

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-01.1**

SUBJECT: FORMULARY

POLICY: An accurate and timely medication delivery system requires the development of a centralized formulary. The Therapeutics Committee will develop a list of medications and will have final authority over all decisions regarding the changes to the formulary.

REFERENCE: NCCHC Standard P-D-01, Pharmaceutical Operations

PROCEDURE:

- A. The formulary will be reviewed at least annually by the Therapeutic committee.
- B. Generic drug substitutes may be utilized at the discretion of the Pharmacy unless the prescribing practitioner indicates "no substitutions" in which case the request will be submitted to TLC for review. Therapeutic substitution will not be made by the Pharmacy without the Medical Director's approval. A list or table of approved therapeutic substitutions will be kept available.
- C. A current approved formulary is located online in the Health Services folder under "Formulary Information.xls." Other lists may be kept for quick reference.
- D. The Pharmacy Administrator will update and electronically post formulary at least annually and send a notification of the changes that were made.
- E. Practitioners may complete and submit to the Pharmacist a non-formulary drug request form to request an item be included in the formulary or to special order an item for an individual patient. The practitioner will fill out and sign a Non-Formulary form, check all applicable boxes, and send a copy to the Pharmacy if needed within 24 hours or 7-days, and to the Therapeutic Levels of Care committee for final action.
- F. The practitioner may request an item be added to the formulary by submitting a Medication Special Order form to the Pharmacy and checking the appropriate box. The Pharmacy Manager will compile a list of all such requests and review the list with the Medical Director, Pharmacist in Charge, and Therapeutics Committee. Changes to the formulary will be communicated to the Health Service Managers and practitioners by update notification.

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

Revision date: April 2007

Supersedes P&P dated: March 2006

Oregon Department of Corrections  
Health Services Section  
Non Formulary Medication Exception Request

***Please fill out all entries. Incomplete forms will not be processed. This order form must be filled out and signed by the Practitioner and Designated Reviewer at each Institution. The request is valid for the duration of the order.***

|  |              |
|--|--------------|
| <b>Medication:</b>   |              |
| <b>Dx for which med is required:</b>   |              |
| <b>Reasons Formulary Medication not used:</b>  |              |
|  |              |
|  |              |
| <b>Provider Signature:</b>   | <b>Date:</b> |
| <b>URGENT NEED:</b> <input type="checkbox"/> < 24 hrs <input type="checkbox"/> < 7 days      |              |
| <b>Comments:</b>   |              |
|  |              |
|  |              |
|  |              |
|  |              |
| <b>Reviewer Signature:</b>   | <b>Date:</b> |
| <b>To Med Review Committee:</b> <input type="checkbox"/> yes <input type="checkbox"/> no     |              |
| <b>Medication Review Committee Comments:</b>   |              |
|  |              |
|  |              |
|  |              |
| <b>Approved:</b> <input type="checkbox"/> yes   For _____ months <input type="checkbox"/> no |              |
| <b>Signatures:</b>   | <b>Date:</b> |
|  |              |
|  |              |
|  |              |

|   |
|---|
| Name: _____<br>SID #: _____<br>DOB: _____ |
|---|

# Protocols of Medications for Therapeutic Substitution

The Pharmacy and Therapeutics Committee has reviewed and approved certain medications to be substituted for another medication. These substitutions have been based on efficacy, cost and supply. The following medications are to be substituted by the pharmacy for the approved medication when ordered by a provider. This list will be reviewed annually by the Pharmacy and Therapeutics Committee and authorized by the Medical Director.

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

# Chapter Listings

## Chapter 4: CARDIOVASCULAR MEDICATIONS

- 4.5.3 – Enalapril will be the ACE Inhibitor of choice. The below table summarizes the substitutions:

|                         |                 |
|-------------------------|-----------------|
| Accupril 10mg           | Enalapril 7.5mg |
| Accupril 20mg           | Enalapril 15mg  |
| Accupril 40mg           | Enalapril 30mg  |
| Accupril 80mg           | Enalapril 40mg  |
| Altace 1.25mg           | Enalapril 2.5mg |
| Altace 2.5mg            | Enalapril 5mg   |
| Altace 5mg              | Enalapril 10mg  |
| Altace 7.5mg            | Enalapril 15mg  |
| Altace 10mg             | Enalapril 20mg  |
| Altace 20mg             | Enalapril 40mg  |
| Lotensin 10mg           | Enalapril 7.5mg |
| Lotensin 20mg           | Enalapril 15mg  |
| Lotensin 40mg           | Enalapril 30mg  |
| Lotensin 80mg           | Enalapril 40mg  |
| Monopril 10mg           | Enalapril 5mg   |
| Monopril 20mg           | Enalapril 10mg  |
| Monopril 40mg           | Enalapril 20mg  |
| Monopril 80mg           | Enalapril 40mg  |
| Zestril (Prinivil) 10mg | Enalapril 7.5mg |
| Zestril (Prinivil) 20mg | Enalapril 15mg  |
| Zestril (Prinivil) 40mg | Enalapril 30mg  |
| Zestril (Prinivil) 80mg | Enalapril 40mg  |

## Chapter 5: AUTONOMIC & CENTRAL NERVOUS SYSTEM MEDICATIONS

- 5.4.3 – Depakote EC will be substituted for Depakote ER. No change in directions. Depakote ER is *suggested* at QD dosing.
- 5.5.1 – Wellbutrin will be substituted for all **Wellbutrin SR** orders. The below table summarizes the substitutions

|                         |                      |
|-------------------------|----------------------|
| Wellbutrin SR 100mg bid | Wellbutrin 100mg bid |
| Wellbutrin SR 150mg bid | Wellbutrin 100mg tid |
| Wellbutrin SR 200mg qd  | Wellbutrin 100mg bid |
| Wellbutrin SR 100mg qd  | Wellbutrin 100mg qd  |
| Wellbutrin SR 150mg qd  | Wellbutrin 75mg bid  |

## Chapter 8: ENDOCRINE MEDICATIONS

- 8.1.2 – Glipizide may be substituted at twice the written mg dosing of Glyburide

## Chapter 9: GASTROINTESTINAL MEDICATIONS

- 9.5 – Omeprazole is to be the PPI of choice. The below table summarizes the substitutions:

|               |                 |
|---------------|-----------------|
| Aciphex 20mg  | Omeprazole 20mg |
| Nexium 20mg   | Omeprazole 20mg |
| Nexium 40mg   | Omeprazole 40mg |
| Prevacid 15mg | Omeprazole 20mg |
| Prevacid 30mg | Omeprazole 20mg |
| Protonix 40mg | Omeprazole 20mg |

- 9.5 – Ranitidine is to be the H2 Blocker of choice. The below table summarizes the substitutions:

|                      |                      |
|----------------------|----------------------|
| Axid 150mg           | Ranitidine 150mg     |
| Pepcid 20mg          | Ranitidine 150mg     |
| Cimetidine 300mg qd  | Ranitidine 150mg qd  |
| Cimetidine 300mg bid | Ranitidine 150mg bid |
| Cimetidine 400mg qd  | Ranitidine 150mg qd  |
| Cimetidine 400mg bid | Ranitidine 150mg bid |
| Cimetidine 800mg qd  | Ranitidine 300mg qd  |
| Cimetidine 800mg bid | Ranitidine 300mg bid |

## Chapter 10: IMMUNOLOGICALS AND VACCINES

- Twinrix will be substituted for all Hep A, Hep B and Hep A/B vaccinations.

## Chapter 14: OPHTHALMIC MEDICATIONS

- 14.4 – Both Trusopt and Timolol will be used to substitute for Cosopt. The same directions for use will be used.
- 14.7 – Visine A will be substituted for Naphcon A or Opcon A.

## Chapter 15: RESPIRATORY MEDICATIONS

- 15.1.1 – Albuterol CFC is the preferred inhaler, but may be substituted by Albuterol HFA as supplies of CFC become depleted.
- 15.2 – **(SRCI Only)** Loratadine 10mg QD will be substituted for all levels of diphenhydramine use ordered by medical providers.

Oregon Department of Corrections  
Health Services Section; Pharmacy/Stores

Date \_\_\_\_\_

Dear \_\_\_\_\_

Re: Inmate \_\_\_\_\_ SID# \_\_\_\_\_

In reviewing our records, it shows that you have prescribed \_\_\_\_\_

1. **A non-formulary item** for the above inmate. We would appreciate it if you could review this order and consider using a formulary drug if possible. If you do not feel there is a suitable formulary equivalent please

- Fill out a **NON-FORMULARY EXCEPTION REQUEST** stating reasons formulary med not used (include those tried)

URGENT NEED

Sign & date NF request  
Check appropriate box  
Forward to pharmacy with copy to reviewer  
**Pharmacy will fill Rx**  
Reviewer sends copy to Med Review Committee

ROUTINE NEED

Sign & date  
Forward to reviewer  
Reviewer recommends forward or not to Med Review Committee

**Medication Review Committee**

- Forward the signed form to the Medication Review Committee for final review and approval.
- **IF** approved by Medication Review Committee, fax the completed form with Committee signatures to the Pharmacy along with the order.

The pharmacy will not fill any orders without Medication Review Committee approval (with the exception of the above urgent need medications & mental health medications approved by Dr. Ruthven).