maximally tolerated or recommended dose of pravastatin or fluvastatin (e.g. 80 mg/d), in combination with BAS or niacin, should be reached prior to considering therapy with ezetimibe.
5. Since there is no evidence to show a benefit with

regard to health outcomes with ezetimibe, monotherapy with ezetimibe should be limited to those patients unable to tolerate statins, bile acid sequestrants, and niacin.

Fenofibrate (Tricor™)

1. Failure of gemfibrozil used for at least 6 months
2. Treatment of hyperglycemic patients. HbA1c should be < 8
3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above

Filgrastim/pegfilgrastim (Neupogen™/Neulasta™)

1. Adjunctive therapy for cancer chemotherapy.
2. Treatment for hepatitis-treatment-induced neutropenia must be done in consultation with Central Office staff.

Finasteride (Proscar™)

1. Second line agent for BPH, after failure of alpha blocker.
2. American Urological Association criteria (including symptom score, digital rectal exam, PSA test, urine outflow record) are submitted.

Formoterol (Foradil™) - Long Acting Beta Agonists (LABA)

Gabapentin (Neurontin™)

PILL LINE ONLY

1. Pain: Chronic (greater than 6 weeks and not amenable to medical or surgical interventions); **neuropathic pain only**. Must have failed at least two formulary anticonvulsants at therapeutic doses. Failure is defined as no response, or no improvement in function, or adverse side effects. Documentation requirements for initial approval include physical assessment of pain complaint, treatment plan for pain management/further assessment, appropriate laboratory and specialty consultations when indicated, and evidence of other medication trials. Initial approval will be for no greater than 60 days. Further approval will require documentation of ongoing assessment of pain complaint, compliance with the treatment plan (not just the medication), and documentation of improvement in functional status and/or pain complaint.
2. Seizure disorder: Adjuvant anticonvulsant for partial seizure disorder with or without secondary

- generalization. Initial approval will require documentation of abnormal EEG (current or past), failure of single agents-valproic acid, carbamazepine, lamotrigine, topiramate, or documented response in past to gabapentin. Failure is defined as ongoing seizure activity with therapeutic blood levels or doses of medication with documented compliance, or the presence of adverse side effects.
3. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid, carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.

Hormones to maintain secondary sexual characteristics

1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.
2. Confirmation of legitimate prescribing prior to incarceration.
3. Psychiatric diagnostic evaluation and treatment plan.

Hydroxyzine (Atarax™, Vistaril™) oral - See diphenhydramine

Immunomodulator TNF Inhibitors entanercept (Enbrel™) and adalimumab (Humira™)

1. Adalimumab is recommended agent due to better side effect profile.
2. Failure of methotrexate/prednisone, gold, or azathioprine.
3. Intolerable side effects of methotrexate where a TNF agent may allow a decrease in methotrexate dose.
4. Request must include rheumatology consult report.

Insulin glargine, Long Acting Insulin (Lantus™)

1. Unable to achieve glycemic control targets because of recurrent episodes of symptomatic hypoglycemia, especially with nocturnal hypoglycemia, despite multiple attempts with various insulin dosing regimens.

2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
3. Documentation of FBS checks indicating recurrent hypoglycemia (e.g. flow charts, SOAP notes, and corresponding MARs of current insulin regimen.)
4. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.

Insulin lispro, Rapid Acting Insulin (Novolog™, Humalog™)

NOTE: generally speaking lispro is too short acting to be used safely in most correctional environments.

1. Unable to achieve glycemic control targets with the use of regular insulin, despite multiple attempts with various insulin dosing regimens.
2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
3. Self monitoring of blood glucose or immediate access to blood glucose monitoring at all times.
4. Ability to eat a meal immediately (within 15 minutes) after injecting rapid-acting insulin.
5. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.
6. Will be used at Medical Centers only - is not an acceptable transfer medication.

Isotretinoin (Accutane™)

1. iPLEDGE enrollment and requirements located at www.ipleadgeprogram.com and www.ncpdp.org must be followed. Proof of enrollment must be submitted with non-formulary request.
2. Central Office Physician or Regional Medical Director (RMD) have been consulted. This will occur prior to the enrollment of the physician and patient as well as enrollment and fee payment of the institution pharmacy into the iPLEDGE program.

Linezolid (Zyvox™)

1. IV vancomycin should be utilized when possible.
2. Case by case basis for transition of stable patients receiving IV vancomycin in hospital setting to institution which is unable to provide IV vancomycin.
3. Documentation of culture and sensitivity data must be

- submitted with non-formulary request.
4. Non-formulary approval will be for **pill line administration only** due to concerns of expense, compliance, and potential for resistance development.

Long Acting Beta Agonists (LABA)

Salmeterol and Formoterol

1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva™).
2. Continued nocturnal awakenings not managed by maximum dose of steroid inhaler and/or low dose night time theophylline.
3. At least moderately severe asthma not controlled by maximum dose of inhaled corticosteroid alone.
4. Non-Formulary requests should be accompanied by a "CIPS" report showing patient refill history in order to document steroid inhaler compliance and current short acting beta-agonist use.

Lorazepam long-term use - see Benzodiazepines

Loteprednol etabonate (Lotemax™, Alrex™)

1. After use of formulary ophthalmic steroid for greater than 28 days.

Methicillin Resistant Staff aureus (MRSA) treatment (minocycline, levofloxacin, linezolid)

1. Restricted to pill line when utilized for MRSA.

Montelukast (Singulair™)

1. **Asthma:** Third line agent in the treatment of asthma. Compliance with other medications must be shown (e.g. oral steroid inhalers)
2. **Allergic Rhinitis:** Third line agent after documented compliance with OTC antihistamine and nasal steroid. Copies of progress notes detailing symptoms and exam findings will be required.
3. **Urticaria:** Montelukast will not be approved for this indication.

Multivitamins (Theragran™, Prenatal vitamins, BC Plex™, Vitamin B w/ C Complex, Dialyvite™, Nephrovite™)

1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)
2. Pregnant patient (Prenatal Vitamins)
3. Injectable use in TPN's
4. Patient undergoing active detoxification for substance abuse

5. Malnutrition/malabsorption disorders

MUSCLE RELAXANTS

Dantrolene (Dantrium™), baclofen (Lioresal™), cyclobenzaprine (Flexeril™), tizanidine (Zanaflex™)

PILL LINE ONLY

Approval for baclofen or dantrolene will be considered for the following cases and must be administered via PILL LINE:

Observable, documented muscle spasm due to:

- a. Multiple sclerosis
- b. Spinal cord injury or intrinsic cord lesions (not herniated spinal discs, not low back pain due to muscle spasm)
- c. Stroke
- d. Cerebral palsy

Approval for baclofen may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents.

Compliance should be monitored at each visit. These medications are frequently diverted to other inmates due to their mood-altering effects. Abrupt discontinuation of baclofen can precipitate a drug withdrawal syndrome.

There are generally no valid indications for long-term use of cyclobenzaprine or similar "muscle relaxants" such as methocarbamol. Lorazepam is recommended for short-term use in acute muscle spasm where sedation is desired.

Onychomycosis, oral treatment - See Antifungals

Narcolepsy Treatment

stimulant medications, amphetamine, dextroamphetamine, modafinil, methylphenidate, selegiline, pemoline.

1. Documented verification of the inmate's report, to include polysomnography obtained and provided.
2. Patient has failed non-pharmacologic management strategies.
3. Functional impairment with work assignment, institution security, academic needs.
4. Failed treatment with modafinil and fluoxetine (for cataplexy).

Proton Pump Inhibitor - use over 90 days & twice daily dosing
(Refer to BOP Clinical Practice Guidelines,

Gastroesophageal Reflux Disease (GERD), Dyspepsia, and Peptic Ulcer Disease, November 2001)

1. **Non-ulcer dyspepsia**: No approvals. Refer to commissary for OTC agents.
2. **GERD**: Supported by current EGD documentation
 - a. compliant treatment failure with antacids and maximized dose of H2 blockers x 8 weeks.
 - i. documented doses of ranitidine 750 mg per day divided into qid dosing (supported by compliance through pharmacy software refill history) required. (Doses up to 6 grams daily have been safely utilized)
 - b. Undocumented/minor GERD should be referred to commissary.
3. Documentation of chronic need for NSAIDs w/ prior history of GI bleed.
4. Documented Zollinger-Ellison Syndrome
5. Documented Schatzki's Ring
6. Documented Barrett's Esophagus
7. Documented Esophageal Stricture
8. **BID dosing** - GERD confirmed via ambulatory pH monitoring or upper endoscopy results

Quetiapine (Seroquel™)

1. Use in psychotic disorder, bipolar disorder, or borderline personality disorders only.
2. Requests must include justification and treatment history in accordance with the Antipsychotic Treatment Algorithm, BOP Clinical Practice Guidelines, Pharmacological Management of Schizophrenia.
3. Non-formulary approvals for oral formulation must be administered via pill line and crushed prior to administration unless otherwise restricted by package insert.

Quinine

NON-FORMULARY. WILL NOT BE APPROVED FOR LEG CRAMPS

Salmeterol (Serevent™) - see Long Acting Beta Agonists (LABA)

Synvisc™ (Hylan G-F 20) or Hyalgan™ (Sodium Hyaluronate)

1. Osteoarthritis of the knee(s) (American College of Rheumatology criteria) confirmed by history, exam, and x-ray.
2. Documented inadequate control of pain or intolerance to adequate trial of acetaminophen (4 grams/day),

NSAIDs, and other non-narcotic or narcotic analgesics.

3. Inadequate response to intraarticular corticosteroid injections.
4. Inadequate response to bracing and use of canes or crutches.
5. Inadequate response to measures such as weight loss and physical therapy.
6. Surgery is not an option due to concurrent medical conditions that preclude the patient as candidate for surgery. These agents may also be considered as a bridging option before resorting to surgery.

Tamsulosin (Flomax™) & alfuzosin (Uroxatral™)

1. Documentation of significant symptomatic hypotension, orthostatic hypotension, or syncope while receiving prazosin or doxazosin
2. Failure of doxazosin 8 mg dose

Testosterone

NON-FORMULARY REQUEST APPROVALS WILL BE FOR INJECTABLE SOLUTION ONLY

IF NFR APPROVED, MAY BE WRITTEN FOR 180 DAY ORDER

Thiazolidinediones (i.e. "glitazones") [e.g. Pioglitazone (Actos™) or Rosiglitazone (Avandia™)]

ACTOS is the thiazolidinedione of choice

1. Failed monotherapy with a sulfonylurea or metformin **and** failed or have a contraindication to combining with a sulfonylurea/metformin, an alpha-glucosidase inhibitor, or insulin.
2. Insulin in doses > 75 units/day **and** HbA1c > 9% or exceeds target HbA1c value by > 1% **and** failed or have contraindications to other insulin/oral hypoglycemic regimens.
3. Normal C-peptide level (see Diabetes Clinical Treatment Guidelines)

Tipranavir (Aptivus™)

1. Recommended by Regional HIV Pharmacist Consultant based upon all of the following:
2. Patients must be highly treatment-experienced including at least 2 prior failed PI regimens.
3. Patients have evidence of virologic failure (viral load > 1,000 copies/ml) and evidence of genotypic or phenotypic resistance on their current PI regimen.
4. There must be no more than 2 mutations at codons L33V/I/F, V82T, I84V or L90M or a phenotypic cutoff

- greater than 4 (utilizing the PhenoSense assay) before initiating therapy.
5. The ability exists to construct a multi-drug regimen that includes two other active antiretroviral drugs, or one other active drug plus an appropriate antiretroviral drug combination with some residual activity, in addition to TPV/ritonavir based upon resistance testing.
 6. Patient must be able to tolerate ritonavir at a dose of 200 mg twice daily.

Zalcitabine (Hivid™, DDC)

1. Patient is taking zalcitabine upon arrival to a BOP institution.
2. Documentation of undetectable viral load provided with the request.
3. Patient tolerance to therapy is addressed in the request.
4. Other patients should be converted to another NRTI or HIV regimen based upon USPHS HIV Guidelines, National HIV Telephone Consultation Services (Warmline) 1-800-933-3413, or a HIV Specialist Consultant.

Non-Formulary Algorithm for Donepezil (Aricept™) Approval

1. Initial treatment _____ Follow-up: 3 mo 6 mo 12 mo other _____
Dose of donepezil _____ (# 1,3,5,9,10 only for renewal)
2. Inmate has dementia, Alzheimer's type. (Circle one)
 - a. mild
 - b. moderate
 - c. severe-does not qualify for trial. Consider Reduction in Sentence
3. Mini-Mental State Score: __
(Other objective measures may be utilized, such as Dementia Rating Scale, however, the same test should be used at each interval to document response to treatment).
Test _____ Score _____
4. Physical findings: **Please attach copy of most recent exam, must include weight, vital signs, neurologic screening.**
5. Laboratory results: Date _____
Hgb _____ WBC _____ Plts _____ MCV _____ RDW _____
AST _____ ALT _____ Alk Phos _____ Tot Prot _____ Alb _____
Creatinine _____ Fasting Glucose _____ RPR _____
B-12 _____ Folate _____ TSH _____
U/A: RBC _____ Leukocytes _____ Protein _____ Glucose _____
6. CT head or MRI head results (**attach copy of report**).
7. Major Depression has been effectively treated or ruled out?
Yes No Current Treatment _____
8. Delirium has been ruled out by _____ (Physician name) on _____
(Date): Yes No If no, describe: _____
9. List all current medications and their doses and blood levels if appropriate, e.g. lanolin, antiseizure meds:
10. No contraindications to cholinesterase inhibitor (e.g. PUD, asthma, COPD, bradycardia, liver disease, anticholinergic drugs, parkinsonism): _____
11. Prior treatment with cholinesterase inhibitor?
Drug(s) _____
Dates _____
Outcome _____
12. Comments: _____

Recommendations by Institution Chief Psychiatrist or Clinical Director: _____

+++++

Approved _____ Medical Director Date _____

Disapproved _____ Medical Director Date _____

Inmate Name: _____

Reg. No: _____

Institution: _____

Emergency Cart Content Recommendations

This list is available to the local Pharmacy and Therapeutics committee to decide which list is to be incorporated into their crash cart based on staff accessibility, after hours care, training of current staff, staff competency in ACLS, accessibility of community emergency services, etc..

(For example, MRCs and other institutions with 24 hour coverage who have sufficient numbers of trained staff to perform ACLS 24 hours per day, 7 days per week may elect to stock their crash cart with "A" list drugs. Institutions without 24 hour coverage who have rapid response times from their local Emergency Medical Services may elect to stock only "C" list medications. Institutions in remote locations where EMS response may be affected by weather, traffic, etc., may elect to stock "B" list medications. Staff using "crash cart" supplies for resuscitation should be trained and privileged by the Clinical Director in accordance with established protocols approved by the CD.)

Adenosine 6 mg	A		
Amiodarone 50 mg/ml	A		
Aspirin 81 mg	A	B	C
Atropine 1 mg/10ml	A	B	C
Calcium Chloride	A		
D5W	A	B	C
Dextrose 50% Injection	A	B	C
Digoxin 0.5 mg injection	A	B	
Dopamine 400 mg/5ml	A	B	
Epinephrine 1:10000 syringe	A	B	
Epinephrine 1:1000 amps	A	B	C
Furosemide injection	A	B	C
Glucagon injection	A	B	C
Glucose Paste/Tabs	A	B	C
Hydrocortisone OR methylprednisolone injection	A	B	C
Lactated Ringers	A	B	C
Lorazepam injection	A	B	C
Morphine Sulfate	A	B	C
Naloxone 0.4 mg/ml	A	B	C
Nitroglycerin S.L. 0.4 mg tabs	A	B	C
Normal Saline	A	B	C

Procainamide 100 mg	A		
Propranolol 1 mg/ml	A		
Sodium Bicarbonate 50 meq	A	B	
Sodium Chloride 0.9% injection	A	B	C
Vasopressin 20 U/ml	A	B	
Verapamil 5 mg	A	B	
Other items to consider having quick access to in the Emergency Room, but not necessarily stored in the cart.			
Albuterol Inhaler	A	B	C
Albuterol Solution	A	B	C
Charcoal	A	B	C
Diphenhydramine 50 mg Inj	A	B	C
Nitroglycerin 50 mg/10 ml	A		
Phenytoin 100 mg/2ml	A	B	C

PART II

NATIONAL
BOP FORMULARY

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****BRAND NAME PRODUCTS ARE FOR REFERENCE ONLY****
****THE LEAST EXPENSIVE GENERIC EQUIVALENT IS TO BE UTILIZED WHEN AVAILABLE (UNLESS RESTRICTED TO CERTAIN BRAND WITHIN FORMULARY), OTHERWISE NON-FORMULARY APPROVAL IS REQUIRED****
****USE AGAINST SPECIFIC RESTRICTIONS REQUIRES NON-FORMULARY APPROVAL****
****USE OF FORMULATION NOT SPECIFICALLY INCLUDED (E.G. EXTENDED RELEASE, NASAL, TOPICAL, OPHTHALMIC, RAPID DISSOLVE TABLET, COMBINATION PRODUCT, ETC) IS NOT AUTHORIZED; REQUIRES NON-FORMULARY APPROVAL****

Legend

☞ Look Alike Sound Alike Drugs

📄 Notes/Comments

5-FU (fluorouracil) intravenous, solution

8-Mop (methoxsalen) oral, capsule

A & D Ointment (vitamin A & D topical) topical, ointment

📄 ****RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY****

abacavir oral, solution; oral, tablet

📄 **** PHYSICIAN INITIATION ONLY ****

**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**

<http://www.fda.gov/cder/Offices/ODS/labeling.htm>******

abacavir/lamivudine/zidovudine oral, tablet

📄 **** PHYSICIAN INITIATION ONLY ****

**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**

<http://www.fda.gov/cder/Offices/ODS/labeling.htm>******

abacavir-lamivudine oral, tablet

**** PHYSICIAN INITIATION ONLY ****

**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**

<http://www.fda.gov/cder/Offices/ODS/labeling.htm>******

Abbokinase Open-Cath (urokinase) intravenous, powder for injection

📄 ****5,000 IU ONLY!! -- NO OTHER DOSAGES APPROVED ****

**** FOR USE IN CATHETER CLEARANCE ****

Abilify (aripiprazole) oral, solution; oral, tablet

📄 **** PILL LINE ONLY ****

**** PHYSICIAN USE ONLY ****

acetaminophen oral, tablet; rectal, suppository

acetaminophen-codeine oral, liquid; oral, tablet

☞ acetaminophen-hydrocodone, acetaminophen-oxycodone

📄 ****PHYSICIAN/DENTIST USE ONLY****

****ORDER MAY NOT EXCEED 30 DAYS****

****PILL LINE ONLY****

****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****

****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****

acetaminophen-oxycodone oral, solution; oral, tablet

☞ acetaminophen-codeine

📄 ****PHYSICIAN/DENTIST USE ONLY****

****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****

****PILL LINE ONLY****

****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****

****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****

acetaZOLAMIDE oral, capsule, extended release; oral, tablet

☞ acetoHEXAMIDE, acetylcysteine, acyclovir

acetic acid otic otic, solution

acetic acid topical irrigation, solution

acetic acid-aluminum acetate otic otic, solution

acetic acid-hydrocortisone otic otic, solution

acetylcholine ophthalmic intraocular, powder for reconstitution

**** MEDICAL CENTER ONLY ****

**** FOR ANESTHESIA/SURGERY USE ONLY ****

acetylcysteine inhalation, solution; intravenous, solution

☞ acetaZOLAMIDE

ACTH (corticotropin) injectable, solution; injectable, powder for injection

Actidose-Aqua (charcoal) oral, suspension

actinomycin D (dactinomycin) intravenous, powder for injection

Activase (alteplase) intravenous, powder for injection

☞ Retavase

activated charcoal (charcoal) oral, suspension

acyclovir intravenous, solution; intravenous, powder for

injection; oral, suspension; oral, capsule; oral, tablet

☞ acetaZOLAMIDE, famciclovir

📄 **** OINTMENT NOT APPROVED****

Adacel (adolescent and adult) (diphtheria/pertussis,

acel/tetanus adult) intramuscular, suspension

Adalat CC (NIFEdipine) oral, tablet, extended release

☞ Aldomet, Allegra

📄 ****ADALAT CC ONLY****

****IMMEDIATE RELEASE NOT APPROVED****

****BID DOSING NOT APPROVED****

****INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR)****

Adapin (doxepin) oral, capsule

▣ ****PHYSICIAN USE ONLY****

****PILL LINE ONLY****

****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****

****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****

Adenocard (adenosine) intravenous, solution

adenosine intravenous, solution

Adrenalin (epinephrine) injectable, solution

Adriamycin (DOXOrubicin) intravenous, solution; intravenous, powder for injection

▣ **Aredia, Idamycin PFS**

Adrucil (fluorouracil) intravenous, solution

Agenerase (amprenavir) oral, solution; oral, capsule

▣ **** PHYSICIAN INITIATION ONLY ****

**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

Al hydroxide/Mg hydroxide/simethicone oral, suspension; oral, tablet, chewable

albumin human intravenous, solution

Albuminar-25 (albumin human) intravenous, solution

Albuminar-5 (albumin human) intravenous, solution

albuterol inhalation, solution; inhalation, aerosol;

inhalation, aerosol with adapter; inhalation, capsule; oral, syrup; oral, tablet

▣ **acebutolol**

▣ **** EXTENDED-RELEASE TABLETS NOT APPROVED****

albuterol-ipratropium inhalation, solution; inhalation, aerosol with adapter

alcohol, isopropyl (isopropyl alcohol topical) topical, liquid; topical, pad

▣ ****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****

Aldactone (spironolactone) oral, tablet

Aldomet (methyldopa) oral, suspension; oral, tablet

▣ **Adalat CC**

▣ ****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA****

alendronate oral, solution; oral, tablet

alginate acid/Al hydroxide/Mg trisilicate oral, tablet, chewable

Alkeran (melphalan) oral, tablet

▣ **Leukeran**

Alkeran I.V. (melphalan) intravenous, powder for injection

allopurinol intravenous, powder for injection; oral, tablet

▣ **Apresoline**

Aloprim (allopurinol) intravenous, powder for injection

Aloxi (palonosetron) intravenous, solution

▣ ****RESTRICTED TO 2nd LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA ANDVOMITING AFTER FAILURE OF KYTRIL & ZOFTRAN****

****RESTRICTED TO MEDICAL REFERRAL CENTERS****

Alphagan (brimonidine ophthalmic) ophthalmic, solution

alteplase intravenous, powder for injection

Alternagel (aluminum hydroxide) oral, suspension

Alu-Cap (aluminum hydroxide) oral, capsule

aluminum acetate-acetic acid otic (acetic acid-aluminum acetate otic) otic, solution

aluminum hydroxide oral, suspension; oral, capsule; oral, tablet

aluminum hydroxide-magnesium hydroxide oral, suspension; oral, tablet; oral, tablet, chewable

aluminum sulfate-calcium acetate topical topical, powder; topical, tablet, effervescent

Alupent (metaproterenol) inhalation, solution; inhalation, aerosol; inhalation, aerosol with adapter

▣ **Atrovent**

▣ ****ORAL FORMULATION NOT APPROVED****

Alu-Tab (aluminum hydroxide) oral, tablet

Amicar (aminocaproic acid) intravenous, solution; oral, syrup; oral, tablet

▣ **Amikin**

Amino Acids (parenteral nutrition solution) intravenous, solution

Amino Acids with Dextrose (parenteral nutrition solution) intravenous, solution; intravenous, kit

amino acids-urea topical vaginal, cream with applicator

▣ ****APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY****

aminocaproic acid intravenous, solution; oral, syrup; oral, tablet

Amino-Cerv (amino acids-urea topical) vaginal, cream with applicator

▣ ****APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY****

aminophylline intravenous, solution; oral, solution; oral, tablet; oral, tablet, extended release; rectal, suppository

▣ **amitriptyline**

Aminosyn (parenteral nutrition solution) intravenous, solution

Aminosyn II (parenteral nutrition solution) intravenous, solution

amiodarone intravenous, solution; oral, tablet

▣ **amantadine, amlodipine, trazodone**

▣ ****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****

****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION**

DISPENSING:
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**

amitriptyline intramuscular, solution; oral, tablet
 ☞ aminophylline, imipramine, nortriptyline
 ☐ ****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****

amlodipine oral, tablet
 ☞ amloride, amiodarone, felodipine
 ☐ ****BID DOSING NOT APPROVED****
****INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR®)****

Ammonia Inhalant inhalation, ampule

amoxicillin oral, capsule; oral, powder for reconstitution; oral, tablet
 ☞ Amoxil, ampicillin, Atarax, Augmentin

amoxicillin-clavulanate oral, powder for reconstitution; oral, tablet
 ☐ ****RESTRICTED TO PHYSICIANS/DENTISTS ****
****FIRST LINE AGENT ONLY WITH C&S DATA****
****SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS****
****APPROVED FOR HUMAN BITES****

Amoxil (amoxicillin) oral, capsule; oral, powder for reconstitution; oral, tablet
 ☞ amoxicillin

Amphojel (aluminum hydroxide) oral, suspension; oral, capsule; oral, tablet

amphotericin B intravenous, powder for injection; oral, suspension

ampicillin injectable, powder for injection
 ☞ amoxicillin, Augmentin, oxacillin
 ☐ ****ORAL FORMULATION NOT APPROVED****

ampicillin-sulbactam injectable, powder for injection

amprenavir oral, solution; oral, capsule
 ☐ **** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

Amvisc (sodium hyaluronate ophthalmic) intraocular, liquid

Anaprox (naproxen) oral, tablet
 ☞ Avapro

Ancef (cefazolin) injectable, powder for injection; intravenous, solution

Anectine (succinylcholine) injectable, solution

anticoagulant sodium citrate concentrate injectable, bottle

antihemophilic factor (obsolete) intravenous, powder for injection
 ☐ ****HUMAN****

Antilirium (physostigmine) injectable, solution

antipyrine-benzocaine otic otic, solution

Antivert (meclizine) oral, tablet

Anusol-HC (hydrocortisone topical) rectal, cream with applicator; rectal, suppository
 ☞ Anusol

APAP (acetaminophen) oral, tablet; rectal, suppository

apraclonidine ophthalmic ophthalmic, solution
 ☐ ****OPHTHALMOLOGIST USE ONLY****

Apresoline (hydrALAZINE) oral, tablet
 ☞ allopurinol

Aquamephyton (phytonadione) injectable, solution

Aranesp (darbepoetin alfa) injectable, solution
 ☐ ****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS****
****USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY****

ardeparin subcutaneous, solution

Aredia (pamidronate) intravenous, powder for injection
 ☞ Adriamycin

arginine intravenous, solution

aripiprazole oral, solution; oral, tablet
 ☐ **** PILL LINE ONLY ****
**** PHYSICIAN USE ONLY ****

Aristocort (triamcinolone) injectable, suspension; oral, tablet
 ☐ ****NASAL INHALERS NOT APPROVED****

Aristocort Topical (triamcinolone topical) topical, ointment; topical, cream

Artane (trihexyphenidyl) oral, elixir; oral, tablet
 ☞ Altace
 ☐ ****PHYSICIAN USE ONLY****
****PILL LINE ONLY****

artificial tears (ocular lubricant) ophthalmic, ointment; ophthalmic, solution

ASA (aspirin) oral, enteric coated tablet; oral, tablet; rectal, suppository

Asacol (mesalamine) oral, enteric coated tablet
 ☞ Allegra, Ansaid, Os Cal 500 with D, Os-Cal 250 with D, OsCal 500, Os-Cal Forte, Os-Cal with D
 ☐ ****USE IN SULFASALAZINE FAILURE OR ALLERGY****

asparaginase injectable, powder for injection
 ☞ pegaspargase

aspirin oral, enteric coated tablet; oral, tablet; rectal, suppository
atazanavir oral, capsule
 ☐ **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
atenolol injectable, solution; oral, tablet
 ☞ metoprolol
Ativan (lorazepam) injectable, solution; oral, tablet
 ☞ Ambien, Atarax
 ☐ ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL****
 ****IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER: 180 DAY MEDICATION ORDERS MAY BE WRITTEN****
 ****BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIAZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE****
 ****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Atripla (efavirenz/emtricitabine/tenofovir) oral, tablet
 ☐ **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
atropine injectable, solution
 ☞ Akarpine
atropine ophthalmic ophthalmic, ointment; ophthalmic, solution
Atropisol (atropine ophthalmic) ophthalmic, solution
Atrovent (ipratropium) inhalation, solution; inhalation, aerosol
 ☞ Alupent, Azmacort, Flovent, Serevent, Serevent Diskus
Atrovent Nasal (ipratropium nasal) nasal, spray
Augmentin (amoxicillin-clavulanate) oral, powder for reconstitution; oral, tablet
 ☞ amoxicillin, ampicillin
 ☐ ****RESTRICTED TO PHYSICIANS/DENTISTS ****
 ****FIRST LINE AGENT ONLY WITH C&S DATA****
 ****SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS****
 ****APPROVED FOR HUMAN BITES****
Auralgan (antipyrine-benzocaine otic) otic, solution
Aurolate (gold sodium thiomalate) intramuscular, suspension
Avastin (bevacizumab) intravenous, solution
 ☐ ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Aveeno (emollients, topical) topical, cream; topical, lotion; topical, oil; topical, soap
Aveeno Regular Bath (colloidal oatmeal topical) topical, powder
 ☐ ****INPATIENT USE ONLY****
Aventyl HCl (nortriptyline) oral, solution; oral, capsule
 ☐ ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
 ****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
Aygestin (norethindrone) oral, tablet
azathioprine compounding, powder; intravenous, powder for injection; oral, tablet
azithromycin intravenous, powder for injection; oral, capsule; oral, tablet
 ☞ aztreonam, erythromycin, vancomycin
 ☐ ****RESTRICTED TO PHYSICIAN / DENTIST USE ONLY****
Azmacort (triamcinolone) inhalation, aerosol with adapter
 ☞ Atrovent, Nasacort
 ☐ ****NASAL INHALERS NOT APPROVED****
Azulfidine (sulfasalazine) oral, tablet
B & O Suppettes 16-A (belladonna-opium) rectal, suppository
 ☐ ****PHYSICIAN USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS****
 ****FOR INPATIENT USE ONLY****
bacitracin/HC/neomycin/polymyxin B ophthalmic ophthalmic, ointment
bacitracin-polymyxin B ophthalmic ophthalmic, ointment
bacitracin-polymyxin B topical topical, ointment
Bactrim (sulfamethoxazole-trimethoprim) oral, tablet
 ☞ Biaxin
 ☐ ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Bactrim DS (sulfamethoxazole-trimethoprim) oral, tablet
 ☞ Bancap HC
 ☐ ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Bactroban (mupirocin topical) nasal, ointment w/applicator; topical, ointment; topical, cream
 ☐ ****PHYSICIAN USE ONLY****
balanced salt solution (ophthalmic irrigation, intraocular) ophthalmic, solution
balsam Peru/castor oil/trypsin topical topical, spray
BCG intravesical, powder for reconstitution
 ☐ ****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****
beclomethasone inhalation, aerosol; inhalation, aerosol with adapter
 ☐ ****NASAL INHALERS NOT APPROVED****
Beclovent (beclomethasone) inhalation, aerosol; inhalation, aerosol with adapter

Beconase
****NASAL INHALERS NOT APPROVED****
belladonna-opium rectal, suppository
****PHYSICIAN USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS****
****FOR INPATIENT USE ONLY****
Benadryl (diphenhydrAMINE) injectable, solution
benazepril, Bentyl, Benylin, Benylin Adult Formula, Benylin DM Pediatric, Benylin Expectorant, Benylin Multi-Symptom, Benylin Multi-Symptom Cough, Benylin Pediatric
****RESTRICTED TO INJECTABLE FORMULATION ONLY****
****DIPHENHYDRAMINE SYRUP/LIQUID FOR COMPOUNDING OF BOP MAGIC MOUTHWASH ONLY****
****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****
Benadryl Allergy (diphenhydrAMINE) oral, liquid
****RESTRICTED TO INJECTABLE FORMULATION ONLY****
****DIPHENHYDRAMINE SYRUP/LIQUID FOR COMPOUNDING OF BOP MAGIC MOUTHWASH ONLY****
****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****
Benemid (probenecid) oral, tablet
Bentyl (dicyclomine) injectable, solution; oral, syrup; oral, capsule; oral, tablet
benadryl, Bumex, Proventil
benzocaine/butamben/tetracaine topical topical, ointment; topical, solution; topical, gel; topical, aerosol; topical, kit
benzocaine-antipyrine otic (antipyrine-benzocaine otic) otic, solution
Benzoin (benzoin topical) topical, tincture
benzoin topical topical, tincture
benzonatate oral, capsule
benazepril, benztropine
**** LIMITED TO FIVE DAY THERAPY****
****PHYSICIAN USE ONLY****
benztropine injectable, solution; oral, tablet
benzonatate
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****
Betadine (povidone iodine topical) topical, ointment; topical, cream; topical, solution; topical, pad; topical, swab
Betadine Surgical Scrub (povidone iodine topical) topical, soap

betamethasone topical topical, ointment; topical, cream; topical, spray; topical, lotion
****AUGMENTED FORMULATIONS NOT APPROVED****
Betapace (sotalol) oral, tablet
Betapace AF
****CARDIOLOGIST INITIATED THERAPY ONLY****
betaxolol ophthalmic ophthalmic, suspension; ophthalmic, solution
bethanechol oral, tablet
Betoptic (betaxolol ophthalmic) ophthalmic, solution
Betoptic S
Betoptic S (betaxolol ophthalmic) ophthalmic, suspension
Betoptic
bevacizumab intravenous, solution
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Biaxin (clarithromycin) oral, tablet
Bactrim
****RESTRICTED TO PHYSICIAN / DENTIST USE ONLY****
****SECOND LINE THERAPY FOR MOST INDICATIONS****
bicalutamide oral, tablet
Bicillin L-A (penicillin) intramuscular, suspension
****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****
Bicitra (citric acid-sodium citrate) oral, solution
****USE RESTRICTED TO CHRONIC RENAL DISEASE****
BiCNU (carmustine) intravenous, powder for injection
Bilopaque Sodium (tyropanoate) oral, capsule
bisacodyl oral, enteric coated tablet; rectal, suppository
bisoprolol, Visicol
bismuth subsalicylate oral, suspension; oral, tablet, chewable
Blenoxane (bleomycin) injectable, powder for injection
bleomycin injectable, powder for injection
Bleph-10 (sulfacetamide sodium ophthalmic) ophthalmic, ointment; ophthalmic, solution
****COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED****
boric acid otic otic, solution
boric acid topical topical, ointment; topical, solution
Brethine (terbutaline) injectable, solution; oral, tablet
methergine
Brevibloc (esmolol) intravenous, solution
Brevital Sodium
Bricanyl (terbutaline) injectable, solution; oral, tablet
brimonidine ophthalmic ophthalmic, solution
bromocriptine oral, capsule; oral, tablet
BSS (ophthalmic irrigation, intraocular) ophthalmic, solution
Buminate (albumin human) intravenous, solution
bupivacaine injectable, solution
ropivacaine
Buprenex (buprenorphine) injectable, solution

Bumex
****FOR ANESTHESIA/SURGERY USE ONLY****
buprenorphine injectable, solution
****FOR ANESTHESIA/SURGERY USE ONLY****
BuSpar (busPIRone) oral, tablet
busPIRone oral, tablet
buPROPion
busulfan intravenous, solution; oral, tablet
Busulfex (busulfan) intravenous, solution
butorphanol injectable, solution
****NASAL SPRAY NOT APPROVED****
****PHYSICIAN/DENTIST USE ONLY****
****LIMITED TO 5 DAYS THERAPY****
****LIMITED TO PRE AND POST-OP THERAPY ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED**
SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD**
BE PULLED APART AND ADMINISTERED IN POWDER FORM **
Cafergot (caffeine-ergotamine) oral, tablet; rectal,
suppository
Carafate
calamine topical topical, lotion
Calan (verapamil) oral, tablet
Calan SR, Colace
Calan SR (verapamil) oral, tablet, extended release
Calan, Cardizem CD, Cardizem SR
Calcijex (calcitriol) injectable, solution
****ORAL ROUTE PREFERRED****
Calcimar (calcitonin) injectable, solution
calcipotriene topical topical, ointment; topical, cream;
topical, solution
****PHYSICIAN USE ONLY****
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****
calcitonin injectable, solution; nasal, spray
calcitriol injectable, solution; oral, liquid
Calciferol
****ORAL ROUTE PREFERRED****
calcium acetate injectable, solution; oral, tablet
calcium carbonate
calcium acetate-aluminum sulfate topical (aluminum sulfate-
calcium acetate topical) topical, powder; topical, tablet,
effervescent
calcium carbonate oral, tablet
calcium acetate, calcium gluconate
calcium chloride injectable, solution
calcium gluconate
calcium citrate oral, tablet
calcium gluconate injectable, solution
calcium carbonate, calcium chloride

calcium lactate oral, tablet
calcium-vitamin D oral, tablet
Caltrate (calcium carbonate) oral, tablet
Camptosar (irinotecan) intravenous, solution
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Canasa (mesalamine) rectal, suppository
****USE IN SULFASALAZINE FAILURE OR ALLERGY****
capecitabine oral, tablet
Capoten (captopril) oral, tablet
Catapres
capsaicin topical topical, cream
captopril oral, tablet
carvedilol
Capzasin-P (capsaicin topical) topical, cream
Carafate (sucralfate) oral, suspension; oral, tablet
Cafergot
carbamazepine oral, suspension; oral, capsule, extended
release; oral, tablet; oral, tablet, chewable; oral,
tablet, extended release
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.**
BIPOLAR)**
carbamide peroxide otic otic, solution
Carbatrol (carbamazepine) oral, capsule, extended release
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.**
BIPOLAR)**
carbidopa-levodopa oral, tablet; oral, tablet, extended release
Carbocaine (mepivacaine) injectable, solution
carboplatin intravenous, solution; intravenous, powder for
injection
cisplatin
Cardizem (diltiazem) intravenous, solution; oral, tablet
Cardene, Cardizem SR, clonidine
****CARDIZEM SR NOT APPROVED****
Cardizem CD (diltiazem) oral, capsule, extended release
Calan SR, Cardizem SR
****CARDIZEM SR NOT APPROVED****
Cardura (doxazosin) oral, tablet
Cardene, Cordarone, Coumadin, K-Dur 10, K-Dur 20,
Ridaura
carmustine intravenous, powder for injection
cascara sagrada oral, liquid; oral, tablet
cascara sagrada-magnesium hydroxide oral, suspension
Casodex (bicalutamide) oral, tablet
castor oil oral, suspension; oral, emulsion; oral, liquid
Cathflo Activase (alteplase) intravenous, powder for injection
Ceenu (lomustine) oral, capsule
cefazolin injectable, powder for injection; intravenous,
solution
cefepime, cefotaxime, cefotetan, cefoxitin,

cefprozil, ceftazidime, ceftriaxone, cefuroxime, cephalexin
cefixime oral, tablet
 ☛ cefpodoxime
 ☒ ****FOR QUINOLONE-RESISTANT GONOCOCCUS IN DETENTION FACILITIES****
ceftazidime injectable, powder for injection; intravenous, solution
 ☛ cefazolin, cefotaxime, cefotetan, ceftizoxime, ceftriaxone, cefuroxime
ceftriaxone injectable, powder for injection; intravenous, solution
 ☛ cefazolin, Cefotan, cefotaxime, cefotetan, cefoxitin, ceftazidime, cefuroxime
CellCept (mycophenolate mofetil) intravenous, powder for injection; oral, suspension; oral, capsule; oral, tablet
cephalexin oral, capsule; oral, tablet
 ☛ cefaclor, cefazolin, cefuroxime, ciprofloxacin
Cephulac (lactulose) oral, syrup
Ceptaz (ceftazidime) injectable, powder for injection
Cerubidine (DAUNOrubicin) intravenous, powder for injection
Cervical Amino Acid (amino acids-urea topical) vaginal, cream with applicator
 ☒ ****APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY****
Cetacaine (benzocaine/butamben/tetracaine topical) topical, ointment; topical, solution; topical, gel; topical, aerosol; topical, kit
cetuximab intravenous, solution
 ☒ ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
charcoal oral, suspension
chloral hydrate oral, syrup; oral, capsule
 ☒ ****PILL LINE ONLY****
 ****PHYSICIANS/DENTISTS USE ONLY****
 ****RESTRICTED TO EEG STUDIES****
chlorambucil oral, tablet
chlorhexidine topical mucous membrane, liquid; topical, liquid; topical, soap; topical, sponge
 ☛ chlorproMAZINE
 ☒ ****ORAL FORMULATION - ALCOHOL FREE ONLY****
 ****ORAL FORMULATION - DENTAL USE ONLY****
 ****ORAL FORMULATION - THERAPY NOT TO EXCEED 28 DAYS****
 ☒ ****TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS FOR PRE-OP USE ONLY****
chlorotrianisene oral, capsule
Chronulac (lactulose) oral, syrup
Ciloxan (ciprofloxacin ophthalmic) ophthalmic, ointment; ophthalmic, solution
 ☒ ****OPHTHALMIC SOLUTION RESTRICTED TO PSEUDOMONAS INFECTIONS OF THE EYE****

****PHYSICIAN USE ONLY****
cinacalcet oral, tablet
 ☒ ****RESTRICTED TO DIALYSIS PATIENTS ONLY****
 ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION,**
 http://www.pbm.va.gov/PBM/criteria.htm**
Cipro (ciprofloxacin) oral, tablet
 ☛ Ceftin
 ☒ ****PHYSICIAN/DENTIST USE ONLY****
 ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Cipro I.V. (ciprofloxacin) intravenous, solution
 ☒ ****PHYSICIAN/DENTIST USE ONLY****
 ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
ciprofloxacin intravenous, solution; oral, tablet
 ☛ cephalexin, levofloxacin, ofloxacin
 ☒ ****PHYSICIAN/DENTIST USE ONLY****
 ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
ciprofloxacin ophthalmic ophthalmic, ointment; ophthalmic, solution
 ☒ ****OPHTHALMIC SOLUTION RESTRICTED TO PSEUDOMONAS INFECTIONS OF THE EYE****
 ****PHYSICIAN USE ONLY****
cisatracurium intravenous, solution
 ☒ ****RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC) ONLY****
cisplatin intravenous, solution; intravenous, powder for injection
 ☛ carboplatin
Citracal (calcium citrate) oral, tablet
 ☛ Citrucel
Citrate of Magnesia (magnesium citrate) oral, liquid
citric acid-potassium citrate oral, liquid
citric acid-sodium citrate oral, solution
 ☒ ****USE RESTRICTED TO CHRONIC RENAL DISEASE****
clarithromycin oral, tablet
 ☒ ****RESTRICTED TO PHYSICIAN / DENTIST USE ONLY****
 ****SECOND LINE THERAPY FOR MOST INDICATIONS****
Cleocin HCl (clindamycin) oral, capsule
 ☒ ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
 ****TOPICAL FORMULATION NOT APPROVED****
Cleocin Phosphate (clindamycin) injectable, solution; intravenous, solution
 ☒ ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
 ****TOPICAL FORMULATION NOT APPROVED****
clindamycin injectable, solution; intravenous, solution; oral, capsule
 ☒ ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
 ****TOPICAL FORMULATION NOT APPROVED****
Clinoril (sulindac) oral, tablet
 ☛ Clozaril, Oruvail

clobetasol topical topical, ointment; topical, cream; topical, solution; topical, gel
clonazepam oral, tablet
 alprazolam, clonidine, clorazepate, diazepam, Klonopin, lorazepam
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL****
 ****IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER: 180 DAY MEDICATION ORDERS MAY BE WRITTEN****
 ****BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
clonidogrel oral, tablet
 ****PHYSICIAN USE ONLY****
 ****USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE****
clotrimazole oral, lozenge; topical, cream; topical, powder; topical, solution; topical, lotion; vaginal, cream with applicator; vaginal, kit; vaginal, tablet
clotrimazole topical topical, cream; topical, powder; topical, solution; topical, lotion; vaginal, cream with applicator; vaginal, kit; vaginal, tablet
clozapine oral, tablet
 ****PSYCHIATRIST USE ONLY****
 ****PILL LINE ONLY****
 ****FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS****
 ****INITIATE AT MEDICAL REFERAL CENTER ONLY****
Clozaril (clozapine) oral, tablet
 Clinoril, Colazal
 ****PSYCHIATRIST USE ONLY****
 ****PILL LINE ONLY****
 ****FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS****
 ****INITIATE AT MEDICAL REFERAL CENTER ONLY****
Coal Tar (coal tar topical) compounding, solution; topical, solution
 ****RESTRICTED TO SEBORRHEA AND PSORIASIS****
coal tar topical compounding, solution; topical, ointment; topical, cream; topical, solution; topical, shampoo; topical, gel; topical, lotion; topical, liquid
 ****RESTRICTED TO SEBORRHEA AND PSORIASIS****
coal tar/salicylic acid/sulfur topical topical, ointment; topical, shampoo; topical, lotion
 ****RESTRICTED TO SEBORRHEA AND PSORIASIS****
codeine injectable, solution; oral, solution; oral, tablet

 Cardene, iodine topical, Lodine
 ****PHYSICIAN/DENTIST USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
 ****PILL LINE ONLY****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
codeine-acetaminophen (acetaminophen-codeine) oral, liquid; oral, tablet
 ****PHYSICIAN/DENTIST USE ONLY****
 ****ORDER MAY NOT EXCEED 30 DAYS****
 ****PILL LINE ONLY****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Cogentin (benztropine) injectable, solution; oral, tablet
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****
Colace (docusate) oral, syrup; oral, capsule; oral, liquid
 Calan
colchicine intravenous, solution; oral, tablet
 clonidine
Colestid (colestipol) oral, granule for reconstitution; oral, tablet
colestipol oral, granule for reconstitution; oral, tablet
collagenase topical topical, ointment
colloidal oatmeal topical topical, powder
 ****INPATIENT USE ONLY****
Combivent (albuterol-ipratropium) inhalation, aerosol with adapter
Combivir (lamivudine-zidovudine) oral, tablet
 Epivir
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Compazine (prochlorperazine) injectable, solution; oral, syrup; oral, tablet; rectal, suppository
 ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****
Compazine Spansule (prochlorperazine) oral, capsule, extended release
 ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****
Condylox (podofilox topical) topical, solution; topical, gel

conjugated estrogens oral, tablet
 [] ****NON-SUBSTITUTABLE -- USE PREMARIN ONLY****
****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE****
****ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY MEDICAL DIRECTOR****
****ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY MEDICAL DIRECTOR****
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****

Conray (iothalamate) injectable, solution
 Contact Care Items ophthalmic, solution
 [] ****FOR MEDICALLY NECESSARY CONTACTS - SEE CURRENT POLICY****

Copegus (ribavirin) oral, tablet
 [] ****PILL LINE ONLY****
****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>

Cordarone (amiodarone) oral, tablet
 [] ****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>

Cordarone I.V. (amiodarone) intravenous, solution
 [] ****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>

Corgard (nadolol) oral, tablet
 [] Cognex, Cozaar

Cortef (hydrocortisone) oral, suspension; oral, tablet
 [] Lortab 10, Lortab 2.5/500, Lortab 5/500, Lortab 7.5/500, Lortab ASA, Lortab Elixir

Cortenema (hydrocortisone) rectal, suspension
 corticotropin injectable, solution; injectable, powder for injection

Cortisporin Cream (hydrocortisone/neomycin/polymyxin B topical) topical, cream
 Cortisporin Ophthalmic (bacitracin/HC/neomycin/polymyxin B ophthalmic) ophthalmic, ointment
 [] Cortisporin Otic

Cortisporin Ophthalmic Suspension (hydrocortisone /neomycin /polymyxin B ophth) ophthalmic, suspension
 [] ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****

Cortisporin Otic (hydrocortisone/neomycin/polymyxin B otic) otic, suspension; otic, solution
 [] Cortisporin Ophthalmic

Cortrosyn (cosyntropin) injectable, powder for injection
 Cosmegen (dactinomycin) intravenous, powder for injection
 Cosopt (dorzolamide-timolol ophthalmic) ophthalmic, solution
 [] Trusopt

[] ****OPHTHALMOLOGIST INITIATION ONLY****
 cosyntropin injectable, powder for injection
 Coumadin (warfarin) intravenous, powder for injection; oral, tablet
 [] Ambien, Avandia, Cardura, Cordarone

[] ****NON-SUBSTITUTABLE -- USE COUMADIN ONLY****
 Crixivan (indinavir) oral, capsule
 [] **** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

cromolyn inhalation, solution; inhalation, aerosol with adapter; nasal, spray
 cromolyn ophthalmic ophthalmic, solution
 Cuprimine (penicillamine) oral, capsule
 cyanocobalamin injectable, solution; intramuscular, injection; oral, tablet

Cyclogyl (cyclopentolate ophthalmic) ophthalmic, solution
 cyclopentolate ophthalmic ophthalmic, solution
 cyclophosphamide intravenous, powder for injection; oral, tablet
 [] cycloSPORINE

cycloSPORINE injectable, solution; oral, solution; oral, capsule; oral, liquid
 [] cyclophosphamide, cycloSERINE

Cytrin (medroxyPROGESTERone) oral, tablet
 [] ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE****
****ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR****
****ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR ****
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****

cytarabine injectable, solution; injectable, powder for injection
 [] Cytosar-U, Cytosan

Cytomel (liothyronine) oral, tablet
 Cytosar-U (cytarabine) injectable, powder for injection
 [] cytarabine, Cytovene, Cytosan, Neosar

Cytotec (misoprostol) oral, tablet
 [] Cytosan

Cytovene (ganciclovir) intravenous, powder for injection; oral, capsule
 ☛ **Cytosar-U**
Cytoxan (cyclophosphamide) intravenous, powder for injection; oral, tablet
 ☛ **cytarabine, Cytosar-U, Cytotec**
Cytoxan Lyophilized (cyclophosphamide) intravenous, powder for injection
dacarbazine intravenous, powder for injection
Dacriose (ophthalmic irrigation, extraocular) ophthalmic, solution
dactinomycin intravenous, powder for injection
 ☛ **daptomycin**
dalteparin subcutaneous, solution
danazol oral, capsule
 ☛ **Dantrium**
Danocrine (danazol) oral, capsule
 ☛ **Dantrium**
dapsone oral, tablet
Daraprim (pyrimethamine) oral, tablet
darbepoetin alfa injectable, solution
 ☛ ****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS****
****USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY****
DAUNORubicin intravenous, solution; intravenous, powder for injection
 ☛ **DOXORubicin**
DDAVP (desmopressin) injectable, solution; oral, tablet
DDAVP Nasal (desmopressin) nasal, spray
ddI (didanosine) oral, delayed release capsule; oral, powder for reconstitution; oral, tablet, chewable
 ☛ **** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Debrox (carbamide peroxide otic) otic, solution
Decadron (dexamethasone) injectable, solution; oral, elixir; oral, tablet
 ☛ ****ORAL FORMULATION RESTRICTED TO PHYSICIAN/DENTIST USE ONLY****
Decadron Phosphate, Ophthalmic (dexamethasone ophthalmic) ophthalmic, ointment
 ☛ ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****
****COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****
Deca-Durabolin (nandrolone) intramuscular, solution

☛ ****MEDICAL REFERRAL CENTER USE ONLY****
****FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY****
Declomycin (demeclocycline) oral, tablet
deferoxamine injectable, powder for injection
 ☛ **cefuroxime**
Delestrogen (estradiol) intramuscular, solution
 ☛ ****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
Deltasone (prednisONE) oral, tablet
demeclocycline oral, tablet
 ☛ **dicyclomine**
Demerol HCl (meperidine) injectable, solution
 ☛ **Demadex, Desyrel, Dilaudid**
 ☛ ****ORAL FORMULATION NOT APPROVED****
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Depakene (valproic acid) oral, syrup; oral, capsule
 ☛ **Depakote**
 ☛ ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Depo-Estradiol (estradiol) intramuscular, solution
 ☛ **Depo-Testadiol**
 ☛ ****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
Depo-Medrol (methylPREDNISolone) injectable, suspension
 ☛ **Depo-Provera, Solu-Medrol**
Deponit (nitroglycerin) transdermal, film, extended release
Depo-Provera (medroxyPROGESTERone) intramuscular, suspension
 ☛ **Depo-Medrol**
 ☛ ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE****
****ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR****
****ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR ****
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
Desferal (deferroxamine) injectable, powder for injection

DexFerrum
desflurane inhalation, liquid
desipramine oral, tablet
clomipRAMINE, imipramine, nortriptyline
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
desmopressin injectable, solution; nasal, spray; oral, tablet
Desyrel (trazodone) oral, tablet
Demerol HCl
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
dexamethasone injectable, suspension; injectable, solution; intravenous, solution; oral, elixir; oral, concentrate; oral, tablet
****ORAL FORMULATION RESTRICTED TO PHYSICIAN/DENTIST USE ONLY****
dexamethasone ophthalmic ophthalmic, suspension; ophthalmic, ointment; ophthalmic, solution
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****
****COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****
dexamethasone/neomycin/polymyxin B ophthalmic ophthalmic, suspension; ophthalmic, ointment
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
dexamethasone-neomycin ophthalmic ophthalmic, ointment; ophthalmic, solution
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
Dextrose in Lactated Ringers (LVP solution) intravenous, solution
Dextrose in Water (parenteral nutrition solution) intravenous, solution
Dextrose with NaCl (LVP solution) intravenous, solution
Dialyte (LVP solution) intraperitoneal, solution
Diamox (acetaZOLAMIDE) oral, tablet
Dobutrex
Diamox Sequels (acetaZOLAMIDE) oral, capsule, extended release
diatrizoate injectable, solution; injectable, powder for injection
Diatrizoate Meglumine (diatrizoate) injectable, solution
diazoxide injectable, solution; oral, suspension; oral, capsule
Dibenzyline (phenoxybenzamine) oral, capsule
Dibucaine (dibucaine topical) topical, ointment
dibucaine topical topical, ointment; topical, cream
diclofenac ophthalmic ophthalmic, solution
****OPHTHALMIC FORMULATION APPROVED ONLY****
dicloxacillin oral, capsule
doxycycline
dicyclomine injectable, solution; oral, syrup; oral, capsule; oral, tablet
demeclocycline, diphenhydrAMINE
didanosine oral, delayed release capsule; oral, powder for reconstitution; oral, tablet, chewable
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Didronel (etidronate) oral, tablet
diethylstilbestrol injectable, solution; oral, tablet
Diflucan (fluconazole) intravenous, solution; oral, powder for reconstitution; oral, tablet
Dilantin, Dilantin Infatabs, Dilantin Kapseals, Dilantin-125, Diprivan
****NOT APPROVED FOR ONYCHOMYCOSIS****
Digitek (digoxin) oral, tablet
digoxin injectable, solution; oral, elixir; oral, capsule; oral, tablet
doxepin
Dilantin (phenytoin) injectable, solution; oral, capsule
Diflucan
****NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY****
****USE SUSPENSION WITH CAUTION****
Dilantin Kapseals (phenytoin) oral, capsule, extended release
Diflucan
****NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY****
****USE SUSPENSION WITH CAUTION****
diltiazem intravenous, solution; intravenous, powder for injection; oral, capsule, extended release; oral, tablet
****CARDIZEM SR NOT APPROVED****
Diocetol (docusate) oral, capsule
diphenhydrAMINE injectable, solution; oral, liquid
dicyclomine, dipyridamole
****RESTRICTED TO INJECTABLE FORMULATION ONLY****
****DIPHENHYDRAMINE SYRUP/LIQUID FOR COMPOUNDING OF BOP MAGIC MOUTHWASH ONLY****
****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****
diphtheria/pertussis, acel/tetanus adult intramuscular, suspension

dipivefrin ophthalmic ophthalmic, solution
Diprivan (propofol) intravenous, emulsion
 Diflucan, Ditropan
Diprosone (betamethasone topical) topical, ointment; topical, cream; topical, lotion
****AUGMENTED FORMULATIONS NOT APPROVED****
dipyridamole intravenous, solution; oral, tablet
 diphenhydrAMINE
Disalcid (salsalate) oral, tablet
disopyramide oral, capsule; oral, capsule, extended release
Ditropan (oxybutynin) oral, syrup; oral, tablet
 diazepam, Diprivan
DOBUTamine intravenous, solution
 DOPamine
Dobutrex (DOBUTamine) intravenous, solution
 Diamox, DOPamine
docetaxel intravenous, solution
 paclitaxel
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
docusate oral, syrup; oral, capsule; oral, liquid
Dolophine (methadone) injectable, solution; oral, tablet
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX, & LICENSING****
****METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)****
****INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY****
****PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE****
****PHYSICIAN USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY, TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Domeboro (aluminum sulfate-calcium acetate topical) topical, powder; topical, tablet, effervescent
Domeboro Otic (acetic acid-aluminum acetate otic) otic, solution
DOPamine intravenous, solution
 DOBUTamine, Dobutrex
Dopram (doxapram) intravenous, solution
dorzolamide ophthalmic ophthalmic, solution
****OPHTHALMOLOGIST INITIATION ONLY****

dorzolamide-timolol ophthalmic ophthalmic, solution
****OPHTHALMOLOGIST INITIATION ONLY****
DOS (docusate) oral, capsule
Dovonex (calcipotriene topical) topical, ointment; topical, cream; topical, solution
****PHYSICIAN USE ONLY****
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****
doxapram intravenous, solution
doxazosin oral, tablet
 donepezil, terazosin
doxepin oral, capsule; oral, concentrate
 digoxin, doxycycline
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
doxercalciferol injectable, solution; oral, capsule
****ORAL ROUTE PREFERRED****
DOXOrubicin intravenous, solution; intravenous, powder for injection
 DAUNOrubicin, DOXOrubicin liposomal, idarubicin
doxycycline injectable, powder for injection; oral, syrup; oral, capsule; oral, delayed release capsule; oral, powder for reconstitution; oral, tablet
 dicloxacillin, doxepin
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
droperidol injectable, solution
DSS (docusate) oral, capsule
DTIC-Dome (dacarbazine) intravenous, powder for injection
Dulcolax Laxative (bisacodyl) oral, enteric coated tablet; rectal, suppository
DuoNeb (albuterol-ipratropium) inhalation, solution
Duragen (estradiol) intramuscular, solution
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
d-xylose oral, powder for reconstitution
Dyazide (hydrochlorothiazide-triamterene) oral, capsule
Dycill (dicloxacillin) oral, capsule
Dynapen (dicloxacillin) oral, capsule
Dyrenium (triamterene) oral, capsule
E.E.S.-400 (erythromycin) oral, suspension
****TOPICAL FORMULATIONS NOT APPROVED****
E.E.S.-400 Filmtab (erythromycin) oral, tablet
****TOPICAL FORMULATIONS NOT APPROVED****

echothiophate iodide ophthalmic ophthalmic, powder for reconstitution
 Ecotrin (aspirin) oral, enteric coated tablet
 edrophonium injectable, solution
 efavirenz oral, capsule; oral, tablet
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 efavirenz/emtricitabine/tenofovir oral, tablet
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 Effexor (venlafaxine) oral, tablet
 Effexor XR
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 Effexor XR (venlafaxine) oral, capsule, extended release
 Effexor
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 Efudex (fluorouracil topical) topical, cream; topical, solution
 Eurax
 Elase (fibrinolytic and desoxyribonuclease topical) topical, ointment
 Elavil (amitriptyline) intramuscular, solution; oral, tablet
 Enbrel, Oruvail, Plavix
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
 ****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
 Eldepryl (selegiline) oral, capsule; oral, tablet
 enalapril
 Elimite (permethrin topical) topical, cream
 ****NOT APPROVED FOR PROPHYLAXIS****
 Ellence (epirubicin) intravenous, injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Eloxatin (oxaliplatin) intravenous, solution; intravenous, powder for injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Elspar (asparaginase) injectable, powder for injection
 emollients, topical topical, cream
 ****RESTRICTED AS COMPOUNDING AGENT ONLY****
 emtricitabine oral, capsule
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION**

REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**
 emtricitabine-tenofovir oral, tablet
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****
 Emtriva (emtricitabine) oral, capsule
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****
 E-Mycin (erythromycin) oral, enteric coated tablet; oral, tablet, coated particles
 ****TOPICAL FORMULATIONS NOT APPROVED****
 Engerix-B (hepatitis B vaccine) intramuscular, suspension
 Engerix-B Pediatric (hepatitis B vaccine) intramuscular, suspension
 Enlon (edrophonium) injectable, solution
 enoxaparin subcutaneous, solution
 enoxacin
 Ensure oral, liquid
 ****PHYSICIAN/DENTIST/DIETICIAN USE ONLY****
 ****RESTRICTED TO BROKEN JAW, HUNGER STRIKE, TEMPORARY DENTAL PROCEDURES, THOSE UNABLE TO EAT SOLID FOOD AS A RESULT OF A MEDICAL OR PSYCHIATRIC CONDITION / PROCEDURE OR OTHER MEDICAL CONDITION WHEN SPECIFICALLY INDICATED****
 ****PILL LINE ONLY****
 ****MUST CONSUME PRESCRIBED DOSE AT PILL LINE****
 Enuclene (tyloxapol ophthalmic) ophthalmic, solution
 ****NOTE: FOR ARTIFICIAL EYES****
 Epifrin (epinephrine ophthalmic) ophthalmic, solution
 epinephrine inhalation, solution; inhalation, aerosol; injectable, solution; injectable, kit; subcutaneous, suspension
 ephedrine, Neo-Synephrine, norepinephrine
 epinephrine ophthalmic ophthalmic, solution
 EpiPen Auto-Injector (epinephrine) injectable, kit
 epirubicin intravenous, injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Eпивir (lamivudine) oral, solution; oral, tablet
 Combivir
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL**

TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION
REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL
ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**

EPO (epoetin alfa) injectable, solution
**DARBEOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS
PATIENTS**

RESTRICTED TO MEDICAL REFERRAL CENTERS
**RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER
CHEMOTHERAPY PATIENTS**

**USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH
CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE
INITIATING THERAPY**

epoetin alfa injectable, solution
**DARBEOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS
PATIENTS**

RESTRICTED TO MEDICAL REFERRAL CENTERS
**RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER
CHEMOTHERAPY PATIENTS**

**USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH
CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE
INITIATING THERAPY**

Epogen (epoetin alfa) injectable, solution
Neupogen

**DARBEOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS
PATIENTS**

RESTRICTED TO MEDICAL REFERRAL CENTERS
**RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER
CHEMOTHERAPY PATIENTS**

**USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
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INITIATING THERAPY**

Epzicom (abacavir-lamivudine) oral, tablet
** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **
**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
DISPENSING:

<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**

Erbix (cetuximab) intravenous, solution
RESTRICTED TO MEDICAL REFERRAL CENTERS

Ergamisol (levamisole) oral, tablet
Ergomar (ergotamine) sublingual, tablet

ergonovine injectable, solution; oral, tablet

ergotamine sublingual, tablet

ergotamine-caffeine (caffeine-ergotamine) oral, tablet; rectal,
suppository

erlotinib oral, tablet

RESTRICTED TO MEDICAL REFERRAL CENTERS

Eryc (erythromycin) oral, delayed release capsule

TOPICAL FORMULATIONS NOT APPROVED

Ery-Tab (erythromycin) oral, enteric coated tablet

TOPICAL FORMULATIONS NOT APPROVED

erythromycin injectable, powder for injection; oral,
suspension; oral, capsule; oral, delayed release capsule;
oral, enteric coated tablet; oral, granule for
reconstitution; oral, tablet; oral, tablet, chewable;
oral, tablet, coated particles

azithromycin

TOPICAL FORMULATIONS NOT APPROVED

erythromycin ophthalmic ophthalmic, ointment

erythropoietin, recombinant (epoetin alfa) injectable, solution

DARBEOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS

RESTRICTED TO MEDICAL REFERRAL CENTERS

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CHEMOTHERAPY PATIENTS**

**USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH
CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE
INITIATING THERAPY**

Eskalith (lithium) oral, capsule

Estratest

PHYSICIAN USE ONLY

PILL LINE ONLY

Eskalith-CR (lithium) oral, tablet, extended release

PHYSICIAN USE ONLY

PILL LINE ONLY

esmolol intravenous, solution

Osmitrol

Estar (coal tar topical) topical, gel

RESTRICTED TO SEBORRHEA AND PSORIASIS

esterified estrogens oral, tablet

Estinyl (ethinyl estradiol) oral, tablet

Estrace (estradiol) oral, tablet

Evista

**UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN
MEDICAL DIRECTOR APPROVAL**

REFER TO PARAPHILIA TREATMENT GUIDELINE

Estraderm (estradiol) transdermal, film, extended release

Testoderm

**UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN
MEDICAL DIRECTOR APPROVAL**

REFER TO PARAPHILIA TREATMENT GUIDELINE

estradiol intramuscular, solution; oral, tablet; transdermal,
gel; transdermal, emulsion; transdermal, film;
transdermal, film, extended release

ethinyl estradiol, Risperdal

****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
estrone intramuscular, solution
estropipate oral, tablet
ethambutol oral, tablet
****PILL LINE ONLY****
ethinyl estradiol oral, tablet
 Ⓜ **estradiol**
ethinyl estradiol-levonorgestrel oral, tablet
ethinyl estradiol-norethindrone oral, tablet
Ethyl Chloride (ethyl chloride topical) topical, spray
****FOR CLINIC USE ONLY****
ethyl chloride topical topical, spray
****FOR CLINIC USE ONLY****
etidronate oral, tablet
 Ⓜ **etomidate, etretinate**
etoposide intravenous, solution; intravenous, powder for injection; oral, capsule
Eucerin (emollients, topical) topical, cream
****RESTRICTED AS COMPOUNDING AGENT ONLY****
Eulexin (flutamide) oral, capsule
 Ⓜ **Edecrin, Entex LA**
Exsel (selenium sulfide topical) topical, shampoo
Factor VIII (obsolete) (antihemophilic factor (obsolete)) intravenous, powder for injection
****HUMAN****
Feldene (piroxicam) oral, capsule
fentanyl injectable, solution; transdermal, film, extended release
 Ⓜ **sufentanil**
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****MEDICAL CENTER ONLY****
****PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Fergon (ferrous gluconate) oral, tablet
Ferrlecit (sodium ferric gluconate complex) intravenous, solution
ferrous gluconate oral, capsule; oral, liquid; oral, tablet; oral, tablet, extended release
FiberCon (polycarbophil) oral, tablet
Fiberlax (polycarbophil) oral, tablet

Fibertab (polycarbophil) oral, tablet
fibrinolytic and desoxyribonuclease topical topical, ointment
Flagyl (metronidazole) oral, tablet
****INJECTION LIMITED TO PATIENTS THAT ARE NPO****
Flagyl I.V. (metronidazole) intravenous, powder for injection
****INJECTION LIMITED TO PATIENTS THAT ARE NPO****
Fleet Enema (sodium biphosphate-sodium phosphate) rectal, enema
 Ⓜ **Fleet Phospho Soda**
Fleet Phospho Soda (sodium biphosphate-sodium phosphate) oral, solution
 Ⓜ **Fleet Enema**
flexible hydroactive dressing granules (Duoderm) topical, bandage
Florinef Acetate (fludrocortisone) oral, tablet
 Ⓜ **Fioricet, fluoride**
Flovent (fluticasone) inhalation, aerosol with adapter
 Ⓜ **Atrovent, Flomax, Flonase**
****AEROSOL POWDER NOT APPROVED****
****NASAL SPRAY NOT APPROVED****
****SECOND LINE AGENT****
fluconazole intravenous, solution; oral, powder for reconstitution; oral, tablet
****NOT APPROVED FOR ONYCHOMYCOSIS****
Fludara (fludarabine) intravenous, powder for injection
 Ⓜ **FUDR**
fludarabine intravenous, powder for injection
 Ⓜ **Flumadine**
fludrocortisone oral, tablet
flumazenil intravenous, solution
flunisolide nasal nasal, spray
****NASAL FORMULATION ONLY APPROVED****
fluocinonide topical topical, ointment; topical, cream; topical, solution; topical, gel
 Ⓜ **fluocinolone topical, fluorouracil**
Fluogen (influenza virus vaccine, inactivated) intramuscular, suspension
fluorescein ophthalmic ophthalmic, solution; ophthalmic, test
fluoride topical topical, cream
****RESTRICTED TO CREAM FORMULATION ONLY****
Fluor-I-Strip (fluorescein ophthalmic) ophthalmic, test
fluorometholone ophthalmic ophthalmic, suspension; ophthalmic, ointment
****RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY****
Fluor-Op (fluorometholone ophthalmic) ophthalmic, suspension
****RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY****
fluorouracil intravenous, solution
 Ⓜ **flucytosine, fluocinonide topical**
fluorouracil topical topical, cream; topical, solution
fluoxetine oral, solution; oral, capsule; oral, tablet

famotidine, fluphenazine, fluvastatin, fluvoxamine, furosemide, paroxetine
****PHYSICIAN USE ONLY****
****ONCE A WEEK FORMULATION NOT APPROVED****
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****
****MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY WITH COMPLIANCE MONITORING****
****MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT****
****NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS****
fluphenazine injectable, solution; oral, elixir; oral, concentrate; oral, tablet
fluoxetine, perphenazine, trifluoperazine
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
flutamide oral, capsule
fluticasone inhalation, suspension; inhalation, aerosol with adapter
****AEROSOL POWDER NOT APPROVED****
****NASAL SPRAY NOT APPROVED****
****SECOND LINE AGENT****
fluvastatin oral, capsule
fluoxetine
****RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS****
****NOT APPROVED FOR BID DOSING****
****EXTENDED RELEASE NOT APPROVED****
Fluzone (influenza virus vaccine, inactivated) intramuscular, suspension
FML Liquifilm (fluorometholone ophthalmic) ophthalmic, suspension
FML Forte Liquifilm, FML S.O.P., FML-S Liquifilm
****RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY****
FML S.O.P. (fluorometholone ophthalmic) ophthalmic, ointment
FML Forte Liquifilm, FML Liquifilm, FML-S Liquifilm
****RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY****
folic acid injectable, solution; oral, tablet
Forane (isoflurane) inhalation, liquid
****MEDICAL REFERRAL CENTER USE ONLY****
Fortaz (ceftazidime) injectable, powder for injection; intravenous, solution
Fosamax (alendronate) oral, solution; oral, tablet
Flomax
fosamprenavir oral, tablet
****PHYSICIAN INITIATION ONLY****
****HIV MEDICATION DISTRIBUTION RESTRICTION****
foscarnet intravenous, solution
Foscavir (foscarnet) intravenous, solution
Fragmin (dalteparin) subcutaneous, solution
Freamine III (parenteral nutrition solution) intravenous, solution; intravenous, kit
Fungizone (amphotericin B) intravenous, powder for injection; oral, suspension
furosemide injectable, solution; oral, solution; oral, liquid; oral, tablet
famotidine, fluoxetine, fosinopril, torsemide
gadopentetate dimeglumine injectable, solution
ganciclovir intravenous, powder for injection; oral, capsule
ganciclovir ophthalmic intraocular, implant
Garamycin (gentamicin) injectable, solution
Garamycin Ophthalmic (gentamicin ophthalmic) ophthalmic, ointment; ophthalmic, solution
Gaviscon (alginic acid/Al hydroxide/Mg trisilicate) oral, tablet, chewable
Gaviscon-2 (alginic acid/Al hydroxide/Mg trisilicate) oral, tablet, chewable
gelatin & pectin & sodium carboxymethylcellulose oral transmucosal, paste
gelfoam topical, sponge
Gelusil (Al hydroxide/Mg hydroxide/simethicone) oral, suspension; oral, tablet, chewable
gemcitabine intravenous, powder for injection
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
gemfibrozil oral, tablet
Gemzar (gemcitabine) intravenous, powder for injection
Zinecard
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
gentamicin injectable, solution; intravenous, solution
tobramycin, vancomycin
gentamicin ophthalmic ophthalmic, ointment; ophthalmic, solution
Geodon (ziprasidone) oral, capsule
****INJECTION NOT APPROVED****
****PILL LINE ONLY****
****PHYSICIAN USE ONLY****
Gleevec (imatinib) oral, capsule; oral, tablet
glipiZIDE oral, tablet
glyBURIDE
glucagon injectable, powder for injection
Glucophage (metformin) oral, tablet
Glucophage XR, Glucotrol, Glutofac
****EXTENDED RELEASE TABLET NOT APPROVED****
glucose intravenous, solution; oral, gel; oral, liquid; oral, tablet, chewable
Glucotrol (glipiZIDE) oral, tablet
Glucophage, Glucophage XR, Glucotrol XL, glyBURIDE
Glucose (glucose) oral, gel; oral, tablet, chewable
glyBURIDE oral, tablet

glipiZIDE, Glucotrol
 glycerin oral, solution; rectal, suppository
nitroglycerin
 glycerin ophthalmic ophthalmic, solution
 glycerin otic otic, solution
 glycopyrrolate injectable, solution; oral, tablet
 GM-CSF (sargramostim) intravenous, solution; intravenous,
 powder for injection
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 gold sodium thiomalate intramuscular, suspension
 GoLYTELY (polyethylene glycol 3350 with electrolytes) oral,
 powder for reconstitution
 gramicidin/neomycin/polymyxin B ophthalmic ophthalmic, solution
****OPHTHALMIC SOLUTION ONLY****
 granisetron intravenous, solution; oral, solution; oral, tablet
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND
 RADIATION USE ONLY****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Granulex (balsam Peru/castor oil/trypsin topical) topical,
 spray
Regranex
 Gyne-Iotrimin (clotrimazole topical) vaginal, cream with
 applicator; vaginal, tablet
 Haldol (haloperidol) injectable, solution; oral, concentrate;
 oral, tablet
Halcion, Haldol Decanoate, Inderal, Stadol
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM,
 INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL
 (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC
 EMERGENCIES****
 Haldol Decanoate (haloperidol) intramuscular, solution
Haldol
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM,
 INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL
 (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC
 EMERGENCIES****
 haloperidol injectable, solution; intramuscular, solution;
 oral, concentrate; oral, tablet
Halotestin
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM,
 INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL
 (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC
 EMERGENCIES****

Havrix (hepatitis A adult vaccine) intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 Havrix Pediatric (hepatitis A pediatric vaccine) intramuscular,
 suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 H-BIG (hepatitis B immune globulin) intramuscular, solution
 HCTZ (hydrochlorothiazide) oral, solution; oral, capsule; oral,
 tablet
 Healon (sodium hyaluronate ophthalmic) intraocular, liquid
 Hectorol (doxercalciferol) injectable, solution; oral, capsule
****ORAL ROUTE PREFERRED****
 Hemorrhoidal HC (hydrocortisone topical) rectal, cream with
 applicator; rectal, suppository
 Hemorrhoidal Ointment (phenylephrine topical) rectal, ointment
 heparin injectable, solution; injectable, kit; intravenous,
 solution
Hespan, Levaquin
 Hepatamine (parenteral nutrition solution) intravenous,
 solution
 hepatitis A adult vaccine intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 hepatitis A pediatric vaccine intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 hepatitis A-hepatitis B vaccine intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 hepatitis B immune globulin intramuscular, solution
 hepatitis B vaccine intramuscular, suspension
 hepatitis B-hepatitis A vaccine (hepatitis A-hepatitis B
 vaccine) intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE
 PATIENT SELECTION****
 Herceptin (trastuzumab) intravenous, kit
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Hespan (hetastarch) intravenous, solution
heparin
 hetastarch intravenous, solution
 Hibiclens (chlorhexidine topical) topical, soap; topical,
 sponge
****TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS FOR
 PRE-OP USE ONLY****
 Hibistat (chlorhexidine topical) topical, liquid
****TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS FOR
 PRE-OP USE ONLY****
 histamine phosphate injectable, solution

Histatrol (histamine phosphate) injectable, solution
Histolyn-Cyl (histoplasmin) injectable, solution
histoplasmin injectable, solution
Histoplasmin Diluted (histoplasmin) injectable, solution
homatropine ophthalmic ophthalmic, solution
Hospital Antiseptic (povidone iodine topical) topical, solution
Humulin N (insulin isophane) subcutaneous, injection
 ☛ Humalog, Humalog Mix 50/50 Pen Humalog Mix 75/25 Humalog Mix 75/25 Pen Humalog Pen Humulin 70/30 Humulin 70/30 Pen Humulin L Humulin R Humulin U, Novolin N
 ****HUMAN INSULIN ONLY****
 ****INSULIN 70/30 NOT APPROVED****
 ****INSULIN GLARGINE NOT APPROVED****
 ****INSULIN LISPRO NOT APPROVED****
 ****INSULIN ASPARTATE NOT APPROVED****
Humulin R (insulin regular) injectable, solution
 ☛ Humalog, Humalog Mix 50/50 Pen Humalog Mix 75/25 Humalog Mix 75/25 Pen Humalog Pen Humulin 70/30 Humulin 70/30 Pen Humulin N Humulin N Pen Humulin U, Novolin R
 ****HUMAN INSULIN ONLY****
 ****INSULIN 70/30 NOT APPROVED****
 ****INSULIN GLARGINE NOT APPROVED****
 ****INSULIN LISPRO NOT APPROVED****
 ****INSULIN ASPARTATE NOT APPROVED****
hyaluronidase injectable, solution; injectable, powder for injection
Hycamtin (topotecan) intravenous, powder for injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
hydrALAZINE oral, tablet
 ☛ hydrochlorothiazide, hydrocortisone, hydrOXYzine
Hydrea (hydroxyurea) oral, capsule
hydrochlorothiazide oral, solution; oral, capsule; oral, tablet
 ☛ hydrALAZINE, hydroxychloroquine
hydrochlorothiazide-triamterene oral, capsule; oral, tablet
hydrocortisone injectable, suspension; injectable, solution; injectable, powder for injection; oral, suspension; oral, tablet; rectal, suspension; rectal, foam with applicator
 ☛ cortisone, hydrALAZINE, hydrocodone
hydrocortisone topical rectal, solution; rectal, cream with applicator; rectal, foam; rectal, ointment w/applicator; rectal, suppository; topical, ointment; topical, cream; topical, solution; topical, gel; topical, lotion
hydrocortisone/neomycin/polymyxin B ophth ophthalmic, suspension
 ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
hydrocortisone/neomycin/polymyxin B otic otic, suspension; otic, solution
hydrocortisone/neomycin/polymyxin B topical topical, cream
hydrocortisone-acetic acid otic (acetic acid-hydrocortisone otic) otic, solution
HydroDIURIL (hydrochlorothiazide) oral, tablet
hydrogen peroxide topical topical, solution
hydroxychloroquine oral, tablet
 ☛ hydrochlorothiazide
 ****OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE)****
hydroxyprogesterone intramuscular, solution
hydroxyurea oral, capsule; oral, tablet
 ☛ hydrOXYzine
hydrOXYzine intramuscular, solution
 ☛ hydrALAZINE, hydroxyurea
 ****RESTRICTED TO INJECTABLE FORMULATION ONLY****
 ****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****
Hypaque (diatrizoate) injectable, solution
Hypaque Meglumine (diatrizoate) injectable, solution
Hypaque Sodium (diatrizoate) injectable, solution; injectable, powder for injection
Hypaque-76 (diatrizoate) injectable, solution
Hyperhep (hepatitis B immune globulin) intramuscular, solution
Hyperstat (diazoxide) injectable, solution
Hytone (hydrocortisone topical) topical, ointment; topical, cream; topical, solution; topical, lotion
ibuprofen oral, suspension; oral, capsule; oral, tablet
Ifex (ifosfamide) intravenous, powder for injection
 ****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****
ifosfamide intravenous, powder for injection
 ****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****
Ilotycin (erythromycin ophthalmic) ophthalmic, ointment
imatinib oral, capsule; oral, tablet
Imdur (isosorbide mononitrate) oral, tablet, extended release
 ☛ Imuran, Inderal LA, K-Dur 10, K-Dur 20
imipramine intramuscular, solution; oral, tablet
 ☛ amitriptyline, desipramine
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
 ****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
Imitrex (sumatriptan) subcutaneous, solution
 ****INJECTABLE FORMULATION APPROVED ONLY****
 ****PHYSICIAN USE ONLY****
 ****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****
immune globulin intramuscular intramuscular, solution
immune globulin intravenous intravenous, solution; intravenous,

powder for injection
Imodium (loperamide) oral, capsule
 Indocin
Imuran (azathioprine) intravenous, powder for injection; oral, tablet
 Elmiron, Imdur, Tenormin
inamrinone intravenous, solution
Inapsine (droperidol) injectable, solution
 Lanoxin
Inderal (propranolol) intravenous, solution; oral, tablet
 Adderall, Haldol, Isordil, Toradol
Inderal LA (propranolol) oral, capsule, extended release
 Imdur
indinavir oral, capsule; oral, tablet
 Denavir
 **** PHYSICIAN INITIATION ONLY ****
 **** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Indocin (indomethacin) intravenous, powder for injection; oral, suspension; oral, capsule
 Imodium
indomethacin intravenous, powder for injection; oral, suspension; oral, capsule
Infed (iron dextran) injectable, solution
influenza virus vaccine, inactivated intramuscular, suspension
 tuberculin purified protein derivative (PPD)
INH (isoniazid) intramuscular, solution; oral, syrup; oral, tablet
 ****PILL LINE ONLY****
 ****MAY BE WRITTEN FOR 270 DAY ORDER FOR TB PREVENTIVE THERAPY****
Incor I. V. (inamrinone) intravenous, solution
insulin isophane subcutaneous, injection
 ****HUMAN INSULIN ONLY****
 ****INSULIN 70/30 NOT APPROVED****
 ****INSULIN GLARGINE NOT APPROVED****
 ****INSULIN LISPRO NOT APPROVED****
 ****INSULIN ASPARTATE NOT APPROVED****
insulin regular injectable, solution
 ****HUMAN INSULIN ONLY****
 ****INSULIN 70/30 NOT APPROVED****
 ****INSULIN GLARGINE NOT APPROVED****
 ****INSULIN LISPRO NOT APPROVED****
 ****INSULIN ASPARTATE NOT APPROVED****
insulin, NPH (insulin isophane) subcutaneous, injection
 ****HUMAN INSULIN ONLY****
 ****INSULIN 70/30 NOT APPROVED****
 ****INSULIN GLARGINE NOT APPROVED****
 ****INSULIN LISPRO NOT APPROVED****
 ****INSULIN ASPARTATE NOT APPROVED****

Intal (cromolyn) inhalation, solution
Intal Inhaler (cromolyn) inhalation, aerosol with adapter
interferon alfa-2a injectable, solution; injectable, powder for injection
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
 ****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
 <http://www.fda.gov/cder/Offices/ODS/labeling.htm>**
interferon alfa-2b injectable, solution; injectable, kit; injectable, powder for injection
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
interferon alfa-2b-ribavirin oral and injectable, kit
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
Intron A (interferon alfa-2b) injectable, solution; injectable, kit; injectable, powder for injection
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
Intropin (DOPamine) intravenous, solution
Invirase (saquinavir) oral, tablet
 Fortovase
 ****PHYSICIAN INITIATION ONLY****
 ****HIV MEDICATION DISTRIBUTION RESTRICTION****
iodine topical topical, solution
 codeine, Lodine
iohexol injectable, solution
iopanoic acid oral, tablet
Iopidine (apraclonidine ophthalmic) ophthalmic, solution
 ****OPHTHALMOLOGIST USE ONLY****
iothalamate injectable, solution
ioversol injectable, solution
ipratropium inhalation, solution; inhalation, aerosol
ipratropium nasal nasal, spray
ipratropium-albuterol (albuterol-ipratropium) inhalation, solution; inhalation, aerosol with adapter
irinotecan intravenous, solution
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
iron dextran injectable, solution
iron polysaccharide oral, elixir; oral, capsule; oral, tablet
 ****RESTRICTED TO DIALYSIS PATIENTS****
ISMO (isosorbide mononitrate) oral, tablet
 Isordil
isoflurane inhalation, liquid
 ****MEDICAL REFERRAL CENTER USE ONLY****
isoniazid intramuscular, solution; oral, syrup; oral, tablet
 ****PILL LINE ONLY****
 ****MAY BE WRITTEN FOR 270 DAY ORDER FOR TB PREVENTIVE**

THERAPY**
isopropyl alcohol topical topical, liquid; topical, pad
****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****
isoproterenol inhalation, solution; inhalation, aerosol;
inhalation, aerosol with adapter; intravenous, solution
Isoptin (verapamil) oral, tablet
Isoptin SR (verapamil) oral, tablet, extended release
Isopto Atropine (atropine ophthalmic) ophthalmic, solution
Isopto Carpine (pilocarpine ophthalmic) ophthalmic, solution
Propine
****ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT APPROVED****
Isopto Homatropine (homatropine ophthalmic) ophthalmic, solution
Isordil (isosorbide dinitrate) sublingual, tablet
Inderal, ISMO
Isordil Titrados (isosorbide dinitrate) oral, tablet
isosorbide dinitrate oral, capsule, extended release; oral, tablet; oral, tablet, chewable; oral, tablet, extended release; sublingual, tablet
isosorbide mononitrate
isosorbide mononitrate oral, tablet; oral, tablet, extended release
isosorbide dinitrate
Isuprel HCl (isoproterenol) inhalation, solution; intravenous, solution
Isuprel Mistometer (isoproterenol) inhalation, aerosol
itraconazole intravenous, kit; oral, solution; oral, capsule
****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS****
****NOT APPROVED FOR ONYCHOMYCOSIS****
Kaletra (lopinavir-ritonavir) oral, capsule; oral, liquid
Keppra, Levitra
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
kaolin-pectin oral, suspension
Kaopectate (bismuth subsalicylate) oral, suspension
Kayexalate
Kayexalate (sodium polystyrene sulfonate) compounding, powder
Kaopectate, potassium acetate
K-Dur 10 (potassium chloride) oral, tablet, extended release
Cardura, Imdur, K-Lor
K-Dur 20 (potassium chloride) oral, tablet, extended release
Cardura, Imdur, K-Lor
Keflex (cephalexin) oral, capsule
Kefzol, Norflex
Kefzol (cefazolin) injectable, powder for injection
Cefzil, Keflex, Kefurox
Kenalog (triamcinolone topical) topical, ointment; topical,

cream; topical, lotion
Ketalar
Keppra (levetiracetam) oral, solution; oral, tablet
Kaletra
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Keralyt (salicylic acid topical) topical, gel
Ketalar (ketamine) injectable, solution
Kenalog
****MEDICAL REFERRAL CENTER USE ONLY****
ketamine compounding, powder; injectable, solution
****MEDICAL REFERRAL CENTER USE ONLY****
ketoconazole compounding, powder; oral, tablet
****NOT APPROVED FOR ONYCHOMYCOSIS****
ketoconazole topical topical, cream; topical, shampoo
****NOT APPROVED FOR ONYCHOMYCOSIS****
ketorolac injectable, solution
ketotifen ophthalmic
****ORAL FORMULATION NOT APPROVED****
****LIMITED TO 5 DAYS ONLY - NON-RENEWABLE****
****PHYSICIAN/DENTIST USE ONLY****
****OPHTHALMIC FORMULATION NOT APPROVED****
Kinevac (sincalide) intravenous, powder for injection
Klonopin (clonazepam) oral, tablet
clonazepam, clonidine
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL****
****IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER: 180 DAY MEDICATION ORDERS MAY BE WRITTEN****
****BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIAZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Klotrix (potassium chloride) oral, tablet, extended release
Konsyl Fiber (polycarbophil) oral, tablet
K-Phos Neutral (potassium phosphate-sodium phosphate) oral, tablet
Neutra-Phos-K
K-Tab (potassium chloride) oral, tablet, extended release
Ku-Zyme (pancrelipase) oral, capsule
Kwell topical, shampoo
****SHAMPOO NOT APPROVED****
****DO NOT USE IN PATIENTS WITH SEIZURE DISORDER, OPEN**

WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES**
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**

Kytril (granisetron) intravenous, solution; oral, solution; oral, tablet
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****

labetalol intravenous, solution; oral, tablet
Lamictal

Lacri-Lube S.O.P. (ocular lubricant) ophthalmic, ointment
Surgilube

Lactated Ringers (LVP solution) intravenous, solution

lactulose oral, syrup

Lamictal (lamotrigine) oral, tablet
labetalol, Lamisil, Lomotil, Ludiomil
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****

lamivudine oral, solution; oral, tablet
lamotrigine, zidovudine
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****

lamivudine-abacavir (abacavir-lamivudine) oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**

lamivudine-zidovudine oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****

lamotrigine oral, tablet
lamivudine
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****

Lanoxin (digoxin) injectable, solution; oral, elixir; oral, tablet
Inapsine, Lasix, levothyroxine, Levoxyl, Levsin, Lomotil, Lonox, Lovenox, Xanax

laryngotracheal anaesthesia kit (LTA Kit) other, other

Lasix (furosemide) injectable, solution; oral, liquid; oral, tablet
Lanoxin, Lomotil, Luvox
latanoprost ophthalmic ophthalmic, solution
****OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY****

Lescol (fluvastatin) oral, capsule
****RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS****
****NOT APPROVED FOR BID DOSING****
****EXTENDED RELEASE NOT APPROVED****

leucovorin intravenous, powder for injection; oral, tablet
Leukeran, Leukine, levothyroxine

Leukeran (chlorambucil) oral, tablet
Alkeran, leucovorin, Leukine

Leukine (sargramostim) intravenous, solution; intravenous, powder for injection
leucovorin, Leukeran
****RESTRICTED TO MEDICAL REFERRAL CENTERS****

leuprolide intramuscular, powder for injection, extended release; intramuscular, powder for injection; subcutaneous, solution; subcutaneous, powder for injection, extended release; subcutaneous, kit
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****

levabuterol inhalation, aerosol with adapter

levamisole oral, tablet

Levaquin (levofloxacin) intravenous, solution; oral, solution; oral, tablet
heparin, Levsin SL, Lovenox, Tequin
****PHYSICIAN USE ONLY****
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****

levetiracetam oral, solution; oral, tablet
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****

Levlen (ethinyl estradiol-levonorgestrel) oral, tablet

levodopa-carbidopa (carbidopa-levodopa) oral, tablet; oral, tablet, extended release
carbidopa

levofloxacin intravenous, solution; oral, solution; oral, tablet
ciprofloxacin
****PHYSICIAN USE ONLY****
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****

levofloxacin ophthalmic ophthalmic, solution
****PHYSICIAN USE ONLY****

levonorgestrel-ethinyl estradiol (ethinyl estradiol-levonorgestrel) oral, tablet
norgestrel-ethinyl estradiol

Levophed Bitartrate (norepinephrine) intravenous, solution
Levothroid (levothyroxine) injectable, powder for injection; oral, tablet
****NON-SUBSTITUTABLE--USE LEVOTHROID ONLY****
levothyroxine injectable, powder for injection; oral, tablet
☛ Lanoxin, leucovorin, liothyronine
****NON-SUBSTITUTABLE--USE LEVOTHROID ONLY****
Lexiva (fosamprenavir) oral, tablet
****PHYSICIAN INITIATION ONLY****
****HIV MEDICATION DISTRIBUTION RESTRICTION****
Lidex (fluocinonide topical) topical, ointment; topical, cream; topical, solution; topical, gel
lidocaine injectable, solution
lidocaine topical mucous membrane, solution; topical, ointment; topical, cream; topical, solution; topical, gel; topical, lotion; topical, film; topical, liquid
Lidocaine Viscous (lidocaine topical) mucous membrane, solution
Lidoderm (lidocaine topical) topical, film
lindane topical topical, lotion; topical, liquid
****SHAMPOO NOT APPROVED****
****DO NOT USE IN PATIENTS WITH SEIZURE DISORDER, OPEN WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
liothyronine intravenous, solution; oral, tablet
☛ levothyroxine
lisinopril oral, tablet
☛ benazepril, enalapril, fosinopril, quinapril, Risperdal
****NOT APPROVED FOR TWICE DAILY DOSING****
lithium oral, syrup; oral, capsule; oral, tablet; oral, tablet, extended release
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Lithobid (lithium) oral, tablet, extended release
☛ Levbid, Lithostat
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Lithotabs (lithium) oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
lomustine oral, capsule
Loniten (minoxidil) oral, tablet
☛ Lotensin
loperamide oral, capsule
☛ lorazepam
Lopid (gemfibrozil) oral, tablet
☛ Levbid, Lorabid, Slo-Bid Gyrocaps
lopinavir-ritonavir oral, capsule; oral, liquid
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Lopressor (metoprolol) injectable, solution; oral, tablet
****METOPROLOL SUCCINATE (XL) RESTRICTED TO USE IN CONGESTIVE HEART FAILURE ONLY, NOT FOR HYPERTENSION OR HEADACHE PROPHYLAXIS****
lorazepam injectable, solution; oral, concentrate; oral, tablet
☛ alprazolam, clonazepam, diazepam, loperamide, midazolam, temazepam
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL****
****IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER: 180 DAY MEDICATION ORDERS MAY BE WRITTEN****
****BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIAZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE****
****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Lotrimin (clotrimazole topical) topical, cream; topical, solution; topical, lotion
☛ Lotrisone
Lovenox (enoxaparin) subcutaneous, solution
☛ Avonex, Lanoxin, Levaquin, Lotronex, Luvox
loxapine intramuscular, solution; oral, capsule; oral, concentrate
☛ Lexapro
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Loxitane (loxapine) oral, capsule
☛ Soriatane
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Loxitane IM (loxapine) intramuscular, solution
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Lupron (leuprolide) subcutaneous, solution; subcutaneous, kit
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
Lupron Depot (leuprolide) intramuscular, powder for injection, extended release; intramuscular, powder for injection
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN**

MEDICAL DIRECTOR APPROVAL**

****REFER TO PARAPHILIA TREATMENT GUIDELINE****

Lysodren (mitotane) oral, tablet
Maalox Antacid Antigas Regular Strength (Al hydroxide/Mg hydroxide/simethicone) oral, suspension
Maalox Plus Extra Strength (Al hydroxide/Mg hydroxide/simethicone) oral, suspension; oral, tablet, chewable
Macrobid (nitrofurantoin) oral, capsule
Macrochantin (nitrofurantoin) oral, capsule
Magic Mouthwash oral, suspension
****RESTRICTED TO APPROVED FORMULATION ONLY 1:1:1 MIXTURE OF diphenhydramine (Benadryl™) syrup 12.5 mg / 5 ml bismuth subsalicylate (BSS) 262 mg per 15 ml (Pepto-Bismol™, Kaopectate™) Viscous Lidocaine 2% solution****
magnesium citrate oral, liquid; oral, tablet
magnesium sulfate
magnesium hydroxide oral, suspension; oral, concentrate; oral, tablet, chewable
magnesium hydroxide-aluminum hydroxide (aluminum hydroxide-magnesium hydroxide) oral, suspension; oral, tablet; oral, tablet, chewable
magnesium hydroxide-cascara sagrada (cascara sagrada-magnesium hydroxide) oral, suspension
magnesium oxide oral, capsule; oral, tablet
magnesium sulfate compounding, powder; injectable, solution; intravenous, solution
magnesium citrate
****EPSOM SALTS NOT APPROVED****
Magnevist (gadopentetate dimeglumine) injectable, solution
Mag-Ox 400 (magnesium oxide) oral, tablet
Mandelamine (methenamine) oral, tablet
mannitol intravenous, solution; irrigation, solution
Marcaine HCl (bupivacaine) injectable, solution
Matulane (procarbazine) oral, capsule
Maxitrol (dexamethasone/neomycin/polymyxin B ophthalmic) ophthalmic, suspension; ophthalmic, ointment
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
Maxzide (hydrochlorothiazide-triamterene) oral, tablet
Maxzide-25 (hydrochlorothiazide-triamterene) oral, tablet
measles/mumps/rubella virus vaccine subcutaneous, powder for injection
mebendazole oral, tablet, chewable
mechlorethamine injectable, powder for injection
meclizine oral, tablet
Mediplast (salicylic acid topical) topical, pad
Medrol (methylPREDNISolone) oral, tablet
medroxyPROGESTERone intramuscular, suspension; oral, tablet

methylPREDNISolone, metolazone

****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE****

****ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR****

****ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR ****

****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****

****REFER TO PARAPHILIA TREATMENT GUIDELINE****

Megace (megestrol) oral, suspension; oral, tablet

Reglan

megestrol oral, suspension; oral, tablet

melfalan intravenous, powder for injection; oral, tablet

Mellaril, Myleran

Menest (esterified estrogens) oral, tablet

meperidine injectable, solution; intravenous, solution

methadone, morphine

****ORAL FORMULATION NOT APPROVED****

****PHYSICIAN/DENTIST USE ONLY****

****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****

****PILL LINE ONLY****

****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****

****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****

Mephyton (phytonadione) oral, tablet

mepivacaine injectable, solution

mercaptapurine oral, tablet

mesalamine compounding, powder; oral, capsule, extended release; oral, enteric coated tablet; rectal, enema; rectal, suppository

sulfasalazine

****USE IN SULFASALAZINE FAILURE OR ALLERGY****

mesna injectable, solution; intravenous, kit; oral, tablet

Mesnex (mesna) injectable, solution; oral, tablet

Mestinon (pyridostigmine) injectable, solution; oral, syrup; oral, tablet

Mestinon Timespan (pyridostigmine) oral, tablet, extended release

mestranol-norethindrone oral, tablet

Metaprel (metaproterenol) inhalation, solution

****ORAL FORMULATION NOT APPROVED****

metaproterenol inhalation, solution; inhalation, aerosol; inhalation, aerosol with adapter

****ORAL FORMULATION NOT APPROVED****

metformin oral, solution; oral, tablet; oral, tablet, extended release
 metronidazole
 ****EXTENDED RELEASE TABLET NOT APPROVED****
methadone injectable, solution; oral, solution; oral, concentrate; oral, tablet
 meperidine, methylphenidate
 ****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX, & LICENSING****
 ****METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)****
 ****INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY****
 ****PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE****
 ****PHYSICIAN USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
 ****PILL LINE ONLY, TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
methenamine oral, tablet
Methergine (methylergonovine) injectable, solution; oral, tablet
 brethine
methimazole oral, tablet
 methazolamide, metolazone
methotrexate injectable, solution; injectable, powder for injection; oral, tablet
 methohexital, metolazone
methoxsalen compounding, powder; injectable, solution; oral, capsule
methoxsalen topical topical, lotion
methyl dopa intravenous, solution; oral, suspension; oral, tablet
 levodopa
 ****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA****
methylene blue injectable, solution; oral, tablet
methylergonovine injectable, solution; oral, tablet
methylPREDNISolone injectable, suspension; injectable, powder for injection; oral, tablet
 medroxyPROGESTERone, predniSONE
metoclopramide injectable, solution; oral, syrup; oral, tablet

 metolazone, metoprolol
metolazone oral, tablet
 medroxyPROGESTERone, metaxalone, methimazole, methotrexate, metoclopramide, metoprolol
metoprolol injectable, solution; oral, tablet; oral, tablet, extended release
 atenolol, metoclopramide, metolazone, metronidazole, misoprostol
 ****METOPROLOL SUCCINATE (XL) RESTRICTED TO USE IN CONGESTIVE HEART FAILURE ONLY, NOT FOR HYPERTENSION OR HEADACHE PROPHYLAXIS****
MetroGel (metronidazole topical) topical, gel
 MetroGel-Vaginal
metronidazole intravenous, solution; intravenous, powder for injection; oral, capsule; oral, tablet; oral, tablet, extended release
 metformin, metoprolol, miconazole
 ****INJECTION LIMITED TO PATIENTS THAT ARE NPO****
metronidazole topical topical, gel
mexiletine oral, capsule
 ****CARDIOLOGIST INITIATED THERAPY ONLY****
Mexitil (mexiletine) oral, capsule
 ****CARDIOLOGIST INITIATED THERAPY ONLY****
Miacalcin (calcitonin) injectable, solution
 Micatin
Miacalcin Nasal (calcitonin) nasal, spray
miconazole topical topical, ointment; topical, cream; topical, powder; topical, lotion; vaginal, cream with applicator; vaginal, suppository
Micronase (glyBURIDE) oral, tablet
 Micro-K, Microzide
midazolam injectable, solution
 diazepam, lorazepam
 ****PHYSICIAN USE ONLY****
 ****MEDICAL CENTER USE ONLY****
 ****FOR ANESTHESIA/SURGERY USE ONLY****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Milk of Magnesia (magnesium hydroxide) oral, suspension; oral, concentrate
Minipress (prazosin) oral, capsule
Minitran (nitroglycerin) transdermal, film, extended release
minoxidil oral, tablet
 fosinopril, Monopril
Mintezol (thiabendazole) oral, suspension; oral, tablet, chewable
Miochol (acetylcholine ophthalmic) intraocular, powder for

reconstitution
**** MEDICAL CENTER ONLY ****
**** FOR ANESTHESIA/SURGERY USE ONLY ****
mirtazapine oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
misoprostol oral, tablet
 metoprolol, mifepristone
Mithracin (plicamycin) intravenous, powder for injection
mitomycin intravenous, powder for injection
 mitoxantrone
mitotane oral, tablet
mitoxantrone intravenous, solution
 mitomycin
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Mivacron (mivacurium) intravenous, solution
mivacurium intravenous, solution
M-M-R II (measles/mumps/rubella virus vaccine) subcutaneous,
 powder for injection
Monistat 3 (miconazole topical) vaginal, cream with applicator;
 vaginal, suppository
Monistat 7 (miconazole topical) vaginal, cream with applicator;
 vaginal, suppository
Monistat Derm (miconazole topical) topical, cream
Monoket (isosorbide mononitrate) oral, tablet
 Monopril
morphine injectable, solution; oral, solution; oral, capsule;
 oral, capsule, extended release; oral, tablet; oral,
 tablet, extended release
 hydromorphone, meperidine
****PHYSICIAN USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Motrin (ibuprofen) oral, tablet
MS Contin (morphine) oral, tablet, extended release
 OxyContin
****PHYSICIAN USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
BE PULLED APART AND ADMINISTERED IN POWDER FORM****

Mucomyst-10 (acetylcysteine) inhalation, solution
Mucomyst-20 (acetylcysteine) inhalation, solution
mumps virus vaccine subcutaneous, powder for injection
Mumpsvax (mumps virus vaccine) subcutaneous, powder for
 injection
mupirocin topical nasal, ointment w/applicator; topical,
 ointment; topical, cream
****PHYSICIAN USE ONLY****
Muro 128 (sodium chloride, hypertonic, ophthalmic) ophthalmic,
 ointment; ophthalmic, solution
Mustargen (mechlorethamine) injectable, powder for injection
Mutamycin (mitomycin) intravenous, powder for injection
Myambutol (ethambutol) oral, tablet
****PILL LINE ONLY****
Mycelex (clotrimazole topical) topical, cream; topical,
 solution
 Mycolog-II
Mycelex Troche (clotrimazole) oral, lozenge
Mycelex-7 (clotrimazole topical) vaginal, cream with
 applicator; vaginal, tablet
Mycelex-G (clotrimazole topical) vaginal, tablet
Mycobutin (rifabutin) oral, capsule
mycophenolate mofetil intravenous, powder for injection; oral,
 suspension; oral, capsule; oral, tablet
 meclofenamate
Mycostatin (nystatin) oral, suspension; oral, tablet
Mydriacyl (tropicamide ophthalmic) ophthalmic, solution
Mylanta (Al hydroxide/Mg hydroxide/simethicone) oral,
 suspension
 Mylicon
Mylanta DS Fast Acting (Al hydroxide/Mg hydroxide/simethicone)
 oral, suspension
Mylanta Fast Acting (Al hydroxide/Mg hydroxide/simethicone)
 oral, suspension
Myleran (busulfan) oral, tablet
 melphalan
Mylicon (simethicone) oral, liquid
 Mylanta
Myochrysin (gold sodium thiomalate) intramuscular, suspension
Mysoline (primidone) oral, suspension; oral, tablet
****PILL LINE ONLY****
N-acetylcysteine (acetylcysteine) inhalation, solution;
 intravenous, solution
nadolol oral, tablet
nafcillin injectable, powder for injection; intravenous,
 solution; oral, capsule
nalbuphine injectable, solution
****PHYSICIAN/DENTIST USE ONLY****
****LIMITED TO 5 DAYS THERAPY****

****PRE AND POST-OP THERAPY ONLY****
naloxone injectable, solution
nandrolone intramuscular, solution
****MEDICAL REFERAL CENTER USE ONLY****
****FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY****
naphazoline-pheniramine ophthalmic ophthalmic, solution
Naphcon-A (naphazoline-pheniramine ophthalmic) ophthalmic, solution
Naprosyn (naproxen) oral, suspension; oral, tablet
 Naprelan '375', Naprelan '500', Niaspan ER, Niaspan ER Starter Pack
naproxen oral, suspension; oral, enteric coated tablet; oral, tablet
Narcan (naloxone) injectable, solution
 Norcuron
Naropin (ropivacaine) injectable, solution
****RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC) ONLY****
Nasalide (flunisolide nasal) nasal, spray
 Nasalcrom
****NASAL FORMULATION ONLY APPROVED****
Navelbine (vinorelbine) intravenous, solution
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Nebcin (tobramycin) injectable, solution; injectable, powder for injection
 Nubain
****USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE****
****COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC FORMULATION (TOBRADEX) NOT APPROVED****
Nebupent (pentamidine) inhalation, powder for reconstitution; injectable, powder for injection
nedocromil inhalation, aerosol with adapter
nelfinavir oral, powder for reconstitution; oral, tablet
 nefazodone, nevirapine
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Neo-Decadron (dexamethasone-neomycin ophthalmic) ophthalmic, ointment
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
Neo-Decadron Ocumeter (dexamethasone-neomycin ophthalmic) ophthalmic, solution
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
neomycin oral, solution; oral, tablet
neomycin topical, ointment; topical, cream
neomycin-dexamethasone ophthalmic (dexamethasone-neomycin ophthalmic) ophthalmic, ointment; ophthalmic, solution
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
neomycin-polymyxin B sulfate topical irrigation, solution
Neoral (cycloSPORINE) oral, capsule; oral, liquid

 Neurontin, Nizoral
Neosporin G. U. Irrigant (neomycin-polymyxin B sulfate topical) irrigation, solution
Neosporin Ophthalmic (gramicidin/neomycin/polymyxin B ophthalmic) ophthalmic, solution
****OPHTHALMIC SOLUTION ONLY****
neostigmine injectable, solution; oral, tablet
Neo-Synephrine (phenylephrine) injectable, solution
 epinephrine, Neo-Synephrine 12 Hour, norepinephrine
****NASAL PREPARATIONS NOT APPROVED****
Neo-Synephrine Ophthalmic (phenylephrine ophthalmic) ophthalmic, solution
****NASAL PREPARATIONS NOT APPROVED****
Neutra-Phos (potassium phosphate-sodium phosphate) oral, powder for reconstitution
 Neutra-Phos-K
nevirapine oral, suspension; oral, tablet
 nelfinavir
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
Nexavar (sorafenib) oral, tablet
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
niacin oral, tablet, extended release
 Niaspan ER, Niaspan ER Starter Pack
****NON-SUBSTITUTABLE - USE NIASPAN™ ONLY****
Niaspan ER (niacin) oral, tablet, extended release
 Naprosyn, niacin
****NON-SUBSTITUTABLE - USE NIASPAN™ ONLY****
nicotinic acid (niacin) oral, tablet, extended release
****NON-SUBSTITUTABLE - USE NIASPAN™ ONLY****
NIFEdipine oral, tablet, extended release
 felodipine, niCARDipine, nimodipine
****ADALAT CC ONLY****
****IMMEDIATE RELEASE NOT APPROVED****
****BID DOSING NOT APPROVED****
****INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR)****
Niferex-150 (obsolete) (iron polysaccharide) oral, capsule
****RESTRICTED TO DIALYSIS PATIENTS****
Nilstat (nystatin) oral, suspension
Nimbex (cisatracurium) intravenous, solution
 Bumex, Revex
****RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC) ONLY****
nisoldipine oral, tablet, extended release
****BID DOSING NOT APPROVED****
****INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE**

(SULAR)**
Nitrek (nitroglycerin) transdermal, film, extended release
Nitro-Bid (nitroglycerin) topical, ointment
 Nitro-Dur
Nitrodisc (nitroglycerin) transdermal, film, extended release
Nitro-Dur (nitroglycerin) transdermal, film, extended release
 Nicoderm C-Q, Nitro-Bid, Nitroquick
nitrofurantoin oral, suspension; oral, capsule
nitroglycerin buccal, tablet, extended release; intravenous,
 solution; oral, capsule, extended release; sublingual,
 tablet; topical, ointment; transdermal, film, extended
 release
 glycerin
Nitrol (nitroglycerin) topical, ointment
Nitropress (nitroprusside) intravenous, powder for injection
 CHECK METABOLITES
nitroprusside intravenous, solution; intravenous, powder for
 injection
 CHECK METABOLITES
Nitrostat (nitroglycerin) sublingual, tablet
Nix Cream Rinse (permethrin topical) topical, solution
 NOT APPROVED FOR PROPHYLAXIS
Nizoral (ketoconazole) oral, tablet
 Nasarel, Neoral
 NOT APPROVED FOR ONYCHOMYCOSIS
Nizoral Topical (ketoconazole topical) topical, cream; topical,
 shampoo
 NOT APPROVED FOR ONYCHOMYCOSIS
Nolvadex (tamoxifen) oral, tablet
 Norvasc
 **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
 DISPENSING:
 <http://www.fda.gov/cder/Offices/ODS/labeling.htm>**
Nordette (ethinyl estradiol-levonorgestrel) oral, tablet
norepinephrine intravenous, solution
 epinephrine, Neo-Synephrine, phenylephrine
norethindrone oral, tablet
norethindrone-ethinyl estradiol (ethinyl estradiol-
 norethindrone) oral, tablet
norethindrone-mestranol (mestranol-norethindrone) oral, tablet
Norinyl 1/35 (ethinyl estradiol-norethindrone) oral, tablet
Norinyl 1/50 (mestranol-norethindrone) oral, tablet
Normal Saline (sodium chloride) injectable, solution
Normiflo (ardeparin) subcutaneous, solution
Normodyne (labetalol) intravenous, solution; oral, tablet
Norpace (disopyramide) oral, capsule
Norpace CR (disopyramide) oral, capsule, extended release
Norpramin (desipramine) oral, tablet
 nortriptyline

PHYSICIAN USE ONLY
PILL LINE ONLY
NOT TO BE ROUTINELY USED AS A SLEEP AGENT
**RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED
AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING
TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT
CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE
INSERT**
nortriptyline oral, solution; oral, capsule
 amitriptyline, desipramine, Norpramin
 PHYSICIAN USE ONLY
 PILL LINE ONLY
 NOT TO BE ROUTINELY USED AS A SLEEP AGENT
 **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED
AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING
TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT
CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE
INSERT**
Norvasc (amlodipine) oral, tablet
 Navane, Nolvadex, Norflex, Vasotec
 BID DOSING NOT APPROVED
 **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE
 (SULAR®)**
Norvir (ritonavir) oral, solution; oral, capsule
 Retrovir
 ** PHYSICIAN INITIATION ONLY **
 ** HIV MEDICATION DISTRIBUTION RESTRICTION **
Novantrone (mitoxantrone) intravenous, solution
 RESTRICTED TO MEDICAL REFERRAL CENTERS
Novolin N (insulin isophane) subcutaneous, injection
 Humulin N, Humulin N Pen, Novolin 70/30, Novolin 70/30
 Innolet, Novolin 70/30 Penfill, Novolin L, Novolin R,
 Novolin R Innolet, Novolin R Penfill
 HUMAN INSULIN ONLY
 INSULIN 70/30 NOT APPROVED
 INSULIN GLARGINE NOT APPROVED
 INSULIN LISPRO NOT APPROVED
 INSULIN ASPARTATE NOT APPROVED
Novolin R (insulin regular) injectable, solution
 Humulin R, Novolin N, Novolin N Innolet, Novolin N
 PenFill
 HUMAN INSULIN ONLY
 INSULIN 70/30 NOT APPROVED
 INSULIN GLARGINE NOT APPROVED
 INSULIN LISPRO NOT APPROVED
 INSULIN ASPARTATE NOT APPROVED
NPH insulin (insulin isophane) subcutaneous, injection
 HUMAN INSULIN ONLY
 INSULIN 70/30 NOT APPROVED

****INSULIN GLARGINE NOT APPROVED****
****INSULIN LISPRO NOT APPROVED****
****INSULIN ASPARTATE NOT APPROVED****
Nubain (nalbuphine) injectable, solution
 ☛ Nebcin
 ****PHYSICIAN/DENTIST USE ONLY****
 ****LIMITED TO 5 DAYS THERAPY****
 ****PRE AND POST-OP THERAPY ONLY****
Nupercainal (dibucaine topical) topical, ointment; topical, cream
nutritional supplements (Ensure) oral, liquid
 ****PHYSICIAN/DENTIST/DIETICIAN USE ONLY****
 ****RESTRICTED TO BROKEN JAW, HUNGER STRIKE, TEMPORARY DENTAL PROCEDURES, THOSE UNABLE TO EAT SOLID FOOD AS A RESULT OF A MEDICAL OR PSYCHIATRIC CONDITION / PROCEDURE OR OTHER MEDICAL CONDITION WHEN SPECIFICALLY INDICATED****
 ****PILL LINE ONLY****
 ****MUST CONSUME PRESCRIBED DOSE AT PILL LINE****
nystatin oral, suspension; oral, lozenge; oral, capsule; oral, tablet; topical, ointment; topical, cream; topical, powder; vaginal, tablet
octreotide injectable, solution
Ocu-Flur 10 (fluorescein ophthalmic) ophthalmic, solution
ocular lubricant ophthalmic, ointment; ophthalmic, solution; ophthalmic, gel; ophthalmic, gel forming solution
olanzapine intramuscular, powder for injection; oral, tablet; oral, tablet, disintegrating
 ☛ oxcarbazepine
 ****ORAL DISINTEGRATING TABLETS NOT APPROVED****
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
omeprazole oral, delayed release capsule; oral, enteric coated tablet; oral, powder for reconstitution
 ☛ esomeprazole
 ****PHYSICIAN USE ONLY****
 ****RESTRICTED TO ONCE DAILY DOSING, BID DOSING NOT ALLOWED EXCEPT FOR A ONE TIME 14 DAY ORDER WHEN TREATING H. PYLORI****
 ****RESTRICTED TO 90 DAY THERAPY, AFTER WHICH, NON-FORMULARY APPROVAL MUST BE OBTAINED, SEE NON-FORMULARY USE CRITERIA****
Omnipen-N (ampicillin) injectable, powder for injection
 ****ORAL FORMULATION NOT APPROVED****
Oncovin (vinCRISTine) intravenous, solution
ondansetron injectable, solution; intravenous, solution; oral, solution; oral, tablet
 ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Opcon-A (naphazoline-pheniramine ophthalmic) ophthalmic,

solution
Ophthaine (proparacaine ophthalmic) ophthalmic, solution
Ophthalmgan (glycerin ophthalmic) ophthalmic, solution
ophthalmic irrigation, extraocular ophthalmic, solution
ophthalmic irrigation, intraocular ophthalmic, solution
opium-belladonna (belladonna-opium) rectal, suppository
 ****PHYSICIAN USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS****
 ****FOR INPATIENT USE ONLY****
Opticaine (tetracaine ophthalmic) ophthalmic, solution
Opticrom (cromolyn ophthalmic) ophthalmic, solution
Orabase Plain - see gelatin & pectin & sodium carboxymethylcellulose oral transmucosal, paste
Ortho-Novum 1/35 (ethinyl estradiol-norethindrone) oral, tablet
Ortho-Novum 1/50 (mestranol-norethindrone) oral, tablet
Ortho-Novum 7/7/7 (ethinyl estradiol-norethindrone) oral, tablet
Os-Cal 500 (calcium carbonate) oral, tablet
 ☛ Asacol
Os-Cal with D (calcium-vitamin D) oral, tablet
 ☛ Asacol
oxaliplatin intravenous, solution; intravenous, powder for injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
oxcarbazepine oral, suspension; oral, tablet
 ☛ olanzapine
 ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****
 ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Oxсорalen (methoxsalen topical) topical, lotion
Oxсорalen-Ultra (methoxsalen) oral, capsule
oxybutynin oral, syrup; oral, tablet
 ☛ OxyContin
oxycodone oral, solution; oral, capsule; oral, concentrate; oral, tablet; oral, tablet, extended release
 ☛ oxazepam, OxyContin
 ****PHYSICIAN/DENTIST USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
 ****PILL LINE ONLY****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
oxycodone-acetaminophen (acetaminophen-oxycodone) oral, solution; oral, tablet
 ☛ hydrocodone-acetaminophen, oxycodone-aspirin
 ****PHYSICIAN/DENTIST USE ONLY****

****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
OxyContin (oxycodone) oral, tablet, extended release
 MS Contin, oxybutynin, oxycodone
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
oxytocin injectable, solution
oyster shell calcium (calcium carbonate) oral, tablet; oral, tablet, chewable
Pacerone (amiodarone) oral, tablet
 ****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
paclitaxel intravenous, solution
 docetaxel, paroxetine, Paxil
palonosetron intravenous, solution
 ****RESTRICTED TO 2nd LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFRAN****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Pamelor (nortriptyline) oral, solution; oral, capsule
 Panlor SS
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****
pamidronate intravenous, solution; intravenous, powder for injection
Pancrease (pancrelipase) oral, capsule, extended release
pancrelipase oral, capsule; oral, capsule, extended release; oral, delayed release capsule; oral, powder for reconstitution; oral, tablet; oral, tablet, extended release
pancuronium intravenous, solution
Paraplatin (carboplatin) intravenous, solution; intravenous, powder for injection
 Platinol-AQ
parenteral nutrition solution intravenous, solution; intravenous, kit; oral, solution
Parlodel (bromocriptine) oral, capsule; oral, tablet
 pindolol, Provera
paroxetine oral, suspension; oral, tablet; oral, tablet, extended release
 fluoxetine, paclitaxel, pyridoxine
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****CR FORMULATION NOT APPROVED****
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****
Pavulon (pancuronium) intravenous, solution
Paxil (paroxetine) oral, suspension; oral, tablet
 paclitaxel, Plavix, Taxol
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****CR FORMULATION NOT APPROVED****
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****
PC Pen VK (penicillin) oral, tablet
 ****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****
pectin-kaolin (kaolin-pectin) oral, suspension
Pegasys (peginterferon alfa-2a) subcutaneous, kit
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
peginterferon alfa-2a subcutaneous, kit
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
peginterferon alfa-2b subcutaneous, powder for injection
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
PEG-Intron (peginterferon alfa-2b) subcutaneous, powder for injection
 ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**

<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**
penicillamine oral, capsule; oral, tablet
penicillin
penicillin injectable, powder for injection; intramuscular, suspension; intravenous, solution; oral, powder for reconstitution; oral, tablet
penicillamine
BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED
pentagastrin subcutaneous, solution
Pentam 300 (pentamidine) injectable, powder for injection
pentamidine inhalation, powder for reconstitution; injectable, powder for injection
Pentasa (mesalamine) oral, capsule, extended release
USE IN SULFASALAZINE FAILURE OR ALLERGY
Pentothal (thiopental) intravenous, powder for injection; rectal, suspension
PHYSICIAN USE ONLY
FOR SURGERY / ANESTHESIA USE ONLY
Pen-Vee K (penicillin) oral, powder for reconstitution; oral, tablet
BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED
Peptavlon (pentagastrin) subcutaneous, solution
Pepto-Bismol (bismuth subsalicylate) oral, suspension; oral, tablet, chewable
Percocet 5/325 (acetaminophen-oxycodone) oral, tablet
Darvocet A500, Darvocet N 100, Darvocet N 50, Percodan, Percodan-Demi
PHYSICIAN/DENTIST USE ONLY
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT
PILL LINE ONLY
IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM
Percocet 7.5/325 (acetaminophen-oxycodone) oral, tablet
Darvocet A500, Darvocet N 100, Darvocet N 50, Percodan, Percodan-Demi
PHYSICIAN/DENTIST USE ONLY
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT
PILL LINE ONLY
IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM
Peridex (chlorhexidine topical) mucous membrane, liquid
ORAL FORMULATION - ALCOHOL FREE ONLY
ORAL FORMULATION - DENTAL USE ONLY

ORAL FORMULATION - THERAPY NOT TO EXCEED 28 DAYS
Periogard (chlorhexidine topical) mucous membrane, liquid
ORAL FORMULATION - ALCOHOL FREE ONLY
ORAL FORMULATION - DENTAL USE ONLY
ORAL FORMULATION - THERAPY NOT TO EXCEED 28 DAYS
Periostat (doxycycline) oral, capsule; oral, tablet
PILL LINE ONLY FOR MRSA INFECTION TREATMENT
permethrin topical topical, cream; topical, solution
pyrethrins topical, pyrethrins-piperonyl butoxide topical
NOT APPROVED FOR PROPHYLAXIS
perphenazine injectable, solution; oral, concentrate; oral, tablet
fluphenazine
PHYSICIAN USE ONLY
PILL LINE ONLY
Persantine (dipyridamole) intravenous, solution; oral, tablet
petrolatum topical topical, ointment
RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY
phenazopyridine oral, tablet
promethazine
Phenergan (promethazine) injectable, solution; oral, syrup; oral, tablet; rectal, suppository
ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY
pheniramine-naphazoline ophthalmic (naphazoline-pheniramine ophthalmic) ophthalmic, solution
phenobarbital oral, elixir; oral, tablet
pentobarbital
PHYSICIAN USE ONLY
180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS
OTHER ORDERS MAY NOT EXCEED 30 DAYS
PILL LINE ONLY
IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM
phenoxybenzamine oral, capsule
phentolamine injectable, powder for injection
phenylephrine injectable, solution
norepinephrine, phenytoin
NASAL PREPARATIONS NOT APPROVED
phenylephrine ophthalmic ophthalmic, solution
NASAL PREPARATIONS NOT APPROVED
phenylephrine topical rectal, ointment; rectal, cream; rectal, suppository
phenytoin injectable, solution; oral, suspension; oral, capsule; oral, capsule, extended release; oral, tablet,

chewable
 fosphenytoin, phenylephrine
****NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY****
****USE SUSPENSION WITH CAUTION****
 PhosLo (calcium acetate) oral, tablet
 PhosLo Gelcap (calcium acetate) oral, tablet
 Phospholine Iodide (echothiophate iodide ophthalmic)
 ophthalmic, powder for reconstitution
 physostigmine injectable, solution
 pyridostigmine
 phytonadione injectable, solution; oral, tablet
 Pilocar (pilocarpine ophthalmic) ophthalmic, solution
 Polocaine
****ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT APPROVED****
 pilocarpine ophthalmic ophthalmic, solution
****ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT APPROVED****
 pindolol oral, tablet
 Parlodel, Plendil
 piperacillin-tazobactam intravenous, solution; intravenous,
 powder for injection
****MEDICAL CENTER USE ONLY****
 piroxicam oral, capsule
 Pitocin (oxytocin) injectable, solution
 Pitressin
 Pitocin (vasopressin) injectable, solution
 Pitocin
 Plaquenil Sulfate (hydroxychloroquine) oral, tablet
****OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE)****
 plasma protein fraction intravenous, solution
 Plasmanate (plasma protein fraction) intravenous, solution
 Platinol-AQ (cisplatin) intravenous, solution
 Paraplatin
 Plavix (clopidogrel) oral, tablet
 Elavil, Paxil
****PHYSICIAN USE ONLY****
****USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE****
 plicamycin intravenous, powder for injection
 pneumococcal 23-valent vaccine injectable, solution
 pneumococcal 7-valent vaccine
 Pneumovax 23 (pneumococcal 23-valent vaccine) injectable,
 solution
 podofilox topical topical, solution; topical, gel
 Polocaine (mepivacaine) injectable, solution
 Pilocar
 polycarbophil oral, tablet
 Polycitra-K (citric acid-potassium citrate) oral, liquid

polyethylene glycol 3350 with electrolytes oral, powder for
 reconstitution
 polymyxin B sulfate-neomycin topical (neomycin-polymyxin B
 sulfate topical) irrigation, solution
 polymyxin B-bacitracin ophthalmic (bacitracin-polymyxin B
 ophthalmic) ophthalmic, ointment
 polymyxin B-bacitracin topical (bacitracin-polymyxin B topical)
 topical, ointment
 polysaccharide iron (iron polysaccharide) oral, elixir; oral,
 capsule; oral, tablet
****RESTRICTED TO DIALYSIS PATIENTS****
 Polysporin (bacitracin-polymyxin B topical) topical, ointment
 Polysporin Ophthalmic (bacitracin-polymyxin B ophthalmic)
 ophthalmic, ointment
 Pontocaine (tetracaine topical) topical, ointment; topical,
 cream; topical, solution
 Pontocaine HCl (tetracaine) injectable, solution; injectable,
 powder for injection
 Pontocaine Ophthalmic (tetracaine ophthalmic) ophthalmic,
 ointment; ophthalmic, solution
 potassium chloride intravenous, solution; oral, capsule,
 extended release; oral, granule, extended release; oral,
 liquid; oral, powder for reconstitution; oral, tablet;
 oral, tablet, extended release
 potassium acetate, potassium citrate, sodium
 bicarbonate, sodium chloride
 potassium citrate oral, liquid; oral, tablet, extended release
 potassium chloride
 potassium citrate-citric acid (citric acid-potassium citrate)
 oral, liquid
 potassium citrate-sodium citrate oral, tablet
 potassium iodide oral, solution; oral, liquid
 potassium phosphate-sodium phosphate oral, powder for
 reconstitution; oral, tablet
 povidone iodine topical topical, ointment; topical, cream;
 topical, solution; topical, pad; topical, soap; topical,
 swab
 prazosin oral, capsule
 terazosin
 Pred Forte (prednisolone ophthalmic) ophthalmic, suspension
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
****COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED****
 Pred Mild (prednisolone ophthalmic) ophthalmic, suspension
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
****COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED****
 prednisolone ophthalmic ophthalmic, suspension; ophthalmic,
 solution

****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****
****COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED****
predniSONE oral, solution; oral, tablet
 methylPREDNISolone, Pondimin, prednisoLONE, Prilosec, primidone, pseudoephedrine
Premarin (conjugated estrogens) oral, tablet
 Prempro, Prevacid, Primaxin IM, Primaxin IV, Provera
****NON-SUBSTITUTABLE -- USE PREMARIN ONLY****
****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE****
****ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY MEDICAL DIRECTOR****
****ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY MEDICAL DIRECTOR****
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL****
****REFER TO PARAPHILIA TREATMENT GUIDELINE****
Preparation H (phenylephrine topical) rectal, ointment; rectal, cream
Preparation H Suppositories (phenylephrine topical) rectal, suppository
Prevident 5000 Plus (fluoride topical) topical, cream
****RESTRICTED TO CREAM FORMULATION ONLY****
Prilosec (omeprazole) oral, delayed release capsule
 Plendil, predniSONE, Prevacid, Prinivil, Prozac
****PHYSICIAN USE ONLY****
****RESTRICTED TO ONCE DAILY DOSING, BID DOSING NOT ALLOWED EXCEPT FOR A ONE TIME 14 DAY ORDER WHEN TREATING H. PYLORI****
****RESTRICTED TO 90 DAY THERAPY, AFTER WHICH, NON-FORMULARY APPROVAL MUST BE OBTAINED, SEE NON-FORMULARY USE CRITERIA****
primidone oral, suspension; oral, tablet
 predniSONE
****PILL LINE ONLY****
Prinivil (lisinopril) oral, tablet
 Plendil, Pravachol, Prevacid, Prilosec, Prinzide, Proventil
****NOT APPROVED FOR TWICE DAILY DOSING****
probenecid oral, tablet
 Procanbid
procaïnamide injectable, solution; oral, capsule; oral, tablet; oral, tablet, extended release
 prochlorperazine
Procan SR (procaïnamide) oral, tablet, extended release
 Proscar
procarbazine oral, capsule

prochlorperazine injectable, solution; oral, syrup; oral, capsule, extended release; oral, tablet; rectal, suppository
 chlorpromAZINE, procaïnamide, promethazine
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****
Procrit (epoetin alfa) injectable, solution
****DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS****
****USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY****
progesterone intramuscular, solution; oral, capsule; topical, cream; vaginal, gel; vaginal, suppository
****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****
Prograf (tacrolimus) intravenous, solution; oral, capsule
 Gengraf
****RESTRICTED TO ORAL FORMULATION ONLY FOR ORGAN REJECTION PROPHYLAXIS****
****TOPICAL NOT APPROVED****
Prolixin (fluphenazine) injectable, solution; oral, elixir; oral, concentrate; oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Prolixin Decanoate (fluphenazine) injectable, solution
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
promethazine injectable, solution; oral, syrup; oral, tablet; rectal, suppository
 phenazopyridine, prochlorperazine, Promethazine VC Plain
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****
Pronestyl (procaïnamide) injectable, solution; oral, capsule; oral, tablet
propafenone oral, capsule, extended release; oral, tablet
 papaverine
****CARDIOLOGIST INITIATED THERAPY ONLY****
proparacaine ophthalmic ophthalmic, solution
 pilocarpine
Propine (dipivefrin ophthalmic) ophthalmic, solution
 Isopto Carpine
propofol intravenous, emulsion
propranolol intravenous, solution; oral, solution; oral,

capsule, extended release; oral, concentrate; oral, tablet
 Pravachol, Propulsid
propylthiouracil oral, tablet
 Purinethol
Prostigmin (neostigmine) injectable, solution
Prostigmin Bromide (neostigmine) oral, tablet
protamine injectable, solution
 Protonix
Protostat (metronidazole) oral, tablet
 INJECTION LIMITED TO PATIENTS THAT ARE NPO
Proventil (albuterol) inhalation, solution; inhalation,
aerosol; inhalation, aerosol with adapter; oral, syrup;
oral, tablet
 Bentyl, Prinivil
 ** EXTENDED-RELEASE TABLETS NOT APPROVED**
Provera (medroxyPROGESTERone) oral, tablet
 Covera-HS, Parlodel, Premarin, Procardia, Proscar
 **MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER
CHANGE**
 **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE
BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE
APPROVED BY THE MEDICAL DIRECTOR**
 **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL
THERPAY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST
BE PRE-APPROVED BY THE MEDICAL DIRECTOR **
 **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN
MEDICAL DIRECTOR APPROVAL**
 REFER TO PARAPHILIA TREATMENT GUIDELINE
Prozac (fluoxetine) oral, solution; oral, capsule; oral, tablet
 Prilosec, Proscar, Prosom
 PHYSICIAN USE ONLY
 ONCE A WEEK FORMULATION NOT APPROVED
 FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE
 **MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY
WITH COMPLIANCE MONITORING**
 **MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE
COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT**
 **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO
PILL LINE STATUS ON A CASE BY CASE BASIS**
Purinethol (mercaptapurine) oral, tablet
 propylthiouracil
pyrazinamide oral, tablet
 pyridostigmine
 RESTRICTED TO PILL LINE
Pyridium (phenazopyridine) oral, tablet
 pyridoxine
pyridostigmine injectable, solution; oral, syrup; oral, tablet;
oral, tablet, extended release
 physostigmine, pyrazinamide, pyridoxine

pyridoxine oral, tablet
 paroxetine, Pyridium, pyridostigmine, pyrimethamine
 **MAY BE WRITTEN FOR 270 DAY ORDER IN CONJUNCTION WITH
ISONIAZID FOR TB PREVENTIVE THERAPY**
pyrimethamine oral, tablet
 pyridoxine
Quinaglute Dura-Tabs (quinidine) oral, tablet, extended release
 NON-SUBSTITUTABLE -- USE QUINAGLUTE ONLY
quinidine injectable, solution; oral, tablet; oral, tablet,
extended release
 quinacrine, quinine
 NON-SUBSTITUTABLE -- USE QUINAGLUTE ONLY
Quixin (levofloxacin ophthalmic) ophthalmic, solution
 PHYSICIAN USE ONLY
Qvar (beclomethasone) inhalation, aerosol with adapter
 NASAL INHALERS NOT APPROVED
ranitidine injectable, solution; intravenous, solution; oral,
syrup; oral, tablet
 amantadine, felodipine, rimantadine
Rebetol (ribavirin) oral, solution; oral, capsule
 PILL LINE ONLY
 **MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C
APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
 **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
DISPENSING:
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>**
Rebetron (interferon alfa-2b-ribavirin) oral and injectable,
kit
 **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
Recombivax HB (hepatitis B vaccine) intramuscular, suspension
Recombivax HB Adult (hepatitis B vaccine) intramuscular,
suspension
Recombivax HB Dialysis Formulation (hepatitis B vaccine)
intramuscular, suspension
Recombivax HB Pediatric/Adolescent (hepatitis B vaccine)
intramuscular, suspension
Reglan (metoclopramide) injectable, solution; oral, syrup;
oral, tablet
 Megace, Renagel, Robitussin
Regonol (pyridostigmine) injectable, solution
Remeron (mirtazapine) oral, tablet
 Restoril, Zemoron
 PHYSICIAN USE ONLY
 PILL LINE ONLY
Renagel (sevelamer) oral, capsule; oral, tablet
 Reglan
Reno-60 (diatrizoate) injectable, solution
Reno-M-60 (diatrizoate) injectable, solution

Renografin-60
 reserpine oral, tablet
 Risperdal, risperidone
 PHYSICIAN USE ONLY
 FOR HYPERTENSION ONLY
 Retrovir (zidovudine) intravenous, solution; oral, syrup; oral, capsule; oral, tablet
 Norvir, ritonavir
 PHYSICIAN INITIATION ONLY
 HIV MEDICATION DISTRIBUTION RESTRICTION
 Reversol (edrophonium) injectable, solution
 Reyataz (atazanavir) oral, capsule
 PHYSICIAN INITIATION ONLY
 HIV MEDICATION DISTRIBUTION RESTRICTION
 R-Genex 10 (arginine) intravenous, solution
 RHO (D) immune globulin intramuscular, solution
 RhoGAM (RHO (D) immune globulin) intramuscular, solution
 Ribasphere (ribavirin) oral, capsule
 PILL LINE ONLY
 MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT
 FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
 ribavirin inhalation, powder for reconstitution; compounding, powder; oral, solution; oral, capsule; oral, tablet
 PILL LINE ONLY
 MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT
 FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
 ribavirin-interferon-alfa-2a (interferon alfa-2b-ribavirin) oral and injectable, kit
 MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT
 rifabutin oral, capsule
 rifampin
 Rifadin (rifampin) oral, capsule
 Rifater
 PILL LINE ONLY
 PILL LINE ONLY FOR MRSA INFECTION TREATMENT
 Rifadin IV (rifampin) intravenous, powder for injection
 PILL LINE ONLY
 PILL LINE ONLY FOR MRSA INFECTION TREATMENT
 rifampin intravenous, powder for injection; oral, capsule
 ramipril, rifabutin
 PILL LINE ONLY
 PILL LINE ONLY FOR MRSA INFECTION TREATMENT

Rimactane (rifampin) oral, capsule
 PILL LINE ONLY
 PILL LINE ONLY FOR MRSA INFECTION TREATMENT
 Risperdal (risperidone) oral, solution; oral, tablet
 estradiol, lisinopril, Pediapred, Requip, reserpine, Restoril, risperidone
 ORAL DISINTEGRATING TABLETS NOT APPROVED
 PILL LINE ONLY
 PHYSICIAN USE ONLY
 Risperdal Consta (risperidone) intramuscular, powder for injection, extended release
 ORAL DISINTEGRATING TABLETS NOT APPROVED
 PILL LINE ONLY
 PHYSICIAN USE ONLY
 risperidone intramuscular, powder for injection, extended release; oral, solution; oral, tablet
 biperiden, reserpine, risedronate, Risperdal, ropinirole
 ORAL DISINTEGRATING TABLETS NOT APPROVED
 PILL LINE ONLY
 PHYSICIAN USE ONLY
 ritodrine intravenous, solution
 ritonavir oral, solution; oral, capsule
 Retrovir
 PHYSICIAN INITIATION ONLY
 HIV MEDICATION DISTRIBUTION RESTRICTION
 ritonavir-lopinavir (lopinavir-ritonavir) oral, capsule; oral, liquid
 PHYSICIAN INITIATION ONLY
 HIV MEDICATION DISTRIBUTION RESTRICTION
 Rituxan (rituximab) intravenous, solution
 RESTRICTED TO MEDICAL REFERRAL CENTERS
 rituximab intravenous, solution
 infliximab
 RESTRICTED TO MEDICAL REFERRAL CENTERS
 Robinul (glycopyrrolate) injectable, solution; oral, tablet
 Reminyl
 Rocaltrol (calcitriol) oral, liquid
 ORAL ROUTE PREFERRED
 Rocephin (ceftriaxone) injectable, powder for injection; intravenous, solution
 Ceftin
 Roferon-A (interferon alfa-2a) injectable, solution; injectable, powder for injection
 MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT
 FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>

Romazicon (flumazenil) intravenous, solution
ropivacaine injectable, solution
 bupivacaine
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC) ONLY****
Rowasa (mesalamine) rectal, enema; rectal, suppository
 ****USE IN SULFASALAZINE FAILURE OR ALLERGY****
Roxicet (acetaminophen-oxycodone) oral, solution; oral, tablet
 Roxanol, Roxicodone
 ****PHYSICIAN/DENTIST USE ONLY****
 ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY**
 PHARMACY PROGRAM STATEMENT**
 ****PILL LINE ONLY****
 ****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED**
 SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 ****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO**
 BE PULLED APART AND ADMINISTERED IN POWDER FORM**
Rufen (ibuprofen) oral, tablet
Rythmol (propafenone) oral, tablet
 ****CARDIOLOGIST INITIATED THERAPY ONLY****
Rythmol SR (propafenone) oral, capsule, extended release
 ****CARDIOLOGIST INITIATED THERAPY ONLY****
salicylic acid topical topical, gel; topical, pad
saliva substitutes oral, spray; oral, solution
salsalate oral, tablet
 sulfasalazine
Sandimmune (cycloSPORINE) injectable, solution; oral, solution;
 oral, capsule
Sandostatin (octreotide) injectable, solution
Santyl (collagenase topical) topical, ointment
saquinavir oral, tablet
 ****PHYSICIAN INITIATION ONLY****
 ****HIV MEDICATION DISTRIBUTION RESTRICTION****
sargramostim intravenous, solution; intravenous, powder for
 injection
 ****RESTRICTED TO MEDICAL REFERRAL CENTERS****
scopolamine injectable, solution; oral, tablet; transdermal,
 film, extended release
Sebutone (coal tar/salicylic acid/sulfur topical) topical,
 shampoo
 ****RESTRICTED TO SEBORRHEA AND PSORIASIS****
secretin intravenous, powder for injection
selegiline oral, capsule; oral, tablet
 Salagen, Serentil, sertraline, Serzone
selenium sulfide topical topical, shampoo
Selsun (selenium sulfide topical) topical, shampoo
senna oral, syrup; oral, liquid; oral, tablet
 Soma
Senokot (senna) oral, syrup; oral, tablet
 Depakote, Sinemet

Sensipar (cinacalcet) oral, tablet
 ****RESTRICTED TO DIALYSIS PATIENTS ONLY****
 ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO**
 THERAPY INITIATION,
 <http://www.pbm.va.gov/PBM/criteria.htm>**
Sensorcaine (bupivacaine) injectable, solution
Septra (sulfamethoxazole-trimethoprim) oral, suspension; oral,
 tablet
 ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Septra DS (sulfamethoxazole-trimethoprim) oral, tablet
 ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
sertraline oral, concentrate; oral, tablet
 selegiline, Serentil, Seroquel, Serzone, Soriatane
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****
 ****MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY**
 WITH COMPLIANCE MONITORING**
 ****MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE**
 COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT**
 ****NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO**
 PILL LINE STATUS ON A CASE BY CASE BASIS**
sevelamer oral, capsule; oral, tablet
sevoflurane inhalation, liquid
Silvadene (silver sulfADIAZINE topical) topical, cream
silver nitrate ophthalmic ophthalmic, solution
silver nitrate topical topical, stick
silver sulfADIAZINE topical topical, cream
simethicone oral, liquid; oral, tablet; oral, tablet, chewable
simvastatin oral, tablet
 ****NOT APPROVED FOR TWICE DAILY DOSING****
sincalide intravenous, powder for injection
Sinemet (carbidopa-levodopa) oral, tablet
 Senokot, Sinemet CR
Sinemet CR (carbidopa-levodopa) oral, tablet, extended release
 Sinemet
Sinequan (doxepin) oral, capsule; oral, concentrate
 Serentil, Seroquel, Serzone, Singulair
 ****PHYSICIAN USE ONLY****
 ****PILL LINE ONLY****
 ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
 ****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED**
 AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING
 TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT
 CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE
 INSERT**
Slow-K (potassium chloride) oral, tablet, extended release
 Slow Fe
sodium bicarbonate intravenous, solution; oral, tablet

potassium chloride, sodium chloride
sodium biphosphate-sodium phosphate oral, solution; rectal, enema
sodium chloride inhalation, solution; injectable, solution; intravenous, solution; irrigation, solution
potassium chloride, sodium bicarbonate
Sodium Chloride intravenous (LVP solution) intravenous, solution
sodium chloride, hypertonic, ophthalmic ophthalmic, ointment; ophthalmic, solution
sodium citrate-citric acid (citric acid-sodium citrate) oral, solution
****USE RESTRICTED TO CHRONIC RENAL DISEASE****
sodium citrate-potassium citrate (potassium citrate-sodium citrate) oral, tablet
sodium ferric gluconate complex intravenous, solution
sodium hyaluronate intra-articular, solution
sodium hyaluronate ophthalmic intraocular, liquid
sodium nitroprusside (nitroprusside) intravenous, solution; intravenous, powder for injection
****CHECK METABOLITES****
sodium phosphate-potassium phosphate (potassium phosphate-sodium phosphate) oral, powder for reconstitution; oral, tablet
sodium phosphate-sodium biphosphate (sodium biphosphate-sodium phosphate) oral, solution; rectal, enema
sodium polystyrene sulfonate oral, suspension
sodium salicylate oral, enteric coated tablet
Solu-Cortef (hydrocortisone) injectable, powder for injection
Solu-Medrol (methylPREDNISolone) injectable, powder for injection
Depo-Medrol, Solu-Cortef
sorafenib oral, tablet
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
sorbitol compounding, powder; irrigation, solution; oral, liquid
Sorbitrate (isosorbide dinitrate) oral, tablet; oral, tablet, chewable; sublingual, tablet
sotalol oral, tablet
****CARDIOLOGIST INITIATED THERAPY ONLY****
Spiriva (tiotropium) inhalation, capsule
spironolactone oral, tablet
Sporanox (itraconazole) intravenous, kit; oral, solution; oral, capsule
****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS****
****NOT APPROVED FOR ONYCHOMYCOSIS****
SSD (silver sulfADIAZINE topical) topical, cream

Stadol (butorphanol) injectable, solution
Haldol, Toradol
****NASAL SPRAY NOT APPROVED****
****PHYSICIAN/DENTIST USE ONLY****
****LIMITED TO 5 DAYS THERAPY****
****LIMITED TO PRE AND POST-OP THERAPY ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM ****
stavudine oral, capsule; oral, capsule, extended release; oral, powder for reconstitution
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Stelazine (trifluoperazine) intramuscular, solution; oral, concentrate; oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
sterile water inhalation, solution; injectable, solution; intravenous, solution; irrigation, solution
Streptase (streptokinase) injectable, powder for injection
streptokinase injectable, powder for injection
streptomycin intramuscular, powder for injection
streptozocin intravenous, powder for injection
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Sublimaze (fentanyl) injectable, solution
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT****
****PILL LINE ONLY****
****MEDICAL CENTER ONLY****
****PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
succinylcholine injectable, solution; injectable, powder for injection
sucralfate oral, suspension; oral, tablet
Sular (nisoldipine) oral, tablet, extended release
****BID DOSING NOT APPROVED****
****INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR)****
Sulfacet Sodium (sulfacetamide sodium ophthalmic) ophthalmic, solution
****COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED****
sulfacetamide sodium ophthalmic ophthalmic, ointment;

ophthalmic, solution
****COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED****
sulfADIAZINE oral, tablet
 sulfasalazine
sulfamethoxazole-trimethoprim intravenous, solution; oral, suspension; oral, tablet
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
sulfasalazine oral, enteric coated tablet; oral, tablet
 mesalamine, salsalate, sulfADIAZINE, sulfISOXAZOLE
sulindac oral, tablet
sumatriptan subcutaneous, solution
 zolmitriptan
****INJECTABLE FORMULATION APPROVED ONLY****
****PHYSICIAN USE ONLY****
****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****
Sumycin (tetracycline) oral, suspension; oral, capsule; oral, tablet
sunitinib oral, capsule
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
sunscreen topical, lotion
****MAXIMUM SPF 30****
****RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER****
****RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS****
****RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS****
****ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****
Suprane (desflurane) inhalation, liquid
Suprax (cefixime) oral, tablet
 Surfak Stool Softener
****FOR QUINOLONE-RESISTANT GONOCOCCUS IN DETENTION FACILITIES****
Surgilube (emollients, topical) topical, gel
 Lacri-Lube S.O.P.
Sus-Phrine Injection (epinephrine) subcutaneous, suspension
Sustiva (efavirenz) oral, capsule; oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Sutent (sunitinib) oral, capsule
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Tace (chlorotrianisene) oral, capsule
tacrolimus intravenous, solution; oral, capsule
****RESTRICTED TO ORAL FORMULATION ONLY FOR OFGAN REJECTION PROPHYLAXIS****
****TOPICAL NOT APPROVED****
tamoxifen oral, tablet
 Tamiflu, tamsulosin
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>

Tapazole (methimazole) oral, tablet
Tarceva (erlotinib) oral, tablet
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Taxol (paclitaxel) intravenous, solution
 Paxil, Taxotere
Taxotere (docetaxel) intravenous, solution
 Taxol
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Tazicef (ceftazidime) injectable, powder for injection
Tazidime (ceftazidime) injectable, powder for injection
Td (tetanus-diphtheria toxoids) intramuscular, suspension
Tears Naturale (ocular lubricant) ophthalmic, solution
Tegretol (carbamazepine) oral, suspension; oral, tablet
 Toradol, Trental, Trileptal
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Tegretol XR (carbamazepine) oral, tablet, extended release
 Toprol-XL
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Telepaque (iopanoic acid) oral, tablet
Temodar (temozolomide) oral, capsule
 Tambocor
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Temovate (clobetasol topical) topical, ointment; topical, cream; topical, solution; topical, gel
temozolomide oral, capsule
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
tenofovir oral, tablet
****PHYSICIAN INITIATION ONLY****
****HIV MEDICATION DISTRIBUTION RESTRICTION****
tenofovir-emtricitabine (emtricitabine-tenofovir) oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****
Tenormin (atenolol) injectable, solution; oral, tablet
 Imuran, thiamine, Trovan
Tensilon (edrophonium) injectable, solution
Terazol 3 (terconazole topical) vaginal, cream; vaginal, suppository
terbutaline injectable, solution; oral, tablet
terconazole topical vaginal, cream; vaginal, suppository
Tessalon Perles (benzonatate) oral, capsule
**** LIMITED TO FIVE DAY THERAPY****
****PHYSICIAN USE ONLY****
tetanus immune globulin intramuscular, solution

tetanus-diphtheria toxoids intramuscular, suspension
Tetanus-Diphtheria Toxoids, Adult (tetanus-diphtheria toxoids)
intramuscular, suspension
tetracaine injectable, solution; injectable, powder for
injection
tetracaine ophthalmic ophthalmic, ointment; ophthalmic,
solution
tetracaine topical topical, ointment; topical, cream; topical,
solution
tetracycline oral, suspension; oral, capsule; oral, tablet
thalidomide oral, capsule
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
****RESTRICTED TO ONCOLOGY USE ONLY****
Thalomid (thalidomide) oral, capsule
Thalitone
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
****RESTRICTED TO ONCOLOGY USE ONLY****
Theochron (theophylline) oral, tablet, extended release
****THEOCRON ONLY -- NON-SUBSTITUTABLE****
theophylline oral, tablet, extended release
****THEOCRON ONLY -- NON-SUBSTITUTABLE****
TheraCys (BCG) intravesical, powder for reconstitution
****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****
Thermazene (silver sulfADIAZINE topical) topical, cream
thiabendazole oral, suspension; oral, tablet, chewable
thiamine injectable, solution; oral, tablet
Tenormin
thioguanine oral, tablet
thiopental intravenous, powder for injection; rectal,
suspension
****PHYSICIAN USE ONLY****
****FOR SURGERY / ANESTHESIA USE ONLY****
Thioplex (thiotepa) injectable, powder for injection
thiotepa injectable, powder for injection
thrombin topical topical, kit; topical, powder for
reconstitution
Thrombinar (thrombin topical) topical, kit; topical, powder for
reconstitution
Thyrogen (thyrotropin alpha) intramuscular, powder for
injection
thyrotropin alpha intramuscular, powder for injection
Tiazac (diltiazem) oral, capsule, extended release
Tigan, Ziac
****CARDIZEM SR NOT APPROVED****
Tigan (trimethobenzamide) intramuscular, solution; oral,
capsule
Tiazac
Tilade (nedocromil) inhalation, aerosol with adapter
timolol ophthalmic ophthalmic, solution; ophthalmic, gel

forming solution
timolol-dorzolamide ophthalmic (dorzolamide-timolol ophthalmic)
ophthalmic, solution
****OPHTHALMOLOGIST INITIATION ONLY****
Timoptic Ocumeter (timolol ophthalmic) ophthalmic, solution
Timoptic-XE
Timoptic-XE (timolol ophthalmic) ophthalmic, gel forming
solution
Timoptic Ocudose, Timoptic Ocumeter
Tinactin (tolnaftate topical) topical, cream; topical, powder;
topical, spray; topical, solution
tincture of benzoin (benzoin topical) topical, tincture
tiotropium inhalation, capsule
tissue plasminogen activator (alteplase) intravenous, powder
for injection
Titralac (calcium carbonate) oral, tablet, chewable
tobramycin inhalation, solution; injectable, solution;
injectable, powder for injection; intravenous, solution
gentamicin
****USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR
RESISTANCE****
****COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC
FORMULATION (TOBRADEX) NOT APPROVED****
tobramycin ophthalmic ophthalmic, ointment; ophthalmic,
solution
****USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR
RESISTANCE****
****COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC
FORMULATION (TOBRADEX) NOT APPROVED****
Tobrex (tobramycin ophthalmic) ophthalmic, ointment;
ophthalmic, solution
Tobradex
****USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR
RESISTANCE****
****COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC
FORMULATION (TOBRADEX) NOT APPROVED****
Tofranil (imipramine) intramuscular, solution; oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED
AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING
TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT
CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE
INSERT****
tolnaftate topical topical, cream; topical, powder; topical,
spray; topical, solution
Topamax (topiramate) oral, tablet
Toprol-XL

****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN
NON-SEIZURE DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
BIPOLAR)****
topiramate oral, tablet
torsemide
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE
DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
BIPOLAR)****
topotecan intravenous, powder for injection
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Toprol-XL (metoprolol) oral, tablet, extended release
Tegretol XR, Topamax
****METOPROLOL SUCCINATE (XL) RESTRICTED TO USE IN
CONGESTIVE HEART FAILURE ONLY, NOT FOR HYPERTENSION OR
HEADACHE PROPHYLAXIS****
Toradol (ketorolac) injectable, solution
Foradil Aerolizer, Inderal, Stadol, Tegretol,
Torecan, tramadol
****ORAL FORMULATION NOT APPROVED****
****LIMITED TO 5 DAYS ONLY - NON-RENEWABLE****
****PHYSICIAN/DENTIST USE ONLY****
****OPHTHALMIC FORMULATION NOT APPROVED****
TPA (alteplase) intravenous, powder for injection
TNKase
Trandate (labetalol) intravenous, solution; oral, tablet
Trental
trastuzumab intravenous, kit
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Travasol with Dextrose (parenteral nutrition solution)
intravenous, kit
Travatan (travoprost ophthalmic) ophthalmic, solution
****OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY****
travoprost ophthalmic ophthalmic, solution
****OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY****
trazodone oral, tablet
amiodarone, tramadol
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED
AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING
TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT
CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE
INSERT****
triamcinolone inhalation, aerosol with adapter; injectable,
suspension; oral, tablet
****NASAL INHALERS NOT APPROVED****
triamcinolone topical mucous membrane, paste; topical,

ointment; topical, cream; topical, lotion
triamterene oral, capsule
trimethoprim
triamterene-hydrochlorothiazide (hydrochlorothiazide-
riamterene) oral, capsule; oral, tablet
Tri-Chlor (trichloroacetic acid topical) topical, liquid
trichloroacetic acid topical topical, liquid
trifluoperazine intramuscular, solution; oral, concentrate;
oral, tablet
fluphenazine, trihexyphenidyl
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
trifluridine ophthalmic ophthalmic, solution
****PHYSICIAN AND OPTOMETRISTS USE ONLY****
trihexyphenidyl oral, elixir; oral, tablet
trifluoperazine
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Trilafon (perphenazine) injectable, solution; oral,
concentrate; oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Trileptal (oxcarbazepine) oral, suspension; oral, tablet
Tegretol
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE
DISORDERS****
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
BIPOLAR)****
Tri-Levlen (ethinyl estradiol-levonorgestrel) oral, tablet
Ortho Tri-Cyclen
trimethobenzamide intramuscular, solution; oral, capsule;
rectal, suppository
trimethoprim-sulfamethoxazole (sulfamethoxazole-trimethoprim)
intravenous, solution; oral, suspension; oral, tablet
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Triphasil-21 (ethinyl estradiol-levonorgestrel) oral, tablet
Tri-Norinyl
Triphasil-28 (ethinyl estradiol-levonorgestrel) oral, tablet
Tri-Norinyl
Trizivir (abacavir/lamivudine/zidovudine) oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
tropicamide ophthalmic ophthalmic, solution
Trusopt (dorzolamide ophthalmic) ophthalmic, solution
Cosopt
****OPHTHALMOLOGIST INITIATION ONLY****

Truvada (emtricitabine-tenofovir) oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****
tuberculin purified protein derivative intradermal, solution
influenza virus vaccine inactivated, influenza virus vaccine live
****NON-SUBSTITUTABLE -- RESTRICTED TO TUBERSOL ONLY****
Tubersol (tuberculin purified protein derivative) intradermal, solution
****NON-SUBSTITUTABLE -- RESTRICTED TO TUBERSOL ONLY****
Tucks (glycerin-witch hazel topical) topical, pad
Tums (calcium carbonate) oral, tablet, chewable
Tums 500 (calcium carbonate) oral, tablet, chewable
Twinrix (hepatitis A-hepatitis B vaccine) intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE PATIENT SELECTION****
Tylenol (acetaminophen) oral, tablet
Tylenol with Codeine, Tylenol with Codeine #2, Tylenol with Codeine #3, Tylenol with Codeine #4
Tylenol with Codeine (acetaminophen-codeine) oral, liquid
Tylenol
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 30 DAYS****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
Tylenol with Codeine #3 (acetaminophen-codeine) oral, tablet
Tylenol
****PHYSICIAN/DENTIST USE ONLY****
****ORDER MAY NOT EXCEED 30 DAYS****
****PILL LINE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****
tyloxapol ophthalmic ophthalmic, solution
****NOTE: FOR ARTIFICIAL EYES****
tyropanoate oral, capsule
Ultane (sevoflurane) inhalation, liquid
Ultram
Ultrase (pancrelipase) oral, capsule, extended release
Unasyn (ampicillin-sulbactam) injectable, powder for injection
Zosyn
Unipen (nafcillin) injectable, powder for injection; oral, capsule
uracil mustard oral, capsule
urea-amino acids topical (amino acids-urea topical) vaginal, cream with applicator
****APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY****
Urecholine (bethanechol) oral, tablet
Urocit-K (potassium citrate) oral, tablet, extended release
Urised
urokinase intravenous, powder for injection
****5,000 IU ONLY!! -- NO OTHER DOSAGES APPROVED ****
**** FOR USE IN CATHETER CLEARANCE ****
Valisone (betamethasone topical) topical, ointment; topical, cream; topical, lotion
****AUGMENTED FORMULATIONS NOT APPROVED****
valproic acid injectable, solution; oral, syrup; oral, capsule
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****
Vanceril (beclomethasone) inhalation, aerosol with adapter
Vancenase
****NASAL INHALERS NOT APPROVED****
Vanceril DS (beclomethasone) inhalation, aerosol with adapter
Vancenase AQ
****NASAL INHALERS NOT APPROVED****
Vancocin HCl (vancomycin) intravenous, solution; intravenous, powder for injection
vancomycin intravenous, solution; intravenous, powder for injection; oral, capsule; oral, powder for reconstitution
azithromycin, gentamicin, vecuronium, Vibramycin
Vaqta (hepatitis A adult vaccine) intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE PATIENT SELECTION****
Vaqta Pediatric (hepatitis A pediatric vaccine) intramuscular, suspension
****REFER TO BOP PREVENTIVE HEALTH GUIDELINES FOR APPROPRIATE PATIENT SELECTION****
Vaseline (petrolatum topical) topical, ointment
****RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY****
vasopressin injectable, solution
Velban (vinBLASTine) intravenous, powder for injection
Velvachol (emollients, topical) topical, cream
****RESTRICTED AS COMPOUNDING AGENT ONLY****
venlafaxine oral, capsule, extended release; oral, tablet
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
Ventolin (albuterol) inhalation, solution; inhalation, aerosol; inhalation, aerosol with adapter; oral, syrup; oral, tablet

Benlyn, Benlyn Adult Formula, Benlyn DM Pediatric, Benlyn Expectorant, Benlyn Multi-Symptom, Benlyn Multi-Symptom Cough, Benlyn Pediatric, Vantin
**** EXTENDED-RELEASE TABLETS NOT APPROVED****
VePesid (etoposide) intravenous, solution; oral, capsule
Versed
verapamil oral, tablet; oral, tablet, extended release
Verelan
Vermox (mebendazole) oral, tablet, chewable
Versed (midazolam) injectable, solution
Valium, VePesid, Vistaril
****PHYSICIAN USE ONLY****
****MEDICAL CENTER USE ONLY****
****FOR ANESTHESIA/SURGERY USE ONLY****
****IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION****
****IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****
VFEND (voriconazole) intravenous, powder for injection; oral, powder for reconstitution; oral, tablet
****THERAPY MUST BE INITIATED AT MEDICAL REFERRAL CENTER****
Vibramycin (doxycycline) injectable, powder for injection; oral, capsule
vancomycin
****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****
Videx (didanosine) oral, powder for reconstitution; oral, tablet, chewable
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Videx EC (didanosine) oral, delayed release capsule
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
vinBLASStine intravenous, solution; intravenous, powder for injection
vinCRISStine
vinCRISStine intravenous, solution
vinBLASStine
vinorelbine intravenous, solution
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
Viokase (pancrelipase) oral, powder for reconstitution; oral, tablet
Viracept (nelfinavir) oral, powder for reconstitution; oral, tablet
Viramune
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
Viramune (nevirapine) oral, suspension; oral, tablet
Viracept
**** PHYSICIAN INITIATION ONLY ****

**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
Virazole (ribavirin) inhalation, powder for reconstitution
Viread (tenofovir) oral, tablet
****PHYSICIAN INITIATION ONLY****
****HIV MEDICATION DISTRIBUTION RESTRICTION****
Viroptic (trifluridine ophthalmic) ophthalmic, solution
****PHYSICIAN AND OPTOMETRISTS USE ONLY****
Visken (pindolol) oral, tablet
Vistaril IM (hydrOXYzine) intramuscular, solution
****RESTRICTED TO INJECTABLE FORMULATION ONLY****
****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****
vitamin A & D topical, ointment
****RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY****
vitamin B1 (thiamine) injectable, solution; oral, tablet
Vitamin B-12 (cyanocobalamin) injectable, solution
vitamin B3 (niacin) oral, tablet, extended release
****NON-SUBSTITUTABLE - USE NIASPAN™ ONLY****
vitamin B6 (pyridoxine) oral, tablet
****MAY BE WRITTEN FOR 270 DAY ORDER IN CONJUNCTION WITH ISONIAZID FOR TB PREVENTIVE THERAPY****
vitamin D3(1,25[OH]2) (calcitriol) injectable, solution; oral, liquid
****ORAL ROUTE PREFERRED****
vitamin D-calcium (calcium-vitamin D) oral, tablet
vitamin K1 (phytonadione) injectable, solution; oral, tablet
Vitrasert (ganciclovir ophthalmic) intraocular, implant
Voltaren Ophthalmic (diclofenac ophthalmic) ophthalmic, solution
****OPHTHALMIC FORMULATION APPROVED ONLY****
voriconazole intravenous, powder for injection; oral, powder for reconstitution; oral, tablet
****THERAPY MUST BE INITIATED AT MEDICAL REFERRAL CENTER****
Vosol (acetic acid otic) otic, solution
Vexol
Vosol HC (acetic acid-hydrocortisone otic) otic, solution
warfarin intravenous, powder for injection; oral, tablet
****NON-SUBSTITUTABLE -- USE COUMADIN ONLY****
witch hazel-glycerin topical (glycerin-witch hazel topical) topical, pad
Wycillin (penicillin) intramuscular, suspension
****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****
Xalatan (latanoprost ophthalmic) ophthalmic, solution
****OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY****
Xeloda (capecitabine) oral, tablet

Xero-Lube (saliva substitutes) oral, spray
 Xopenex HFA (levalbuterol) inhalation, aerosol with adapter
 X-Prep (senna) oral, syrup
 Xylocaine HCl (lidocaine) injectable, solution
 Xylocaine HCl For Spinal (lidocaine) injectable, solution
 Xylocaine Jelly (lidocaine topical) topical, gel with applicator
 Xylocaine Topical (lidocaine topical) topical, ointment; topical, solution
 Xylocaine Viscous (lidocaine topical) mucous membrane, solution
 Xylose (d-xylose) oral, powder for reconstitution
 Yutopar (ritodrine) intravenous, solution
 Zanosar (streptozocin) intravenous, powder for injection
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Zantac (ranitidine) injectable, solution; intravenous, solution; oral, syrup
 Xanax, Zofran, Zyrtec
 Zaroxolyn (metolazone) oral, tablet
 Zyprexa
 Zerit (stavudine) oral, capsule; oral, powder for reconstitution
 Zestril
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 Zerit XR (stavudine) oral, capsule, extended release
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 Zestril (lisinopril) oral, tablet
 Vistaril, Zerit, Zetia, Zocor, Zyrtec
****NOT APPROVED FOR TWICE DAILY DOSING****
 Ziagen (abacavir) oral, solution; oral, tablet
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
****FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:**
<http://www.fda.gov/cder/Offices/ODS/labeling.htm>
 zidovudine intravenous, solution; oral, syrup; oral, capsule; oral, tablet
 lamivudine, zidovudine-lamivudine, ziprasidone
****PHYSICIAN INITIATION ONLY****
****HIV MEDICATION DISTRIBUTION RESTRICTION****
 zidovudine-lamivudine (lamivudine-zidovudine) oral, tablet
 zidovudine
**** PHYSICIAN INITIATION ONLY ****
**** HIV MEDICATION DISTRIBUTION RESTRICTION ****
 zinc oxide topical topical, ointment; topical, cream
 ziprasidone oral, capsule
 zidovudine
****INJECTION NOT APPROVED****

****PILL LINE ONLY****
****PHYSICIAN USE ONLY****
 Zithromax (azithromycin) intravenous, powder for injection; oral, capsule; oral, tablet
 Zinacef
****RESTRICTED TO PHYSICIAN / DENTIST USE ONLY****
 Zithromax IV (azithromycin) intravenous, powder for injection
****RESTRICTED TO PHYSICIAN / DENTIST USE ONLY****
 Zocor (simvastatin) oral, tablet
 Cozaar, Lipitor, Yocon, Zestril, Ziac, Zoloft
****NOT APPROVED FOR TWICE DAILY DOSING****
 Zofran (ondansetron) injectable, solution; intravenous, solution; oral, solution; oral, tablet
 Zantac, Zosyn
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****
****RESTRICTED TO MEDICAL REFERRAL CENTERS****
 Zoloft (sertraline) oral, concentrate; oral, tablet
 Zocor, Zylprim
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****
****MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY WITH COMPLIANCE MONITORING****
****MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT****
****NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS****
 Zostrix (capsaicin topical) topical, cream
 Zovirax
 Zosyn (piperacillin-tazobactam) intravenous, solution; intravenous, powder for injection
 Unasyn, Zofran
****MEDICAL CENTER USE ONLY****
 Zovirax (acyclovir) intravenous, powder for injection; oral, suspension; oral, capsule; oral, tablet
 Zostrix, Zyvox
**** OINTMENT NOT APPROVED****
 Zylprim (allopurinol) oral, tablet
 Zoloft
 Zyprexa (olanzapine) intramuscular, powder for injection; oral, tablet
 Celexa, Zaroxolyn, Zyprexa Zydis, Zyrtec
****ORAL DISINTEGRATING TABLETS NOT APPROVED****
****PHYSICIAN USE ONLY****
****PILL LINE ONLY****