

**Bureau of Prisons
Health Services
2008 National Formulary (PART 2)**

IV Refrigeration: N/A	Part. GPI Cd: N/A	Item Type: N/A	MRC Use Only: No	Include NF Use Criteria: Yes
DEA Schedule: N/A	Project Group: N/A	Pill Line Only: No	MRC Init. Only: No	Include Restrictions: Yes
Medi-Span Rt: N/A	IV Type: N/A	Requires Crushing: No	Include Advisory: Yes	Unit Dose: No Active Loc.: No
Dosage Forms: N/A	MLP Requires Cosign: No	Form./Non: Formulary	Include. Default Sig: No	Active: No

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cond	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Entry
	Abacavir Sulfate Oral Soln 20mg/ml											
	Abacavir Sulfate Oral Soln 20 MG/ML (240ml) (Ziagen)	Sol	12105005102020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
	Abacavir Sulfate Tablet											
	Abacavir 300 MG TAB (Ziagen)	Tab	12105005100320	0	No	No	No	No	N/A	No	Yes	
	Abacavir 300 MG TAB UD (Ziagen UNIT DOSE)	Tab	12105005100320	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
	Abacavir Sulfate/Lamivudine Tablet											
	Abacavir/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
	Abacavir-Lamivudine-Zidovudine Tablet											
	Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	0	No	No	No	No	N/A	No	Yes	
	Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
	Acetaminophen Oral Solution											
	Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)	Elixir	64200010001015	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Acetaminophen Oral Solution 160 MG/5ML											
	Acetaminophen Sol 160 MG/5ML (480ml) (Tylenol)	Sol	64200010002010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Finly
	Acetaminophen Oral Solution 650 MG/20.3ML												
	Acetaminophen Sol 650 MG/20.3ML UD (Tylenol)	Sol	64200010002010	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Acetaminophen Oral Tablet												
	Acetaminophen 325 MG Tab UD (Tylenol UNIT DOSE)	Tab	64200010000310	0	No	No	No	No	No	N/A	Yes	Yes	
	Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	0	No	No	No	No	No	N/A	No	Yes	
	Acetaminophen 500 MG Tab (Tylenol)	Tab	64200010000315	0	No	No	No	No	No	N/A	No	Yes	
	Acetaminophen 500 MG Tab UD (Tylenol)	Tab	64200010000315	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Acetaminophen Suppositories 120 mg												
	Acetaminophen supp 120 MG (Tylenol)	Supp	64200010005205	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Rectally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Acetaminophen Suppositories 650 mg												
	Acetaminophen supp 650 MG (Tylenol)	Supp	64200010005220	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Rectally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Acetaminophen/Codeine 300/30 MG Tablets												
	Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	3	No	No	Yes	Yes	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories:												
	****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****												
	MLP Requires Cosign												
	Acetaminophen/Codeine 300/60MG Tablet												
	Acetaminophen/Codeine 300/60MG Tab (Tylenol #4)	Tab	65991002050320	3	No	No	Yes	Yes	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories:												
	****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****												
	MLP Requires Cosign												
	Acetaminophen/Codeine Oral Soln 120-12 MG/5ML												
	Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	5	No	Yes	Yes	No	N/A	Yes	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML,12.5ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	5	No	Yes	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Finly
	Acetaminophen/Codeine 120MG/12MG/5ML, 10ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	5	No	Yes	Yes	No	N/A	No	No	Yes	
	Route(s): Orally												
	Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **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**** **MLP Requires Cosign**												
	AcetaZOLAMIDE ER Capsules	Cap ER 12 Ho	37100010006920	0	No	No	No	No	N/A	No	Yes		
	AcetaZOLAMIDE ER 500 MG Cap (Diamox SEQUELS)												
	Route(s): Orally												
	AcetaZOLAMIDE Tablet	Tab	37100010000305	0	No	No	No	No	N/A	No	Yes		
	AcetaZOLAMIDE 125 MG Tab (Diamox)												
	AcetaZOLAMIDE 250 MG UD (Diamox UNIT DOSE)	Tab	37100010000310	0	No	No	No	No	N/A	Yes	Yes		
	AcetaZOLAMIDE 250 MG Tab (Diamox)	Tab	37100010000310	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Acetic Acid HC Otic (10ML) 2-1%	Sol	87300020102000	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid HC otic (10ML) 2-1% ML (Vosol HC Otic)												
	Route(s): In Affected Ear(s)												
	Acetic Acid Irrigation 0.25%	Sol	56700040002005	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid 0.25%,1000ML irrigation (Acetic Acid Irrigation)												
	Route(s): Topically												
	Acetic Acid Otic (15 ML) 2%	Sol	87400010102010	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid Otic (15 ML) 2% solution (Acetasol Otic)												
	Route(s): In Affected Ear(s)												
	Acetic Acid/Alum acetate Otic 2%	Sol	87400025002010	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid/Alum Acetate Otic 2% (60ML) (Borofair Otic drops)												
	Route(s): In Affected Ear(s)												
	Acetylcholine Ophth 20 mg/2ml	Kit	86501010106405	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcholine Ophth 1:100 soln (Miochol-E system pak)												
	Route(s): In Affected Eye(s)												
	Advisories: ****FOR ANESTHESIA /SURGERY USE ONLY**** **Medical Referral Center (MRC) Use Only**												
	Acetylcysteine Inhalation Solution 10%	Sol	43300010002003	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine 10%, 30ML soln (Mucomyst-10)												
	Route(s): Intravenously, Orally												
	Acetylcysteine Inhalation Solution 20%	Sol	43300010002005	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine 20%, 30 ML soln (Mucomyst-20)												
	Route(s): Intravenously, Orally												
	Acyclovir Injection	Sol Recon	12405010102120	0	No	No	No	No	N/A	No	Yes		
	Acyclovir 500 MG injection (Zovirax)												
	Acyclovir 1000 MG injection (Zovirax)	Sol Recon	12405010102130	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Intravenously										
	Acyclovir Tablet/Capsule										
	Acyclovir 200 MG Cap (Zovirax)	Cap	12405010000110	0	No	No	No	No	N/A	No	Yes
	Acyclovir 200 MG Cap UD (Zovirax UNIT DOSE)	Cap	12405010000110	0	No	No	No	No	N/A	Yes	Yes
	Acyclovir 400 MG Tab (Zovirax)	Tab	12405010000320	0	No	No	No	No	N/A	No	Yes
	Acyclovir 800 MG TAB (Zovirax)	Tab	12405010000330	0	No	No	No	No	N/A	No	Yes
	Acyclovir 800 MG TAB UD (Acyclovir UNIT DOSE)	Tab	12405010000330	0	No	No	No	No	N/A	Yes	Yes
	Acyclovir 400 MG Tab UD (Zovirax UNIT DOSE)	Tab	12405010000320	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Adenosine Injection										
	Adenosine 3 MG/ML, 2ML INJ (Adenocard injection)	Sol	35500010002010	0	No	No	Yes	No	N/A	No	Yes
	Adenosine 3 MG/ML, 30ML INJ (Adenocard)	Sol	35500010002010	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Aerochamber Device										
	Aerochamber EA (Aerochamber)	Miscellaneous	97100550006200	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Albumin, Human										
	Albumin, Human 25%, 50 ML (Albuminar-25)	Sol	85400010002015	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Albuterol Inhaler HFA										
	Albuterol Inhaler HFA (6.7 GM) 90mcg (Proventil)	Aero Sol	44201010103410	0	No	Yes	No	No	N/A	No	Yes
	Albuterol Inhaler HFA (18 GM) 90 mcg (Ventolin HFA)	Aero Sol	44201010103410	0	No	Yes	No	No	N/A	No	Yes
	Albuterol Inhaler HFA (8.5 GM) 90mcg (Proventil)	Aero Sol	44201010103410	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Albuterol inhaler MDI 90 MCG/ACT										
	Albuterol Inhaler (17 GM) 90mcg (Proventil)	Aero Sol	44201010003405	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Albuterol Oral Syrup 2 MG/5ML										
	Albuterol Syrup (480ml) 2mg/5ml (Proventil Syrup)	Syrup	44201010101205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Albuterol Sulfate 0.083% neb solution										
	Albuterol Sulfate (3ml) 0.083% neb soln (Proventil)	Nebulization	44201010102515	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Albuterol Sulfate 0.5% Neb Solution										
	Albuterol Sulfate (20ml) 0.5% inh soln (Ventolin)	Nebulization	44201010102520	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Albuterol Sulfate Tablet										
	Albuterol Sulfate 2 mg tab (Proventil)	Tab	44201010100305	0	No	No	No	No	N/A	No	Yes
	Albuterol Sulfate 2 mg UD tab (Albuterol UNIT DOSE)	Tab	44201010100305	0	No	No	No	No	N/A	Yes	Yes
	Albuterol Sulfate 4 MG TAB (Proventil)	Tab	44201010100310	0	No	No	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
Alcohol, Isopropyl	Alcohol, Isopropyl 70%, 480ML btl (Alcohol)	Sol	96201050102070	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories: *****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****											
Alcohol, Isopropyl Pads	Alcohol, Isopropyl 70% PADS (Alcohol Pads)	Pad	97703040004300	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Route(s): Topically											
	Advisories: *****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****											
Alendronate Oral Solution 70 MG/75ML	Alendronate 70MG/75ML liq (Fosamax)	Sol	30042010102020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Alendronate Tablet	Alendronate 40 MG TAB (Fosamax)	Tab	30042010100340	0	No	No	No	No	N/A	No	Yes	
	Alendronate 10 MG TAB UD (Fosamax UNIT DOSE)	Tab	30042010100310	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 10 MG TAB (Fosamax)	Tab	30042010100310	0	No	No	No	No	N/A	No	Yes	
	Alendronate 5 MG TAB (Fosamax)	Tab	30042010100305	0	No	No	No	No	N/A	No	Yes	
	Alendronate 70 MG Tab (Fosamax)	Tab	30042010100370	0	No	No	No	No	N/A	No	Yes	
	Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	0	No	No	No	No	N/A	No	Yes	
	Alendronate 70 MG Tab UD (Fosamax)	Tab	30042010100370	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
Allopurinol Injection	Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
Allopurinol Tablet	Allopurinol 100 MG Tab UD (Zyloprim UNIT DOSE)	Tab	68000010000305	0	No	No	No	No	N/A	Yes	Yes	
	Allopurinol 100 MG Tab (ZYLOPRIM)	Tab	68000010000305	0	No	No	No	No	N/A	No	Yes	
	Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	0	No	No	No	No	N/A	No	Yes	
	Allopurinol 300 MG Tab UD (Zyloprim UNIT DOSE)	Tab	68000010000310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
ALOH Gel/Magnesium Trisilicate Gel	ALOH Gel/Magnesium Trisilicate 80 MG/20MG TAB (Foaming antacid tablets)	Tab Chew	48990002200505	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH-MGOH-Simethicone Tablet	ALOH-MGOH-Simethicone Regular TAB (Mylanta Chew Tab)	Tab Chew	48991003100510	0	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/Mag carb	Tablet															
	ALOH/Mag carb (Genaton) TAB (Genaton)	Tab Chew	48990004200510	0	No	No	No	No	No	N/A	No	Yes				
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/Mag Trisil	Tablet															
	ALOH/Mag Trisil (Gaviscon) Tab (Gaviscon)	Tab Chew	48990002200505	0	No	No	No	No	No	N/A	No	Yes				
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/Magnes (Gaviscon)	355ML Suspension															
	ALOH/Magnes (Gaviscon) 355ML 95/358 MG SUSP (Gaviscon)	Susp	48990002151810	0	No	Yes	No	No	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/Magnes/Simeth	1200/1200/12 MG Liquid															
	ALOH/Magnes/Simeth 30ML 1200/1200/12 MG liq (Mag-AI Plus 30 ML CUP)	Liq	48991003101810	0	No	Yes	No	No	N/A	Yes	Yes					
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/Magnes/Simeth	2400/2400/240 MG Liquid															
	ALOH/Magnes/Simeth 30ML 2400/2400/240 mg (Mag-AI Plus XS)	Liq	48991003101835	0	No	Yes	No	No	N/A	Yes	Yes					
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/MGOH (Alamag)	suspension															
	ALOH/MGOH suspension 360 ML susp (Alamag)	Susp	48990002101820	0	No	Yes	No	No	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
ALOH/MGOH (Maalox)	suspension															
	ALOH/MGOH (Maalox) suspension 150 ML (Maalox antacid suspension)	Susp	48990002101820	0	No	Yes	No	No	N/A	No	Yes					

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH (Mylanta) Suspension	ALOH/MGOH/Simeth (Mylanta) 355ML susp (Mylanta)	Susp	48991003101810	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH double strength Suspension	ALOH/MGOH double strength 360 ML susp (Mi-Acid Maximum Strength)	Susp	48991003101835	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/SIMETH ES susp	ALOH/MGOH/Simeth ES 150 ML susp (Maalox Extra Strength)	Susp	48991003101840	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/Simeth suspension	ALOH/MGOH/Simeth 150 ML susp (Maalox Plus Oral Suspension)	Susp	48991003101815	0	No	Yes	No	No	N/A	No	Yes		
	ALOH/MGOH/Simeth 30 ML, UD susp (Maalox Plus UNIT DOSE)	Susp	48991003101840	0	No	Yes	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/Simeth Tablet	ALOH/MGOH/Simeth 200/200/25 TAB (Mintox Plus tablets)	Tab Chew	48991003100515	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:	**Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
Alteplase Injection	Alteplase 2 MG inj (Cathflo)	Sol Recon	85601010002102	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
Alteplase, recomb Injection	Alteplase, recomb 100MG inj (Activase)	Sol Recon	85601010002120	0	No	No	Yes	No	N/A	No	Yes		
	Alteplase, recomb 50 MG inj (Activase)	Sol Recon	85601010002110	0	No	No	Yes	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	Route(s): Intravenously										
Alum Hydrox (473 ML) Gel	Alum Hydrox (473 ML) 320MG/5ML gel (Amphojel)	Susp	48100010201810	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**										
Alum Hydrox Capsule	Alum Hydrox 475 MG CAP (ALU-CAP)	Cap	48100010200104	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**										
Alum Hydrox Conc Gel	Alum Hydrox Conc (360ML) 600MG/5ML GEL (Amphojel)	Susp	48100010201830	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**										
Aluminum Acetate packets	Aluminum Acetate (Domeboro) External Packet 25 % (Domeboro)	Packet	90971002103020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
Aluminum Hyd/Ag. Silic. Tablet	Aluminum Hyd/Ag. Silic. TABS (Foamicon)	Tab Chew	48990002200505	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**										
Aluminun Acetate External Effervescent Tab 25 %	Aluminun Acetate External Effervescent Tab 25 % (Domeboro effer tab)	Tab Efferv	90971002100800	0	No	No	No	No	N/A	No	Yes
	Route(s): Topically										
Amino Acid 10% IV Soln	Amino Acid 10% 1000 ML IV soln (Aminosyn)	Sol	80302010102040	0	No	Yes	Yes	No	N/A	No	Yes
	Amino Acid 10% IV soln (Freamine)	Sol	80302010102040	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
Amino Acid 8.5% IV Soln	Amino Acid 8.5% 1000 ML IV soln (Freamine III 8.5%)	Sol	80302010102030	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
Amino Acid 8.5% w/Electrolyte IV Soln	Amino Acid 8.5% w/Elec 1000 ML inj (Freamine III 8.5% with electrolytes)	Sol	80302010152045	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Intravenously										
	Amino Acid/Dextrose 4.25/10 IV Soln										
	Amino Acid/Dex 4.25/10 IV soln (Clinimix)	Sol	80302010252032	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Amino Acid/Dextrose 4.25/25 IV Soln										
	Amino Acid/Dex 4.25/25 IV soln (Aminosyn II)	Sol	80302010352032	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Amino Acid/Dextrose w/Elec 4.25/10 IV Soln										
	Amino Acid/Dex w/Elec 4.25/10 IV soln (Clinimix E)	Sol	80302020602032	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Amino Acid/Dextrose w/Elec 4.25/25 IV Soln										
	Amino Acid/Dex w/Elec 4.25/25 IV soln (Clinimix E)	Sol	80302020752032	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Amino Acid/Dextrose w/Elec 5/25 IV Soln										
	Amino Acid/Dex w/Elec 5/25 IV soln 5 % (Clinimix E)	Sol	80302020752040	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Amino Acid/Glycerin w/Elec 3/3 IV Soln										
	Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)	Sol	80302010152010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Aminocaproic Acid Injection										
	Aminocaproic Acid 250 MG/ML inj (Amicar)	Sol	84100010002005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Aminocaproic Acid Syrup 250 MG/ML										
	Aminocaproic Acid (480ML) 250 MG/ML syrp (Amicar)	Syrup	84100010001205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Aminocaproic Acid Tablet										
	Aminocaproic Acid 500 MG TAB (Amicar)	Tab	84100010000305	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Aminophylline Injection										
	Aminophylline 25MG/ML, 20ML inj (Aminophylline)	Sol	44300010002010	0	No	Yes	No	No	N/A	No	Yes
	Aminophylline 25MG/ML,10ML inj (Aminophylline)	Sol	44300010002010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Amiodarone Injection										
	Amiodarone 50MG/ML,3ML inj (Cordarone IV)	Sol	35400005002020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Formulary Restrictions:										
	****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****										
	Amiodarone Tablet										
	Amiodarone 200 MG Tab UD (Pacerone UNIT DOSE)	Tab	35400005000305	0	No	No	No	No	N/A	Yes	Yes
	Amiodarone 200 MG TAB (Pacerone)	Tab	35400005000305	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Route(s): Orally											
	Formulary Restrictions:											
	****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****											
	Amitriptyline Tablet											
	Amitriptyline 10 MG TAB (Elavil)	Tab	58200010100305	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 10 MG TAB UD (Elavil)	Tab	58200010100305	0	No	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 100 MG Tab (Elavil)	Tab	58200010100325	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 100 MG Tab UD (Elavil UNIT DOSE)	Tab	58200010100325	0	No	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 150 MG Tab (Elavil)	Tab	58200010100330	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 150 MG Tab UD (Elavil UNIT DOSE)	Tab	58200010100330	0	No	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 25 MG Tab UD (Elavil)	Tab	58200010100310	0	No	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 25 MG Tab (Elavil)	Tab	58200010100310	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 50 MG Tab (Elavil)	Tab	58200010100315	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 75 MG Tab (Elavil)	Tab	58200010100320	0	No	No	Yes	No	N/A	No	Yes	
	Amitriptyline 75 MG Tab UD (Elavil)	Tab	58200010100320	0	No	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 50 MG Tab UD (Elavil)	Tab	58200010100315	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****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****											
	MLP Requires Cosign											
	Amlodipine Tablet											
	Amlodipine 10 MG UD (Norvasc UNIT DOSE)	Tab	34000003100340	0	No	No	No	No	N/A	Yes	Yes	
	Amlodipine 10 MG TAB (Norvasc)	Tab	34000003100340	0	No	No	No	No	N/A	No	Yes	
	Amlodipine 2.5 MG TAB (Norvasc)	Tab	34000003100320	0	No	No	No	No	N/A	No	Yes	
	Amlodipine 5 MG TAB UD (Norvasc UNIT DOSE)	Tab	34000003100330	0	No	No	No	No	N/A	Yes	Yes	
	Amlodipine 5 MG TAB (Norvasc)	Tab	34000003100330	0	No	No	No	No	N/A	No	Yes	
	Amlodipine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****BID DOSING NOT APPROVED****											
	Ammonia Aromatic Inhalation											
	Ammonia Aromatic 0.33 AMP inhalation (Ammonia Aromatic)	Inhaler	99000015102400	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Amoxicillin Capsule											
	Amoxicillin 250 MG CAP (Trimox)	Cap	01200010100105	0	No	No	No	No	N/A	No	Yes	
	Amoxicillin 250 MG CAP UD (Trimox UNIT DOSE)	Cap	01200010100105	0	No	No	No	No	N/A	Yes	Yes	
	Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	0	No	No	No	No	N/A	No	Yes	
	Amoxicillin 500 MG CAP UD (Trimox UNIT DOSE)	Cap	01200010100110	0	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Amoxicillin Suspension											
	Amoxicillin 400 MG/5ML (Amoxil)	Susp Recon	01200010101924	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)	Susp Recon	01200010101910	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin 250 MG/5ML (Amoxil)	Susp Recon	01200010101915	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Amoxicillin Tablet											
	Amoxicillin 875 MG TAB (Amoxil)	Tab	01200010100315	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Amoxicillin/Clav Suspension											
	Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)	Susp Recon	01990002201920	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmentin)	Susp Recon	01990002201915	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin/Clav 400MG/5ML susp (Augmentin)	Susp Recon	01990002201935	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin/Clav (200ML) 600/42.9 susp (Augmentin)	Susp Recon	01990002201960	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****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**											
	MLP Requires Cosign											
	Amoxicillin/Clav Tablet											
	Amoxicillin/Clav 250/125MG TAB (Augmentin)	Tab	01990002200310	0	No	Yes	No	No	N/A	No	Yes	
	Amoxicillin/Clav 500/125MG TAB (Augmentin)	Tab	01990002200320	0	No	No	No	No	N/A	No	Yes	
	Amoxicillin/Clav 500/125MG TAB UD (Augmentin UNIT DOSE)	Tab	01990002200320	0	No	No	No	No	N/A	Yes	Yes	
	Amoxicillin/Clav 875/125MG TAB (Augmentin)	Tab	01990002200340	0	No	No	No	No	N/A	No	Yes	
	Amoxicillin/Clav 875/125MG UD (Augmentin UNIT DOSE)	Tab	01990002200340	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****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**											
	MLP Requires Cosign											
	Amphoter B Lipid Cpx Injection											
	Amphoter B Lipid Cpx 5MG/ML inj (Abelcet)	Susp	11000010301820	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Amphoter B Liposome Injection											
	Amphoter B Liposome 50 MG inj (Ambisone)	Susp Recon	11000010401920	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Amphotericin B Injection											
	Amphotericin B 50 MG inj (Amphotericin B)	Sol Recon	11000010002105	0	No	Yes	Yes	No	N/A	No	Yes	
	Amphoter B 50 MG inj (Fungizone)	Sol Recon	11000010002105	0	No	Yes	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Intravenously											
	Ampicillin Injection											
	Ampicillin 1 GM ADV inj (Ampicillin)	Sol Recon	01200020302122	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin 1 GM inj (Ampicillin)	Sol Recon	01200020302120	0	No	Yes	No	No	N/A	No	Yes	
	Ampicillin 2 GM inj (Ampicillin)	Sol Recon	01200020302125	0	No	Yes	No	No	N/A	No	Yes	
	Ampicillin 2 GM ADV inj (Ampicillin)	Sol Recon	01200020302127	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Ampicillin/Sulbactam Injection											
	Ampicillin/Sulbactam 3GM inj (Unasyn)	Sol Recon	01990002252122	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 1.5GM inj (Unasyn)	Sol Recon	01990002252112	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 3GM inj ADV (Unasyn)	Sol Recon	01990002252122	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 1.5GM inj ADV (Unasyn)	Sol Recon	01990002252112	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Amprenavir (240 ML) Solution 15 MG/ML											
	Amprenavir (240 ML) 15 MG/ML soln (Agenerase)	Sol	12104510002020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Amprenavir Capsule											
	Amprenavir 150 MG CAP (Agenerase)	Cap	12104510000140	0	No	No	No	No	N/A	No	Yes	
	Amprenavir 50 MG CAP (Agenerase)	Cap	12104510000120	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Anticoagulant sod citrate conc											
	Anticoagulant sod citrate conc 46.7%, 30ML inj (TriCitrasol)	Concentrate	83400080101320	0	No	Yes	No	No	N/A	No	Yes	
	Advisories:											
	FDA warning - not for use in hemodialysis units											
	Antihemophilic Factor-VWF Injection											
	Antihemophilic -VWF (Humate-P) 250-500 UNIT (Humate-P)	Sol Recon	85100015102120	0	No	No	No	No	N/A	No	Yes	
	Antihemophilic -VWF (Humate-P) 500-1000 UNIT (Humate-P)	Sol Recon	85100015102130	0	No	No	No	No	N/A	No	Yes	
	Antihemophilic -VWF (Humate-P) 1000-2000 UNIT (Humate-P)	Sol Recon	85100015102140	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Antihemophilic, factor VIII Injection											
	Antihemophilic, factor VIII 1 IU inj (Monarc-M)	Sol Recon	85100010002120	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****HUMAN****											
	Antipyrine & Benzocaine Otic											
	Antipyrine & Benzocaine otic (15ML) soln (Aurodex)	Sol	87992002202010	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Route(s): In Affected Ear(s)												
Apraclonidine 0.5% Ophthalmic Solution	Apraclonidine ophth 0.5% (5 ML) soln (Iopidine)	Sol	86602010102010	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): In Affected Eye(s)												
	Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****												
Apraclonidine 1% Ophthalmic Solution	Apraclonidine ophth 1% (5 ML) soln (Iopidine)	Sol	86602010102020	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): In Affected Eye(s)												
	Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****												
Arginine Injection	Arginine HCL 10% inj (R-Gen 10)	Sol	94200012102005	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
Aripiprazole Oral Solution 1 MG/ML	Aripiprazole Oral Soln 1 MG/ML, 150ML (Abilify)	Sol	59250015002020	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Orally												
Aripiprazole Tablet	Aripiprazole 10 MG Tab (Abilify)	Tab	59250015000320	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 10 MG UD Tab (Abilify)	Tab	59250015000320	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Aripiprazole 15 MG Tab (Abilify)	Tab	59250015000330	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 15 MG UD Tab (Abilify)	Tab	59250015000330	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Aripiprazole 20 MG Tab (Abilify)	Tab	59250015000340	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 30 MG Tab (Abilify)	Tab	59250015000350	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 5 MG Tab (Abilify)	Tab	59250015000310	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 20 MG UD Tab (Abilify)	Tab	59250015000340	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Aripiprazole 30 MG UD Tab (Abilify)	Tab	59250015000350	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Aripiprazole 5 MG TAB UD (Abilify)	Tab	59250015000310	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Aripiprazole 2 MG Tab (Abilify)	Tab	59250015000305	0	No	No	Yes	No	N/A	No	Yes		Yes
	Aripiprazole 2 MG Tab UD (Abilify)	Tab	59250015000305	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Route(s): Orally												
	MLP Requires Cosign												
ASCENSIA AUTODISC	Diabetic supply -Ascensia Autodisc	Strip	94100030006100	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): Topically												
Ascensia Breeze 2	Diabetic supply-Ascensia Breeze 2 Disks (Ascensia Breeze 2 In Vitro Disk)	Disk	94100030009800	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): Topically												
Ascensia Breeze 2 System	Diabetic Supply-Ascensia Breeze 2 System w/devic (Ascensia Breeze 2 System Kit w/Device)	Kit	97202010006410	0	No	Yes	No	No	N/A	No	Yes		Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose Unit</u>	<u>Fmlry</u>
	Route(s): Topically											
Ascensia Breeze Monitor	Diabetic Supply-Ascensia Breeze Monitor Kit (Ascensia Breeze Monitor Kit)	Kit	97202010006410	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Asparaginase Injection	Asparaginase 10000 IU inj (Elspar)	Sol Recon	21250010002110	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Advisories: **Do Not Filter**											
Aspirin Suppository	Aspirin 300 MG supp (Aspirin)	Supp	64100010005220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Aspirin Tablet	Aspirin 800 MG TAB (Zorprin)	Tab ER	64100010000405	0	No	No	No	No	N/A	No	Yes	
	Aspirin 81 MG Tab (Aspirin)	Tab Chew	64100010000510	0	No	No	No	No	N/A	No	Yes	
	Aspirin 325 MG TAB UD (Aspirin)	Tab	64100010000315	0	No	No	No	No	N/A	Yes	Yes	
	Aspirin 325 MG TAB (Aspirin)	Tab	64100010000315	0	No	No	No	No	N/A	No	Yes	
	Aspirin 500 MG TAB (Aspirin)	Tab DR	64100010000607	0	No	No	No	No	N/A	No	Yes	
	Aspirin 81 MG TAB UD (Aspirin)	Tab	64100010000307	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Aspirin, E.C. Tablet	Aspirin, E.C. 325 MG UD (Aspirin)	Tab DR	64100010000605	0	No	No	No	No	N/A	Yes	Yes	
	Aspirin, E.C. 325 MG Tab (Ecotrin)	Tab DR	64100010000605	0	No	No	No	No	N/A	No	Yes	
	Aspirin 81 MG EC Tab UD (Aspirin E.C.)	Tab DR	64100010000601	0	No	No	No	No	N/A	Yes	Yes	
	Aspirin 81 MG EC Tab (Aspirin E.C.)	Tab DR	64100010000601	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Atazanavir Sulfate Capsule	Atazanavir Sulfate 100 MG CAP (Reyataz)	Cap	12104515200120	0	No	No	No	No	N/A	No	Yes	
	Atazanavir Sulfate 150 MG CAP (Reyataz)	Cap	12104515200130	0	No	No	No	No	N/A	No	Yes	
	Atazanavir Sulfate 200 MG CAP (Reyataz)	Cap	12104515200140	0	No	No	No	No	N/A	No	Yes	
	Atazanavir Sulfate 300 MG CAP (Reyataz)	Cap	12104515200150	0	No	No	No	No	N/A	No	Yes	
	Atazanavir Sulfate 150 MG CAP UD (Reyataz)	Cap	12104515200130	0	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmily</u>
	Route(s): Orally												
	Formulary Restrictions:												
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Atenolol Tablet												
	Atenolol 100 MG TAB (Tenormin)	Tab	33200020000310	0	No	No	No	No	No	N/A	No	Yes	
	Atenolol 100 MG UD (Tenormin)	Tab	33200020000310	0	No	No	No	No	No	N/A	Yes	Yes	
	Atenolol 25 MG TAB (Tenormin)	Tab	33200020000303	0	No	No	No	No	No	N/A	No	Yes	
	Atenolol 25 MG TAB UD (Tenormin)	Tab	33200020000303	0	No	No	No	No	No	N/A	Yes	Yes	
	Atenolol 50 MG TAB (Tenormin)	Tab	33200020000305	0	No	No	No	No	No	N/A	No	Yes	
	Atenolol 50 MG TAB UD (Tenormin)	Tab	33200020000305	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Atropine Injection												
	Atropine 1MG/ML inj (Atropine)	Sol	49101010102030	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
	Atropine Ophth Solution 1%												
	Atropine ophth 1%, 15ML soln (Atropine)	Sol	86350010102010	0	No	No	No	No	No	N/A	No	Yes	
	Atropine ophth 1%, 5ML soln (Atropine)	Sol	86350010102010	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
	Atropine sulfate Injection 0.1mg/ml												
	Atropine sulfate 0.1MG/ML inj (Atropine)	Sol	49101010102010	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
	Atropine sulfate Injection 0.4mg/ml												
	Atropine sulfate 0.4MG/ML inj (Atropine)	Sol	49101010102020	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
	Aveeno Shower & Bath												
	Aveeno Shower & Bath External Oil (Aveeno Shower & Bath)	Oil	90400000001700	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Topically												
	Formulary Restrictions:												
	Inpatient Use only*												
	Azathioprine Sodium Inj												
	Azathioprine Sodium Inj Soln Reconst 100 MG (Azathioprine Sodium Inj)	Sol Recon	99406010102110	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously												
	Azathioprine Tablet												
	Azathioprine 50 MG TAB (Imuran)	Tab	99406010000305	0	No	No	No	No	No	N/A	No	Yes	
	Azathioprine 100 MG TAB (Imuran)	Tab	99406010000325	0	No	No	No	No	No	N/A	No	Yes	
	Azathioprine 75 MG TAB (Imuran)	Tab	99406010000315	0	No	No	No	No	No	N/A	No	Yes	
	Azathioprine 50 MG TAB UD (Imuran)	Tab	99406010000305	0	No	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Azithromycin (Tri-Pak)												
	Azithromycin Tab 500 MG, (Tri-Pak) (Zithromax Tri-Pak)	Tab	03400010000334	0	No	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally **MLP Requires Cosign**											
	Azithromycin (Z-Pak) Azithromycin Tab 250 MG, (Z-Pak) (Zithromax Z-Pak) Route(s): Orally **MLP Requires Cosign**	Tab	03400010000320	0	No	Yes	No	No	N/A	No	Yes	
	Azithromycin Injection Azithromycin INJ 500 MG vial (Zithromax) Route(s): Intravenously **MLP Requires Cosign**	Sol Recon	03400010002120	0	No	Yes	Yes	No	N/A	No	Yes	
	Azithromycin Tablet Azithromycin Tab 600 MG (Zithromax)	Tab	03400010000340	0	No	No	No	No	N/A	No	Yes	
	Azithromycin Tab 250 MG (Zithromax)	Tab	03400010000320	0	No	No	No	No	N/A	No	Yes	
	Azithromycin Tab 250 MG UD (Zithromax)	Tab	03400010000320	0	No	No	No	No	N/A	Yes	Yes	
	Azithromycin Tab 600 MG UD (Zithromax)	Tab	03400010000340	0	No	No	No	No	N/A	Yes	Yes	
	Azithromycin Tab 500 MG Route(s): Orally **MLP Requires Cosign**	Tab	03400010000334	0	No	No	No	No	N/A	No	Yes	
	Bacillus Calmette-Guerin Vacc inj Bacillus Calmette-Guerin Vacc inj (Tice BCG vaccine) Formulary Restrictions: *****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY***** **Medical Referral Center (MRC) Use Only**	Susp Recon	21700013001930	0	No	Yes	No	No	N/A	No	Yes	
	Bacitracin/Poly B Ophth Oint 500-10000 Unit/GM Bacitracin/Poly B ophth 3.5 GM oint (Poly-Bac) Route(s): In Affected Eye(s)	Oint	86109902104200	0	No	Yes	No	No	N/A	No	Yes	
	Bacitracin/Polymyxin B ointment Bacitracin/Polymyxin B oint UD (Polysporin)	Oint	90109802104200	0	No	Yes	No	No	N/A	Yes	Yes	
	Bacitracin/Poly B 28.4 GM oint (Polysporin)	Oint	90109802104200	0	No	Yes	No	No	N/A	No	Yes	
	Bacitracin/Polymyxin B oint 14.17GM (Polysporin) Route(s): Topically Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Oint	90109802104200	0	No	Yes	No	No	N/A	No	Yes	
	Bacteriostatic water Bacteriostatic water 30ML inj (Bacteriostatic water) Route(s): Intravenously	Sol	98401020002000	0	No	Yes	Yes	No	N/A	No	Yes	
	Balanced salt solution Balanced salt solution 500 ML (BSS) Route(s): In Affected Eye(s)	Sol	86803000002000	0	No	No	No	No	N/A	No	Yes	
	Barium sulfate 1.5% susp Barium sulfate 1.5% susp (Baro-Cat)	Susp	94401010101820	0	No	Yes	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Barium sulfate 2.2% susp	Susp	94401010101827	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium sulfate 2.2% susp (Mede-Scan)											
	Route(s): Orally											
	Barium Sulfate for Suspension (Packet)	Packet	94401010103010	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium Sulfate Oral Packet 2 % (E-Z- Cat dry)											
	Route(s): Orally											
	Beclomethasone HFA Oral Inhaler 40 Mcg/ACT	Aero Sol	44400010103408	0	No	Yes	No	No	N/A	No	Yes	
	Beclomethasone HFA inh 40 MCG (7.3GM) (QVAR)											
	Route(s): Orally											
	Beclomethasone HFA Oral Inhaler 80 Mcg/ACT	Aero Sol	44400010103428	0	No	Yes	No	No	N/A	No	Yes	
	Beclomethasone HFA inh 80 MCG (7.3GM) (QVAR)											
	Route(s): Orally											
	Belladonna and Opium Suppository	Supp	49109902155210	2	No	Yes	Yes	No	N/A	No	Yes	
	Belladonna and opium 15A supp (B & O)	Supp	49109902155220	2	No	Yes	Yes	No	N/A	Yes	Yes	
	Belladonna and opium 16A supp (B&O)											
	Route(s): Rectally											
	Formulary Restrictions:											
	Inpatient use only; order may not exceed 3 days											
	Medical Referral Center (MRC) Use Only											
	MLP Requires Cosign											
	Benzo/Butamben/Tetra	Aero	90859903403220	0	No	Yes	Yes	No	N/A	No	Yes	
	Benzo/Butamben/Tetra 56GM spry (Cetacaine)											
	Route(s): Topically											
	Formulary Restrictions:											
	****Pill line or clinic Use only****											
	Benzocaine Mouth/Throat Paste 20 %	Paste	88350010004420	0	No	Yes	No	No	N/A	No	Yes	
	Benzocaine Mouth/Throat Paste 20 % (Orabase-B)											
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Benzoin Compound tincture	Tincture	90972010101500	0	No	Yes	No	No	N/A	No	Yes	
	Benzoin Compound tincture 60 ML (Benzoin Compound)											
	Route(s): Topically											
	Benzonatate Capsule	Cap	43102010000110	0	No	No	No	No	N/A	No	Yes	
	Benzonatate 200 MG CAP (Tessalon)	Cap	43102010000105	0	No	No	No	No	N/A	No	Yes	
	Benzonatate 100 MG CAP (Tessalon)	Cap	43102010000105	0	No	No	No	No	N/A	Yes	Yes	
	Benzonatate 100 MG CAP UD (Tessalon)											
	Route(s): Orally											
	Formulary Restrictions:											
	maximum length of therapy 5 days											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	MLP Requires Cosign												
	Benztropine Injection												
	Benztropine 1MG/ML, 2ML inj (Cogentin)	Sol	73100010102005	0	No	Yes	Yes	No	N/A	Yes	Yes		
	Route(s): Intramuscularly, Intravenously												
	Advisories:												
	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****												
	MLP Requires Cosign												
	Benztropine Tablet												
	Benztropine 0.5 MG Tab (Cogentin)	Tab	73100010100305	0	No	No	Yes	No	N/A	No	Yes		
	Benztropine 1 MG Tab (Cogentin)	Tab	73100010100310	0	No	No	Yes	No	N/A	No	Yes		
	Benztropine 1 MG Tab UD (Cogentin)	Tab	73100010100310	0	No	No	Yes	No	N/A	Yes	Yes		
	Benztropine 2 MG Tab (Cogentin)	Tab	73100010100315	0	No	No	Yes	No	N/A	No	Yes		
	Benztropine 2 MG Tab UD (Cogentin)	Tab	73100010100315	0	No	No	Yes	No	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories:												
	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****												
	MLP Requires Cosign												
	Betamethasone Dip 0.05% Cream												
	Betamethasone Dip 15GM 0.05% crea (Diprosone)	Cm	90550020003705	0	No	Yes	No	No	N/A	No	Yes		
	Betamethasone Dip 45GM 0.05% crea (Diprosone)	Cm	90550020003705	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Betamethasone Dip 0.05% Lotion												
	Betamethasone Dip 60ML 0.05% lot (Diprosone)	Lotion	90550020004105	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Betamethasone Dip 0.05% Ointment												
	Betamethasone Dip 15GM 0.05% oint (Diprosone)	Oint	90550020004205	0	No	Yes	No	No	N/A	No	Yes		
	Betamethasone Dip 45GM 0.05% oint (Diprosone)	Oint	90550020004205	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Betamethasone Val 0.1% Cream												
	Betamethasone Val 15GM 0.1% crea (Beta-Val)	Cm	90550020103710	0	No	Yes	No	No	N/A	No	Yes		
	Betamethasone Val 45 GM 0.1% crea (Beta-Val)	Cm	90550020103710	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Betamethasone Val 0.1% Lotion												
	Betamethasone Val 60ML, 0.1% lot (Beta-Val)	Lotion	90550020104105	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Betamethasone Val 0.1% Ointment												
	Betamethasone Val 15GM 0.1% oint (Beta-Val)	Oint	90550020104205	0	No	Yes	No	No	N/A	No	Yes		
	Betamethasone Val 45 GM 0.1% oint (Beta-Val)	Oint	90550020104205	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Topically											
Betaxolol	0.25% Opth Suspension											
	Betaxolol ophth 0.25%, 5ML susp (Betoptic-S)	Susp	86250010101810	0	No	Yes	No	No	N/A	No	Yes	
	Betaxolol ophth 0.25%, 10ML susp (Betoptic-S)	Susp	86250010101810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Betaxolol	0.5% Opth Solution											
	Betaxolol ophth 0.5%, 5ML soln (Betoptic)	Sol	86250010102005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Bethanecol	Tablet											
	Bethanecol 25 MG TAB (Urecholine)	Tab	54000010100315	0	No	No	No	No	N/A	No	Yes	
	Bethanecol 50 MG TAB (Urecholine)	Tab	54000010100320	0	No	No	No	No	N/A	No	Yes	
	Bethanecol 10 MG TAB (Urecholine)	Tab	54000010100310	0	No	No	No	No	N/A	No	Yes	
	Bethanecol 10 MG TAB UD (Urecholine)	Tab	54000010100310	0	No	No	No	No	N/A	Yes	Yes	
	Bethanecol 25 MG TAB UD (Urecholine)	Tab	54000010100315	0	No	No	No	No	N/A	Yes	Yes	
	Bethanecol 5 MG TAB (Urecholine)	Tab	54000010100305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Bevacizumab	Injection											
	Bevacizumab 25 MG/ML inj (Avastin)	Sol	21335020002020	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Medical Referral Center (MRC) Use Only											
Bicalutamide	Tablet											
	Bicalutamide 50 MG TAB (Casodex)	Tab	21402420000320	0	No	No	No	No	N/A	No	Yes	
	Bicalutamide 50 MG TAB UD (Casodex)	Tab	21402420000320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
Bisacodyl E.C.	Tablet											
	Bisacodyl E.C. 5 MG TAB UD (Dulcolax)	Tab DR	46200010000610	0	No	No	No	No	N/A	Yes	Yes	
	Bisacodyl E.C. 5 MG TAB (Dulcolax)	Tab DR	46200010000610	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Bisacodyl	Suppository											
	Bisacodyl 10 MG supp (Dulcolax)	Supp	46200010005205	0	No	No	No	No	N/A	No	Yes	
	Route(s): Rectally											
Bismuth Subsal	Suspension 524 MG/30ML											
	Bismuth Subsal 262MG/15ML (240 ML) susp (Pepto-Bismol)	Susp	47300010001805	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Bismuth Subsal	Tablet											
	Bismuth Subsal 262 MG TAB (Pepto-Bismol)	Tab Chew	47300010000507	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Bleomycin sulfate	Injection											
	Bleomycin sulfate 30 Units inj (Blenoxane)	Sol Recon	21200010102115	0	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Boric Acid 10% Ointment											
	Boric Acid 10% oint (Boric Acid ointment)	Oint	90970020004210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Boric Acid in Isopropyl Otic Solution											
	Boric Acid in Isopropyl Otic Solution (Auro-Dri)	Sol	87993010002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Ear(s)											
	Brimonidine 0.15% Opth Solution											
	Brimonidine ophth (5ML) 0.15% soln (Alphagan P)	Sol	86602020102007	0	No	Yes	No	No	N/A	No	Yes	
	Brimonidine ophth (15ML) 0.15% soln (Alphagan P)	Sol	86602020102007	0	No	Yes	No	No	N/A	No	Yes	
	Brimonidine ophth (10ML) 0.15% soln (Alphagan P)	Sol	86602020102007	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Brimonidine Tartrate 0.1% soln											
	Brimonidine Tartrate Ophth 0.1 % Soln (10ML) (Alphagan)	Sol	86602020102005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Brimonidine Tartrate 0.2% Ophth Soln											
	Brimonidine Tartrate Ophth 0.2 % Soln (5ml) (Alphagan)	Sol	86602020102010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Bromocriptine Tab/Cap											
	Bromocriptine 5 MG CAP (Parlodel)	Cap	73200020100105	0	No	No	No	No	N/A	No	Yes	
	Bromocriptine 2.5 MG TAB (Parlodel)	Tab	73200020100305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Bupivacaine HCl 0.25% Injection											
	Bupivacaine HCl 0.25% ML Inj (Marcaine)	Sol	69100010102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Bupivacaine HCl 0.5% Injection											
	Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Bupivacaine HCl 0.75% Injection											
	Bupivacaine HCl 0.75% ML Inj (Marcaine)	Sol	69100010102015	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Bupivacaine-Epinephrine 0.25% Injection											
	Bupivacaine-Epinephrine Inj Soln 0.25 % (Bupivacaine-Epinephrine)	Sol	69991002102010	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Bupivacaine-Epinephrine 0.5% Injection											
	Bupivacaine-Epinephrine Inj Soln 0.5 % (Bupivacaine-Epinephrine)	Sol	69991002102015	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Bupivacaine-Epinephrine 0.75% Injection											
	Bupivacaine-Epinephrine Inj Soln 0.75 % (Bupivacaine-Epinephrine)	Sol	69991002102020	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmlly
	Route(s): Intravenously											
	Buprenorphine HCL Injection											
	Buprenorphine HCL 0.3 MG/ML inj (Buprenex)	Sol	65200010102005	3	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Formulary Restrictions: ****FOR ANESTHESIA/SURGERY USE ONLY**** Is this order for anesthesia/surgery use?*											
	buPROPion SR 12 Hour Tablet											
	buPROPion SR 12 Hour 100 MG Tab (Wellbutrin SR)	Tab ER 12 Hou	58300040107420	0	No	No	Yes	No	N/A	No	Yes	
	buPROPion SR 12 Hour 150 MG Tab (Wellbutrin SR)	Tab ER 12 Hou	58300040107430	0	No	No	Yes	No	N/A	No	Yes	
	buPROPion SR 12 Hour 200 MG Tab (Wellbutrin SR)	Tab ER 12 Hou	58300040107440	0	No	No	Yes	No	N/A	No	Yes	
	buPROPion SR 12 Hour 100 MG Tab UD (Wellbutrin SR)	Tab ER 12 Hou	58300040107420	0	No	No	Yes	No	N/A	Yes	Yes	
	buPROPion SR 12 Hour 150 MG Tab UD (Wellbutrin SR)	Tab ER 12 Hou	58300040107430	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions: ****NOT APPROVED FOR SMOKING CESSATION THERAPY**** **MLP Requires Cosign**											
	BusPIRone Tablet											
	BusPIRone 15 MG UD (Buspar)	Tab	57200005100330	0	No	No	No	No	N/A	Yes	Yes	
	BusPIRone 15 MG TAB (Buspar)	Tab	57200005100330	0	No	No	No	No	N/A	No	Yes	
	BusPIRone 30 MG TAB (Buspar)	Tab	57200005100340	0	No	No	No	No	N/A	No	Yes	
	BusPIRone 7.5 MG TAB (Buspar)	Tab	57200005100315	0	No	No	No	No	N/A	No	Yes	
	BusPIRone 10 MG TAB (Buspar)	Tab	57200005100320	0	No	No	No	No	N/A	No	Yes	
	BusPIRone 10 MG UD (Buspar)	Tab	57200005100320	0	No	No	No	No	N/A	Yes	Yes	
	BusPIRone 5 MG TAB (Buspar)	Tab	57200005100310	0	No	No	No	No	N/A	No	Yes	
	BusPIRone 5 MG UD (Buspar)	Tab	57200005100310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Busulfan Intravenous solution 6 mg/ml											
	Busulfan Intravenous Solution 6 MG/ML (Busulfex Intravenous Soln)	Sol	21100010002020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Busulfan Tablet											
	Busulfan 2 MG Tab (Myleran)	Tab	21100010000305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Butorphanol Injection											
	Butorphanol 2 MG/ML inj (Stadol)	Sol	65200020102010	4	No	Yes	Yes	No	N/A	No	Yes	
	Butorphanol 1 MG/ML inj (Stadol)	Sol	65200020102005	4	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Formulary Restrictions: ****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**											
	Calamine Lotion											
	Calamine Lotion 120 ML (Calamine)	Lotion	90971010004100	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u>
	Route(s): Topically Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
	Calci-Chew Cherry Tab Calcium Carb (Calci-Chew) Cherry 1250 MG Tab (Calci-Chew) Route(s): Orally	Tab Chew	79100007000515	0	No	No	No	No	N/A	No	Yes
	Calcipotriene Cream 0.005% Calcipotriene Cream 0.005% 60 gm (Dovonex) Calcipotriene Cream 0.005 % (120 gm) (Dovonex) Calcipotriene Cream 0.005 % 30 gm (Dovonex Cream) Route(s): Topically Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**	Cm Cm Cm	90250025003710 90250025003710 90250025003710	0 0 0	No No No	Yes Yes Yes	No No No	No No No	N/A N/A N/A	No No No	Yes Yes Yes
	Calcipotriene oint 0.005% Calcipotriene Ointment 0.005 % 60 gm (Dovonex) Route(s): Topically Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**	Oint	90250025004210	0	No	Yes	No	No	N/A	No	Yes
	Calcipotriene soln 0.005% Calcipotriene Soln 0.005% 60ml (Dovonex) Route(s): Topically Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**	Sol	90250025002020	0	No	Yes	No	No	N/A	No	Yes
	Calcitonin Salmon Inj 200IU/ML Calcitonin Salmon, 2ML 200IU/ML Inj (Miacalcin) Route(s): Per Nostril	Sol	30043020002020	0	No	Yes	Yes	No	N/A	No	Yes
	Calcitonin Salmon Intranasal 200 Unit/Act Calcitonin Salmon Intranasal 200IU/DOSE ML (Miacalcin) Route(s): Per Nostril	Sol	30043020002080	0	No	Yes	No	No	N/A	No	Yes
	Calcitriol Capsule Calcitriol 0.5 MCG Cap (Rocaltrol) Calcitriol 0.25 MCG Cap (Rocaltrol) Calcitriol 0.25 MCG Cap UD (Rocaltrol) Calcitriol 0.5 MCG Cap UD Route(s): Orally Advisories: ****ORAL ROUTE PREFERRED****	Cap Cap Cap Cap	77202036000110 77202036000105 77202036000105 77202036000110	0 0 0 0	No No No No	No No No No	No No No No	No No No No	N/A N/A N/A N/A	No No Yes Yes	Yes Yes Yes Yes
	Calcitriol Injection Calcitriol 1 MCG/ML Inj (Calcijex)	Sol	77202036002005	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Intravenously											
	Advisories: ****ORAL ROUTE PREFERRED****											
	Calcium Acetate Tablet/Capsule											
	Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	0	No	No	No	No	N/A	No	Yes	
	Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	0	No	No	No	No	N/A	No	Yes	
	Calcium Acetate 667 MG Tab UD (PhosLo)	Tab	52800020100320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Calcium Carbonate											
	Calcium Carbonate 648 MG Tab (Calcium Carbonate)	Tab	79100007000330	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**											
	Calcium Carbonate (Oyster)											
	Calcium Carbonate 500 MG Tab (Oyst-Cal 500)	Tab	79100070000320	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**											
	Calcium carbonate 600 + D											
	Calcium Carbonate/Vit D 600/200MG Tab (Caltrate with D)	Tab	79109902630365	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**											
	Calcium carbonate 600 Plus-Vit D											
	Caltrate Carbonate -Vit D Tab 600-200MG-Unit (Caltrate 600 Plus-Vit D Oral Tablet 600-200MG-Unit)	Tab	79109902100325	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Calcium Carbonate Capsule											
	Calcium Carbonate 1250 MG Caps (Calcil-Mix (Calcium Elem 500MG))	Cap	79100007000120	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**											
	Calcium Carbonate Chew (Tums Ultra)											
	Calcium Carbonate Chew Tab 1000MG Antacid (Tums Ultra strength)	Tab	48300010000330	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**											
	Calcium Carbonate Chewable Tab											
	Calcium Carbonate Chew Tab 650MG (Tums)	Tab	48300010000310	0	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate Chew Tab 500MG (Tums)	Tab Chew	48300010000510	0	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate Chew Tab 750MG (Tums EX)	Tab Chew	48300010000520	0	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
	Calcium Carbonate Tablet												
	Calcium Carbonate 600 MG Tab (Caltrate)	Tab	79100007000350	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate 1250 MG Tab	Tab	79100007000345	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate 648 MG Tab	Tab	79100007000330	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
	Calcium Carbonate-Vit D-Min												
	Calcium Carbonate/Vit D 600-400 MG-UNIT Tab (Caltrate D 600/400)	Tab	79109903450350	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
	Calcium Carbonate/Vit D Tablet												
	Calcium Carbonate/Vit D 500/200MG Tab (Oyst-Cal D)	Tab	79109902630345	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate/Vit D 250/125MG Tab (Oyster shell calium/c 250/125)	Tab	79109902630330	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate/Vit D 500/200MG Tab UD (Oyst-Cal D)	Tab	79109902630345	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
	Calcium Chewable Antacid												
	Calcium Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)	Tab Chew	48300010000515	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
	Calcium CHLoride Inj												
	Calcium CHLoride 1GM/10ML Inj (AMER)	Sol	79100010002010	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Intravenously												
	Calcium Citrate Tablet												
	Calcium Citrate 950 MG Tab (Calcium Citrate 950)	Tab	79100015000310	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Citrate 400 MG Tab (Citracal)	Tab	79100015000310	0	No	No	No	No	No	N/A	No	Yes	
	Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000310	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlry</u>
	Calcium Citrate W/VIT D Calcium Citrate/VIT D 650/400 MG Tab (Citracal)	Tab	79109902660330	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**												
	Calcium Citrate/VIT D Calcium Citrate/VIT D 315/200 MG Tab (SUNMARK calcium Citrate-VitD)	Tab	79109902660330	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**												
	calcium GLUConate Injection Calcium GLUConate 10% Inj	Sol	79100030002010	0	No	Yes	Yes	No	N/A	No	Yes		
	Calcium GLUConate 0.465 Meq/ml IV Soln (calcium Gluconate)	Sol	79100030002010	0	No	No	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Calcium Lactate Tab Calcium Lactate 650 MG Tab (Calcium Lactate)	Tab	79100040000325	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**												
	Calcium Polycarbophil Tablet Calcium Polycarbophil 625 MG Tab (Fiber-con)	Tab	46300020100310	0	No	No	No	No	N/A	No	Yes		
	Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)	Tab	46300020100310	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.**												
	Capecitabine Tablet Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	0	No	No	No	No	N/A	No	Yes		
	Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	0	No	No	No	No	N/A	No	Yes		
	Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	0	No	No	No	No	N/A	Yes	Yes		
	Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Capsaicin 0.025% Cream (60GM) Capsaicin Cream 0.025% (60GM) (Trixaicin 0.025% CREAM)	Cm	90800025003710	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Capsaicin 0.075% Cream Capsaicin Cream 0.075% (60Gm) (Trixaicin 0.075% Cream)	Cm	90850025003730	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Route(s): Topically										
Captopril	Captopril Tablet										
	Captopril 12.5 MG Tab (Capoten)	Tab	36100010000305	0	No	No	No	No	N/A	No	Yes
	Captopril 25 MG Tab (Capoten)	Tab	36100010000310	0	No	No	No	No	N/A	No	Yes
	Captopril 25 MG Tab UD (Capoten 25 MG)	Tab	36100010000310	0	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab (Capoten)	Tab	36100010000315	0	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab UD (Capoten 50 MG)	Tab	36100010000315	0	No	No	No	No	N/A	No	Yes
	Captopril 100 MG Tab (Capoten)	Tab	36100010000320	0	No	No	No	No	N/A	No	Yes
	Captopril 12.5 MG Tab UD (CAPOTEN 12.5 MG)	Tab	36100010000305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
Carbamazepine	Carbamazepine 12 Hour Capsule										
	Carbamazepine ER 12 Hour 300 MG Cap (Carbatrol)	Cap ER 12 Ho	72600020006930	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCIATRIC DISORDERS (E.G. BIPOLAR)****										
Carbamazepine	Carbamazepine 12 Hour Tablet										
	Carbamazepine ER 12 Hour 400 MG Tab (Tegretol-XR 400 MG)	Tab ER 12 Hou	72600020007440	0	No	No	No	No	N/A	No	Yes
	Carbamazepine ER 12 Hour 100 MG Tab (Tegretol-XR 100MG)	Tab ER 12 Hou	72600020007410	0	No	No	No	No	N/A	No	Yes
	Carbamazepine ER 12 Hour 200 MG Tab (Tegretol-XR 200 MG)	Tab ER 12 Hou	72600020007420	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCIATRIC DISORDERS (E.G. BIPOLAR)****										
Carbamazepine	Carbamazepine Suspension 100 MG/5ML										
	Carbamazepine SUSP 100MG/5ML, 450 ML (TEGRETOL)	Susp	72600020001810	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCIATRIC DISORDERS (E.G. BIPOLAR)****										
Carbamazepine	Carbamazepine Tablet										
	Carbamazepine 100 MG Chew Tab (Tegretol)	Tab Chew	72600020000505	0	No	No	No	No	N/A	No	Yes
	Carbamazepine 100 MG Chew Tab UD (Tegretol 100 MG UNIT DOSE)	Tab Chew	72600020000505	0	No	No	No	No	N/A	No	Yes
	Carbamazepine 200 MG Tab (Tegretol)	Tab	72600020000305	0	No	No	No	No	N/A	No	Yes
	Carbamazepine 200 MG Tab UD (Tegretol 200 MG UNIT DOSE)	Tab	72600020000305	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCIATRIC DISORDERS (E.G. BIPOLAR)****										
Carbamide Peroxide	Carbamide Peroxide Otic 6.5%										
	Carbamide Peroxide Otic 6.5% (15 ML) (Debrox)	Sol	87400030002010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Ear(s)										
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
Carbidopa/Levodopa	Carbidopa/Levodopa Tablet										
	Carbidopa/Levodopa 10/100 MG Tab (Sinemet 10/100)	Tab	73209902100310	0	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet 10/100 UNIT DOSE)	Tab	73209902100310	0	No	No	No	No	N/A	Yes	Yes
	Carbidopa/Levodopa 25/100 MG Tab (Sinemet 25/100)	Tab	73209902100320	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit Yes	Fmly Yes
	Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet 25/100 UNIT DOSE)	Tab	73209902100320	0	No	No	No	No	N/A	Yes	Yes	
	Carbidopa/Levodopa 25/250 MG Tab (Sinemet 25/250)	Tab	73209902100330	0	No	No	No	No	N/A	No	Yes	
	Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet 25/250 Unit DOSE)	Tab	73209902100330	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Carbidopa/Levodopa Tablet CR											
	Carbidopa/Levodopa CR 25/100 Tab (Sinemet CR)	Tab ER	73209902100410	0	No	No	No	No	N/A	No	Yes	
	Carbidopa/Levodopa CR 50/200 MG Tab (Sinemet CR 50/200)	Tab ER	73209902100420	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Carboplatin Inj											
	Carboplatin 150 MG Inj (Paraplatin)	Sol Recon	21100015002120	0	No	Yes	Yes	No	N/A	No	Yes	
	Carboplatin 450 MG Inj (Paraplatin)	Sol Recon	21100015002140	0	No	Yes	Yes	No	N/A	No	Yes	
	Carboplatin 50 MG Inj (Paraplatin Injection)	Sol Recon	21100015002110	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Carmustine Inj											
	Carmustine 100 MG Inj (BiCNU)	Sol Recon	21102010002105	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Cascara Aromatic Extract											
	Cascara Sagrada Aromatic Extract 120 ML SOL (Cascara Aromatic Extract)	Fluid Extract	46200020001405	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Castor Oil											
	Castor Oil 120 ML (Castor Oil)	Oil	96202007001700	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Castor Oil unit dose											
	Castor Oil 60 ML UD (Castor Oil Oral 95%)	Oil	46200030001795	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Cefazolin in Dextrose											
	Cefazolin In Dextrose 1G/50ML Inj (Ancef)	Sol	02100015112010	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Route(s): Intravenously											
	Cefazolin in Dextrose dds											
	Cefazolin and Dextrose DDS 1 GRAM	Sol Recon	02100015132120	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Route(s): Intravenously											
	Cefazolin INJ											
	Cefazolin BULK 10GM/100ML Vial (Ancef)	Sol Recon	02100015102125	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Cefazolin Inj											
	Cefazolin 1 GM Inj (Ancef)	Sol Recon	02100015102115	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Cefazolin INJ											
	Cefazolin 10 GM Inj (Ancef)	Sol Recon	02100015102125	0	No	Yes	Yes	No	N/A	No	Yes	
	Cefazolin 500 MG Inj (Ancef)	Sol Recon	02100015102110	0	No	Yes	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmly
	Route(s): Intramuscularly, Intravenously											
Cefazolin Inj	Cefazolin 1 Gram Advantage Inj (Ancef)	Sol Recon	02100015102117	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
Cefixime Tablet	Cefixime Oral Tablet 400 MG (Suprax)	Tab	02300060000315	0	No	No	No	No	N/A	No	No	Yes
	Formulary Restrictions: **for quinolone-resistant gonococcus in detention facilities**											
Ceftazidime in D5W Injection	Ceftazidime 2 GM/50ML Inj (Premix) (Fortaz)	Sol	02300080112020	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
Ceftazidime Injection	Ceftazidime 1 GM Inj (Tazicef Injection)	Sol Recon	02300080002110	0	No	Yes	Yes	No	N/A	No	No	Yes
	Ceftazidime 1 GM ADV (Fortaz)	Sol Recon	02300080002117	0	No	Yes	Yes	No	N/A	No	No	Yes
	Ceftazidime 2 GM Inj (Fortaz 2 GM)	Sol Recon	02300080002115	0	No	Yes	Yes	No	N/A	No	No	Yes
	Ceftazidime 2 GM ADV (Fortaz 2 gm adv)	Sol Recon	02300080002115	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
cefTRlaxONE Inj	cefTRlaxONE 1 GM Inj (Rocephin Injection)	Sol Recon	02300090102115	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE 2 GM Inj (Rocephin 2 G Injection)	Sol Recon	02300090102120	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE 250 MG inj (Rocephin)	Sol Recon	02300090102105	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE 500 MG Inj (Rocephin Injection)	Sol Recon	02300090102110	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE ADD-Vantage 1 GM Inj (Rocephin)	Sol Recon	02300090102117	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE ADD-Vantage 2 GM Inj (Rocephin)	Sol Recon	02300090102122	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intramuscularly, Intravenously											
cefTRlaxONE Premix Injection	cefTRlaxONE Premix 1 GM / 50ML INJ (Rocephin)	Sol	02300090112015	0	No	Yes	Yes	No	N/A	No	No	Yes
	cefTRlaxONE Premix 2 GM / 50ML INJ (Rocephin)	Sol	02300090112020	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
Cephalexin Capsule	Cephalexin 250 MG Cap UD (Keflex 250 MG Unit Dose)	Cap	02100020000105	0	No	No	No	No	N/A	Yes	Yes	Yes
	Cephalexin 500 MG Cap (Keflex)	Cap	02100020000110	0	No	No	No	No	N/A	No	No	Yes
	Cephalexin 500 MG Cap UD (Keflex 500 MG Unit Dose)	Cap	02100020000110	0	No	No	No	No	N/A	Yes	Yes	Yes
	Cephalexin 250 MG Cap (Keflex)	Cap	02100020000105	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
Cervical Cream	Cervical Amino Acid Cream 78 GM Vag (Amino-Cerv)	Cm	55400006103700	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Topically											
	Formulary Restrictions: *****APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY*****											
Cetuximab Inj	Cetuximab 2MG/ML (Erbix)	Sol	21353025002020	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmly
	Route(s): Intravenously **Medical Referral Center (MRC) Use Only**											
	Charcoal Activated W/SORBITOL suspension Charcoal Activated W/SORBITOL 25GM / 120ML ML (Actidose W/SORBITOL) Route(s): Orally	Liq	93000010200900	0	No	Yes	No	No	N/A	No	No	Yes
	Chloral Hydrate CAP Chloral Hydrate 500 MG Cap Route(s): Orally Formulary Restrictions: ****RESTRICTED TO EEG STUDIES**** **MLP Requires Cosign**	Cap	60200020000115	4	No	No	Yes	No	N/A	No	No	Yes
	Chloral Hydrate Syrup 500 MG/5ML Chloral Hydrate 500 MG/5ML, 5ML (Noctec) Route(s): Orally Formulary Restrictions: ****RESTRICTED TO EEG STUDIES**** **MLP Requires Cosign**	Syrup	60200020001210	4	No	No	Yes	No	N/A	Yes	Yes	
	Chlorambucil Tablet Chlorambucil 2 MG Tab (Leukeran) Route(s): Orally	Tab	21101010000305	0	No	No	No	No	N/A	No	No	Yes
	Chlorhexidine Gluc Oral Soln 0.12% Chlorhexidine Gluconate Oral Soln 0.12% (480ML) (Peridex) Route(s): Orally Formulary Restrictions: ****DENTAL USE ONLY** Alcohol free only*** Therapy limited to 28 days**	Sol	88150020102012	0	No	Yes	No	No	N/A	No	No	Yes
	Chlorhexidine Gluconate Soln External 4% Chlorhexidine Gluconate Solution 4% (118 ML) (Hibiclens Liquid) Route(s): Topically Formulary Restrictions: **for pre-op use only** **Medical Referral Center (MRC) Use Only**	Liq	92100030100940	0	No	Yes	Yes	No	N/A	No	No	Yes
	Cinacalcet HCL Tablet Cinacalcet HCL 30 MG Tab (Sensipar) Cinacalcet HCL 60 MG Tab (Sensipar) Cinacalcet HCL 90 MG Tab (Sensipar) Route(s): Orally Advisories: ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, http://www.pgm.va.gov/PBM/criteria.htm **** Formulary Restrictions: **RESTRICTED TO DIALYSIS Patients ONLY**	Tab Tab Tab	30905225100320 30905225100330 30905225100340	0 0 0	No No No	No No No	No No No	No No No	N/A N/A N/A	No No No	Yes Yes Yes	
	Ciprofloxacin Tablet Ciprofloxacin 250 MG Tab UD (Cipro 250 MG Unit Dose) Ciprofloxacin 250 MG Tab (Cipro 250 MG) Ciprofloxacin 500 MG Tab UD (Cipro 500 MG Unit Dose) Ciprofloxacin 500 MG Tab (Cipro 500 MG)	Tab Tab Tab Tab	05000020100310 05000020100310 05000020100315 05000020100315	0 0 0 0	No No No No	No No No No	No No No No	No No No No	N/A N/A N/A N/A	Yes No Yes No	Yes Yes Yes Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose	Unit	Fmly
	Ciprofloxacin 750 MG Tab UD (Cipro 750 MG UNIT DOSE)	Tab	05000020100320	0	No	No	No	No	N/A	Yes	Yes		
	Ciprofloxacin 750 MG Tab (Cipro 750 MG)	Tab	05000020100320	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****Do Not Use for MRSA****												
	MLP Requires Cosign												
	Ciprofloxacin HC Otic 0.2-1%												
	Ciprofloxacin HC Otic (10ML) 0.2%/ 1% SUSP (Cipro HC otic Susp)	Susp	87991002401820	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): In Affected Ear(s)												
	MLP Requires Cosign												
	Ciprofloxacin Injection												
	Ciprofloxacin 10 MG/ML 200 MG Inj (Cipro IV 200 MG)	Sol	05000020002020	0	No	No	No	No	N/A	No	Yes		
	Ciprofloxacin 10 MG/ML 400 MG Inj (Cipro IV 400 MG)	Sol	05000020002020	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Formulary Restrictions:												
	****Do Not Use for MRSA****												
	MLP Requires Cosign												
	Ciprofloxacin IV Premix												
	Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro 200MG/100ML IV)	Sol	05000020112020	0	No	Yes	No	No	N/A	No	Yes		
	Ciprofloxacin I.V. 400 MG Inj (Cipro)	Sol	05000020112020	0	No	Yes	No	No	N/A	No	Yes		
	Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro)	Sol	05000020112020	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Formulary Restrictions:												
	****Do Not Use for MRSA****												
	MLP Requires Cosign												
	Ciprofloxacin Ophth oint. 0.3%												
	Ciprofloxacin Ophth Ointment 0.3% (3.5GM) (Ciprofloxacin Ophth Ointment)	Oint	86101023104210	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): In Affected Eye(s)												
	MLP Requires Cosign												
	Ciprofloxacin Ophth Solution 0.3%												
	Ciprofloxacin Ophth Soln 0.3% (5ML) (Ciloxan Ophth Solution)	Sol	86101023102010	0	No	Yes	No	No	N/A	No	Yes		
	Ciprofloxacin Ophth Soln 0.3% (2.5ML) (ciloxan)	Sol	86101023102010	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): In Affected Eye(s)												
	Formulary Restrictions:												
	restricted to pseudomonas infections of the eye												
	MLP Requires Cosign												
	Cisatracurium Besylate Inj 2 mg/ml												
	Cisatracurium Besylate Intravenous Soln 2 MG/ML (Nimbex)	Sol	74200013102010	0	No	No	No	No	N/A	No	Yes		
	Medical Referral Center (MRC) Use Only												
	cisPLATIN Injection												
	cisPLATIN 1 MG/ML Inj (Platinol-AQ)	Sol	21100020002010	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmlly
	Route(s): Intravenously												
Citalopram Oral Solution	Citalopram 10MG/ML Oral solution (Celexa)	Sol	58160020102020	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously												
	Advisories:												
	****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**												
	MLP Requires Cosign												
Citalopram Tablet	Citalopram 20 MG Tab (Celexa 20 MG)	Tab	58160020100320	0	No	No	No	No	No	N/A	No	Yes	
	Citalopram 40 MG Tab (Celexa 40 MG)	Tab	58160020100340	0	No	No	No	No	No	N/A	No	Yes	
	Citalopram 40 MG Tab UD (Celexa)	Tab	58160020100340	0	No	No	No	No	No	N/A	No	Yes	
	Citalopram 10 MG Tab (Celexa 10 MG)	Tab	58160020100310	0	No	No	No	No	No	N/A	No	Yes	
	Citalopram 10 MG Tab UD (Celexa)	Tab	58160020100310	0	No	No	No	No	No	N/A	Yes	Yes	
	Citalopram 20 MG Tab UD (Celexa)	Tab	58160020100320	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	****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**												
	MLP Requires Cosign												
Citrate Of Magnesia Oral solution	Citrate Of Magnesia 300 ML Bottle (Citrate Of Magnesia Cherry)	Sol	46100020102000	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matric contained within BOP National Formulary Part I.												
Clarithromycin Tablet	Clarithromycin 250 MG Tab UD (Biaxin 250 MG Unit Dose)	Tab	03500010000310	0	No	No	No	No	No	N/A	Yes	Yes	
	Clarithromycin 250 MG Tab (Biaxin 250 MG)	Tab	03500010000310	0	No	No	No	No	No	N/A	No	Yes	
	Clarithromycin 500 MG Tab UD (Biaxin 500 MG Unit Dose)	Tab	03500010000320	0	No	No	No	No	No	N/A	Yes	Yes	
	Clarithromycin 500 MG Tab (Biaxin 500 MG Tablets)	Tab	03500010000320	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Formulary Restrictions:												
	****SECOND LINE THERAPY FOR MOST INDICATIONS****												
	MLP Requires Cosign												
Clindamycin HCl Capsule	Clindamycin 150 MG Cap (Cleocin 150 MG)	Cap	16220020100110	0	No	No	No	No	No	N/A	No	Yes	
	Clindamycin 150 MG Cap UD (Cleocin)	Cap	16220020100110	0	No	No	No	No	No	N/A	Yes	Yes	
	Clindamycin 300 MG Cap (Cleocin)	Cap	16220020100120	0	No	No	No	No	No	N/A	No	Yes	
	Clindamycin 300 MG Cap UD (Cleocin)	Cap	16220020100120	0	No	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Clindamycin Inj											
	Clindamycin 300MG/2ML Inj (Cleocin)	Sol	16220020302035	0	No	No	Yes	No	N/A	No	Yes	
	Clindamycin 600MG/4ML Inj (Cleocin)	Sol	16220020302035	0	No	No	Yes	No	N/A	No	Yes	
	Clindamycin 900MG/6ML Inj (Cleocin)	Sol	16220020302030	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Clindamycin Phosphate in D5W											
	Clindamycin Premix 900MG/50ML in D5 Inj (Cleocin Phosphate)	Sol	16220020312040	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Clindamycin Premix											
	Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312020	0	No	Yes	Yes	No	N/A	No	Yes	
	Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Clinimix/Dextrose (4.25/20)											
	Amino Acid/Dex 4.25/20 IV Soln (Clinimix/Dextrose (4.25/20))	Sol	80302010302032	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Clobetasol Gel 0.05%											
	Clobetasol Gel 0.05% (30GM) (Temovate Gel)	Gel	90550025104010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Clobetasol Prop Soln 0.05%											
	Clobetasol Prop Soln 0.05% (25ML)	Sol	90550025102005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Clobetasol Propionate Cream 0.05%											
	Clobetasol Prop Cream 0.05% (30 GM) (Temovate Cream)	Cm	90550025103705	0	No	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Cream 0.05% (45GM) (Temovate)	Cm	90550025103705	0	No	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Cream 0.05% (15GM) (Temovate Cream)	Cm	90550025103705	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Clobetasol Propionate Ointment 0.5%											
	Clobetasol Prop Ointment 0.05% (30 GM) (Temovate Ointment)	Oint	90550025104205	0	No	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Ointment 0.05% (15 GM) (Temovate Ointment)	Oint	90550025104205	0	No	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Ointment 0.05% (45 GM) (Temovate Ointment)	Oint	90550025104205	0	No	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Ointment 0.05% (60 GM) (Temovate Ointment)	Oint	90550025104205	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Unit	Fmlry
	Route(s): Topically											
Clonazepam Tablet												
	Clonazepam 0.5 MG Tab (Klonopin)	Tab	72100010000305	4	No	No	Yes	Yes	N/A	No	Yes	
	Clonazepam 0.5 MG Tab UD (Klonopin)	Tab	72100010000305	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Clonazepam 1 MG Tab (Klonopin)	Tab	72100010000310	4	No	No	Yes	Yes	N/A	No	Yes	
	Clonazepam 1 MG Tab UD (Klonopin)	Tab	72100010000310	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Clonazepam 2 MG Tab UD (Klonopin)	Tab	72100010000315	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Route(s): Orally											
Non-Formulary Use Criteria:												
	01. Control of severe agitation in psychiatric patients											
	02. When lack of sleep causes an exacerbation of psychiatric illness											
	03. Part of a prolonged taper schedule											
	04. Detoxification for substance abuse											
	05. Failure of standard modalities for seizure disorders (4th line therapy)											
	06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)											
	07. Adjunct to neuroleptic therapy to stabilize psychosis											
	08. Second line therapy for anti-mania											
	09. 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											
Formulary Restrictions:												
	**Formulary for 30 days only. Is this order for less than 31 days?*											
	MLP Requires Cosign											
Clopidogrel Tablet												
	Clopidogrel Tab 75 MG UD (Plavix)	Tab	85158020100320	0	No	No	No	No	N/A	Yes	Yes	
	Clopidogrel Tab 75 MG (Plavix)	Tab	85158020100320	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Non-Formulary Use Criteria:												
	1. Patient is intolerant to aspirin - explain.											
	2. Bare metal stent placement - ACC/AHA/ACCP/SCAI recommends for one month concurrently with aspirin.											
	3. Drug eluting (sirolimus or paclitaxel) stent placement - ACC/AHA/ACCP/SCAI recommends for 3 to 6 months, respectively, and concurrently with aspirin.											
	4. Drug eluting (sirolimus or paclitaxel stent placement - ACC/AHA/ACCP/SCAI recommends up to 12 months only if low risk for bleeding and concurrently with aspirin											
Formulary Restrictions:												
	****Non-Formulary Approval required after six months** **Long term use approved only when aspirin intolerant****											
	MLP Requires Cosign											
Clotrimazole Cream 1%												
	Clotrimazole Cream 1% USP 15 GM (Lotrimin Cream)	Cm	90154020003705	0	No	Yes	No	No	N/A	No	Yes	
	Clotrimazole Cream 1% 30 GM (Lotrimin)	Cm	90154020003705	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Advisories:												
	****30 Day Formulary Restriction**											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Clotrimazole Solution 1%												
	Clotrimazole Solution 1% 30 ML (Lotrimin Solution)	Sol	90154020002005	0	No	Yes	No	No	N/A	No	Yes	
	Clotrimazole Solution 1% 10mL	Sol	90154020002005	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Topically Advisories: ****30 day formulary Restriction** **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
	Clotrimazole Troche Clotrimazole Troche 10 MG (Mycelex Mouth/Throat Troche) Clotrimazole Troche 10 MG UD (Mycelex Troche Unit Dose) Route(s): Orally	Troche Troche	88100020004805 88100020004805	0 0	No No	No No	No No	No No	N/A N/A	No Yes	Yes Yes
	Clotrimazole Vaginal 1% Clotrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal) Route(s): Vaginally	Cm	55104020003705	0	No	Yes	No	No	N/A	No	Yes
	Clotrimazole Vaginal Inserts Clotrimazole Vaginal Inserts (3 Tabs) 200 MG (Gyne-Lotrimin 3 DAY Treatment) Route(s): Vaginally	Tab	55104020000307	0	No	No	No	No	N/A	No	Yes
	Clozapine Tablet Clozapine 100 MG Tab (Clozaril 100 MG) Clozapine 25 MG Tab UD (Clozaril 25 MG Unit Dose) Clozapine 25 MG Tab (ClozarilL) Clozapine 12.5 MG Tab (Clozaril) Clozapine 50 MG Tab (Clozaril) Clozapine 200 MG Tab (Clozaril) Clozapine 100 MG Tab UD (Clozaril) Route(s): Orally Advisories: ****PSYCHIATRIST USE ONLY*** ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS** **INITATE AT MEDICAL REFERRAL CENTER ONLY***** **Medical Referral Center (MRC) Initiation Only** **MLP Requires Cosign**	Tab Tab Tab Tab Tab Tab Tab	59152020000330 59152020000320 59152020000320 59152020000310 59152020000325 59152020000340 59152020000330	0 0 0 0 0 0 0	No No No No No No No	No No No No No No No	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No	N/A N/A N/A N/A N/A N/A N/A	No Yes Yes No No No Yes	Yes Yes Yes Yes Yes Yes Yes
	Coal Tar Cream 2% Coal Tar Cream 2% (90GM) (Fototar) Route(s): Topically Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****	Cm	90520010003717	0	No	Yes	No	No	N/A	No	Yes
	Coal Tar Fragrance Free shampoo Coal Tar Fragrance Free 2.9%,Shampoo (DHS Tar Shampoo) Route(s): Topically Advisories: ****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****	Shampoo	90520010004505	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
Coal Tar Gel 5%	Coal Tar Gel 5% (85GM) (Estar Gel)	Gel	90520010004010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Formulary Restrictions:											
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Gel 7.5%	Coal Tar Gel 7.5% (120ML) (Psorigel)	Gel	90520010004015	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Formulary Restrictions:											
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Ointment 10%	Coal Tar Extract External Ointment 10 % (MG217)	Oint	90520010004240	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Formulary Restrictions:											
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Shampoo	Coal Tar Shampoo 0.5%, 120ML (DHS Tar Shampoo)	Shampoo	90520010004505	0	No	Yes	No	No	N/A	No	Yes	
	Coal Tar Shampoo 1%, 180 ML (PC-TAR)	Shampoo	90520010004500	0	No	Yes	No	No	N/A	No	Yes	
	Coal Tar Shampoo 4.3%, 236ML (Pentrax)	Shampoo	90520010004545	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Formulary Restrictions:											
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Shampoo 0.5%	Coal Tar Shampoo 0.5%, 180 ML (Polytar SHAMPOO 2.5%)	Shampoo	90529903114500	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Formulary Restrictions:											
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****											

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlly
	Coal Tar Topical Solution												
	Coal Tar Solution 5%, 473 ML	Sol	96400020002000	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): Topically												
	Formulary Restrictions:												
	****RESTRICTED TO SEBORRHEA AND PSORIASIS****												
	Codeine Phosphate Oral Solution 15MG/5ML												
	Codeine Phosphate Oral Solution 15MG/5ML (codeine Phosphate)	Sol	65100020102050	2	No	Yes	Yes	No	N/A	No	Yes		Yes
	Route(s): Orally												
	Advisories:												
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT***												
	IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE RUSHED PRIOR TO ADMINISTRATION **IMMEDIATE												
	RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM***												
	MLP Requires Cosign												
	Codeine Sulfate Tablet												
	Codeine Sulfate Tablet 15 MG UD (Codeine Sulfate Tablet)	Tab	65100020200305	2	No	No	Yes	No	N/A	Yes	Yes		Yes
	Codeine Sulfate Tablet 30 MG UD (Codeine Sulfate Tablet)	Tab	65100020200310	2	No	No	Yes	Yes	N/A	No	Yes		Yes
	Codeine Sulfate Tablet 60 MG UD (Codeine Sulfate Tablet)	Tab	65100020200315	2	No	No	Yes	Yes	N/A	Yes	Yes		Yes
	Route(s): Orally												
	Advisories:												
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT***												
	IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE RUSHED PRIOR TO ADMINISTRATION **IMMEDIATE												
	RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM***												
	MLP Requires Cosign												
	Colchicine Tablet												
	Colchicine Tablet 0.6 MG (Colchicine Tablet)	Tab	68000020000310	0	No	No	No	No	N/A	No	Yes		Yes
	Colchicine Tablet 0.6 MG UD (Colchicine Tablet)	Tab	68000020000310	0	No	No	No	No	N/A	No	Yes		Yes
	Route(s): Orally												
	Colestipol Powder												
	Colestipol Powder, 7.5 GM PCK (Colestid)	Packet	39100020103010	0	No	No	No	No	N/A	No	Yes		Yes
	Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	0	No	No	No	No	N/A	No	Yes		Yes
	Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	0	No	No	No	No	N/A	No	Yes		Yes
	Route(s): Orally												
	Colestipol Tablet												
	Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	0	No	No	No	No	N/A	No	Yes		Yes
	Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	0	No	No	No	No	N/A	Yes	Yes		Yes
	Route(s): Orally												
	Collagenase Ointment												
	Collagenase Ointment 250 UNITS/GM(30 GM) (Santyl Ointment)	Oint	90700010004205	0	No	Yes	No	No	N/A	No	Yes		Yes
	Collagenase Ointment 250 UNIT/GM(15GM) (Santyl Ointment)	Oint	90700010004205	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): Topically												
	Contact - B&L Advanced Eye Relief												
	Contact- B & L Advanced Eye Relief (B&L Advanced Eye Relief)	Sol	86200060002020	0	No	Yes	No	No	N/A	No	Yes		Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Boston Advance Cleaner	Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Boston Advance Rewetting solution	Contact- Boston Advance Rewetting Solution (Boston Advance Rewetting)	Sol	86903000002000	0	No	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Boston Conditioning Solution	Contact- Boston Conditioning Solution (Boston Conditioning Solution)	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Boston Advance Conditioning Solution	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Boston Multi-Action	Contact- Boston Simplicity Multi-Action Solution (Boston Multi-Action solution 105 ml)	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Boston One Step Enzyme Cleaner	Contact- Boston One Step Enzyme Cleaner Liquid (Boston One Step Enzyme Cleaner Liquid)	Liq	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact - Renu MultiPlus	Contact- B & L Renu Multi-Purpose SOL (Renu Multi-purpose solution)	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact- Alcon Saline Sensitive Eyes Soln	Contact- Alcon Saline Sensitive Eyes Soln (Alcon Saline Sensitive Eyes Soln)	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact- B & L Sensitive Enzyme Tab	Contact- B & L Sensitive Enzyme Tab (Bausch & Lomb SENSITIVE EYES)	Tab Efferv	86902000000800	0	No	Yes	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact- B & L Sensitive Eyes Daily Cleaner Sol	Contact- B & L Sensitive Eyes Daily Cleaner Sol (Bausch & Lomb Sensitive Eyes) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Boston Simplicity	Contact- Boston Simplicity Solution (Boston Simplicity) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Complete Multi-Purpose Soln	Contact- Complete Multi-Purpose Soln (Complete Multi-Purpose Soln) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Lens Plus Rewetting Soln	Contact- Lens Plus Rewetting Soln (Lens Plus Rewetting Drops) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Ocusoft Lid Scrub Soln	Contact- Ocusoft Lid Scrub Soln 8OZ (Ocusoft Lid Scrub Soln) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	90978010000900	0	No	Yes	No	No	N/A	No	Yes	
Contact- Opti-Clean II Cleaner Solution ML	Contact- Opti-Clean II Cleaner Solution ML (Opti-Clean II Daily Cleaner) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Opti-Clear	Contact- Opti-Clear 0.05% Drop (Opti-Clear Ophth soln 0.05%) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86400050102005	0	No	Yes	No	No	N/A	No	Yes	
Contact- Opti-Free Daily Cleaner Sol	Contact- Opti-Free Daily Cleaner Sol, 20ML (Opti-Free Daily Cleaner Soln) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Contact- Opti-Free Disinfection Solution Contact- Opti-Free Disinfection Sol 0.1% (Opti-Free Rinsing, Disinfection Soln) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Opti-Free Enzymatic Cleaner Contact- Opti-Free Enzymatic 18 Tab (Opti-Free Enzymatic Cleaner) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Tab	86902000000300	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Opti-Free Express Rewetting Sol Contact- Opti-Free Express Rewetting Sol, ML (Opti-Free Rewetting Drops) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Opti-Free RepleniSH Contact- Opti-Free RepleniSH Solution (Opti-Free RepleniSH) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Opti-One Rewetting Soln Contact- Opti-One Rewetting Soln (Opti-One Lens Rewetting Drops) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Opti-Zyme Weekly Enzyme Clean Tablet Contact- Opti-Zyme Weekly Enzyme Clean Tablet (Opti-Zyme Weekly Enzyme Clean Tablet) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Tab	86902000000300	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Optil-One Solution 0.05% Contact- Optil-One Solution 0.05% (Opti-One Saline Solution) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Optimum Clean/Disinfect Contact- Optimum Clean/Disinfect Soln 0.1-0.5 % Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes					
	Contact- Profree/GP Lens Enzyme Tab Contact- Profree/GP Lens Enzyme 16 TAB (Profree/GP Lens Enzyme Tablet)	Tab	86902000000300	0	No	Yes	No	No	N/A	No	Yes					

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
Contact- Renu Rewetting Drops	Contact- B & L Renu Rewetting Drops (15ml) (Renu Rewetting Drops) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Resolve/GP Daily Clean	Contact- Resolve/GP Daily Clean (Resolve /GP Daily Cleaner Solution) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86903000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Suprac lens Daily Protein	Contact- Suprac lens Daily Protein (Suprac lens Daily Protein Remover) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Unisol 4 solution	Contact- Unisol Soft Lens Sali Unisol 4 PF ML (Unisol 4 Saline Soln Soft Lens) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86902000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact- Wet-N-Soak Plus	Contact- Wet-N-Soak Plus Solution (Wet-N-Soak Plus) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86901000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact-Lobob Hard Contact Lens Clean	Contact- Lobob Hard Contact Lens Clean Solution (Lobob Hard Contact Lens Clean) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86901000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact-Lobob Hard Contact Lens Wet	Contact- Lobob Hard Lens Wet Soln 0.01-0.1 % (Lobob Hard Contact Lens Wet) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86901000002000	0	No	Yes	No	No	N/A	No	Yes	
Contact-Lobob Hard Lens Soaking	Contact- Lobob Hard Lens Soaking Soln0.01-0.25 % (Lobob Hard Lens Soaking) Route(s): In Affected Eye(s) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****	Sol	86901000002000	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose	Unit	Fmlly
	Contact-Optimum Wetting/Rewetting Drop Contact- Optimum Wetting/Rewetting Sol (Optimum wetting/rewetting) Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****	Sol	86903000002000	0	No	No	No	No	N/A	No	No	Yes	
	Corticotropin Repository Injection 80 units/ml Corticotropin Repository 80 Units/ML (Acthar GEL, H.P.) Route(s): Intramuscularly	Gel	30300010004010	0	No	Yes	Yes	No	N/A	No	Yes		
	Cosyntropin Cosyntropin Inj Reconstituted 0.25 MG Inj (Cortrosyn) Route(s): Intramuscularly, Intravenously	Sol Recon	94200037002105	0	No	Yes	No	No	N/A	No	Yes		
	Cromolyn Nasal Spray 4% Cromolyn Nasal 4%, 13ML Spray (Nasal Crom Nasal Spray) Route(s): Per Nostril	Aero Sol	42405030103410	0	No	Yes	No	No	N/A	No	Yes		
	Cromolyn Nasal Spray 5.2 MG/ACT Cromolyn 4% Nasal Spray(26ML) 40 MG/ML ML (NASALCROM NASAL SPRAY, 26 ML) Route(s): Per Nostril	Aero Sol	42405030103410	0	No	Yes	No	No	N/A	No	Yes		
	Cromolyn Opth Soln 4% Cromolyn Opth Solution 4%, 10ML (Crolom 4 % Ophthalmic Solution) Route(s): In Affected Eye(s)	Sol	86802010102005	0	No	Yes	No	No	N/A	No	Yes		
	Cromolyn Sodium Inh 800 MCG/ACT Cromolyn Sodium Inhaler 14.2GM (Intal) Cromolyn Sodium Inhaler 8.1GM (800 MCG/ACT) (Intal Inhalation) Route(s): Orally	Aero Sol Aero Sol	44150010103405 44150010103405	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes		
	Cromolyn Sodium nebulization soln 20MG/2ML Cromolyn Sodium 20MG/2ML AMP (Intal) Route(s): Orally	Nebulization	44150010102505	0	No	Yes	Yes	No	N/A	No	Yes		
	Cyanocobalamin inj Cyanocobalamin 1000 MCG/ML Inj (Vitamin B-12 Injection) Route(s): Intramuscularly	Sol	82100010002015	0	No	No	Yes	No	N/A	No	Yes		
	Cyanocobalamin Tablet Cyanocobalamin 100 MCG Tab (Vitamin B-12) Cyanocobalamin (Vit B-12)1000 MCG Tab (Vitamin B-12) Cyanocobalamin 500 MCG Tab Route(s): Orally	Tab Tab Tab	82100010000315 82100010000330 82100010000325	0 0 0	No No No	No No No	No No No	No No No	N/A N/A N/A	No No No	Yes Yes Yes		
	Cyclopentolate HCl Opth 0.5% Cyclopentolate HCl Opth 0.5% (15ML) Sol (Cyclogyl) Route(s): In Affected Eye(s)	Sol	86350020102005	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 1% Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Opth) Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl) Cyclopentolate HCl Opth 1% (5ML) Sol (Cyclogyl)	Sol Sol Sol	86350020102010 86350020102010 86350020102010	0 0 0	No No No	Yes Yes Yes	No No No	No No No	N/A N/A N/A	No No No	Yes Yes Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): In Affected Eye(s)											
	Cyclopentolate HCl Opth 2%											
	Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)	Sol	86350020102015	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): In Affected Eye(s)											
	Cyclophosphamide Tablet											
	Cyclophosphamide 25 MG Tab (Cytosan 25 MG)	Tab	21101020000305	0	No	No	Yes	No	N/A	No	No	Yes
	Cyclophosphamide 50 MG Tab (Cytosan 50 MG)	Tab	21101020000310	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Orally											
	Cyclophosphamide inj											
	Cyclophosphamide 1 G Inj (Cytosan 1 G Injection)	Sol Recon	21101020002165	0	No	Yes	Yes	No	N/A	No	No	Yes
	Cyclophosphamide 500 MG Inj (Cytosan 500 MG Inj)	Sol Recon	21101020002160	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	cycloSPORINE (Neoral) Capsule											
	cycloSPORINE Modified (Neoral) 25 MG Cap (Neoral)	Cap	99402020300120	0	No	No	No	No	N/A	No	No	Yes
	cycloSPORINE Modified (Neoral) 100 MG CAP (NEORAL 100MG)	Cap	99402020300150	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	cycloSPORINE (Sandimmune) Capsule											
	cycloSPORINE (Sandimmune) 100 MG Cap (Sandimmune)	Cap	99402020000140	0	No	No	No	No	N/A	No	No	Yes
	cycloSPORINE (Sandimmune) 25 MG Cap (Sandimmune)	Cap	99402020000110	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	cycloSPORINE inj 50 mg/ml											
	cycloSPORINE (Sandimmune) 50 MG/ML, 5ML INJ (Sandimmune Injection)	Sol	99402020002005	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
	CycloSPORINE oral soln 100 mg/ml											
	cycloSPORINE (Sandimmune) 100 MG/ML (Sandimmune Oral Solution)	Sol	99402020002010	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Cytarabine Injection											
	Cytarabine Inj 20MG/ML (Cytosar)	Sol	21300010002010	0	No	No	Yes	No	N/A	No	No	Yes
	Cytarabine Inj 1 GM (Cytosar)	Sol Recon	21300010002115	0	No	No	Yes	No	N/A	No	No	Yes
	Cytarabine Inj 100 MG (CYTOSAR-U)	Sol Recon	21300010002105	0	No	No	Yes	No	N/A	No	No	Yes
	Cytarabine Inj 2 GM (ARA-C)	Sol Recon	21300010002120	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Dacarbazine Injection											
	Dacarbazine 200 MG Inj (DTIC-Dome)	Sol Recon	21700020002110	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Dactinomycin Injection											
	Dactinomycin 0.5 MG INJ (Cosmegen)	Sol Recon	21200020002105	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Dalteparin Injection											
	Dalteparin Sodium 2,500 Units/0.2ML INJ (Fragmin)	Injectable	83101010102220	0	No	No	Yes	No	N/A	No	No	Yes
	Dalteparin Sodium 5,000 Units/0.2ML INJ (Fragmin)	Injectable	83101010102240	0	No	No	Yes	No	N/A	No	No	Yes
	Dalteparin Sodium 10,000 Units/ML MDV (Fragmin)	Injectable	83101010102215	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmlly
	Route(s): Subcutaneously										
Dalteparin Sod Injection	Dalteparin Sodium 15,000 Units/0.6ml INJ (Fragmin)			0	No	No	Yes	No	N/A	No	Yes
	Route(s): Subcutaneously										
Danazol Capsule	Danazol 100 MG Cap (Danocrine)	Cap	23100005000110	0	No	No	No	No	N/A	No	Yes
	Danazol 200 MG Cap (Danocrine)	Cap	23100005000115	0	No	No	No	No	N/A	No	Yes
	Danazol 50 MG Cap (Danocrine)	Cap	23100005000105	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
Dapsone Tablet	Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	0	No	No	No	No	N/A	No	Yes
	Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	0	No	No	No	No	N/A	No	Yes
	Dapsone 25 MG Tab UD	Tab	16300010000310	0	No	No	No	No	N/A	Yes	Yes
	Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
Darbepoetin Alfa - polysorbate	Darbepoetin Alfa Inj 500 MCG/ML (syringe) (Aranesp)	Sol	82401015112075	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously, Subcutaneously										
	Advisories:										
	****Warning now dose in ML not mcg**										
	ESA USE IN CANCER PATIENTS:										
	1. Other causes of anemia are evaluated and treated										
	2. ESA is initiated when Hgb approaches or falls below 10 g/dl										
	3. Discontinue ESA if no response in 6-8 weeks (e.g. <1-2 g/dl rise in Hgb or no diminution of transfusion requirements)										
	4. Hgb is targeted to (or near) 12 g/dl at which point the dosage should be titrated to maintain that level										
	5. Reduce dose per package insert when Hgb rise exceeds 1 g/dl in any two-week period or when the Hgb level exceeds 11 g/dl										
	6. Iron levels are monitored and supplements prescribed accordingly										
	7. ESA is avoided for cancer patients not receiving chemotherapy										
	8. The risk of thromboembolism for patients receiving ESAs are weighed carefully										
	9. ESA is withheld when Hgb exceeds 12 g/dl. Restart at 25% below previous dose when Hgb approaches level where transfusions may be required										
	10. ESA is discontinued following completion of chemotherapy course										
	11. Starting doses and dose modifications are based on response, or lack thereof, and should follow the package insert										
	ESA USE IN ESRD PATIENTS:										
	1. Is on dialysis										
	2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**										
	Formulary Restrictions:										
	****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **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****										
	Medical Referral Center (MRC) Use Only										
Darbepoetin Alfa Inj	Darbepoetin Alfa Inj 40 MCG/ML (Aranesp)	Sol	82401015122020	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Finly
	Darbepoetin Alfa Inj 60 MCG/ML (Aranesp)	Sol	82401015122030	0	No	No	No	Yes	No	N/A	No	No	Yes
	Darbepoetin Alfa Inj 200 MCG/ml (Aranesp)	Sol	82401015122050	0	No	No	No	Yes	No	N/A	No	No	Yes
	Darbepoetin Alfa Inj 25 MCG/1 ML (Aranesp)	Sol	82401015122010	0	No	No	No	Yes	No	N/A	No	No	Yes
	Darbepoetin Alfa Inj 100 MCG/ml (Aranesp)	Sol	82401015122040	0	No	No	No	Yes	No	N/A	No	No	Yes
	Darbepoetin Alfa Inj 300 MCG/1 ML (Aranesp)	Sol	82401015122060	0	No	No	Yes	No	No	N/A	No	No	Yes
	Darbepoetin Alfa Inj 150 MCG/0.75ML (Aranesp)	Sol	82401015122050	0	No	No	No	No	No	N/A	No	No	Yes

Route(s): Intravenously, Subcutaneously
 Advisories:

- ****Warning now dose in ML not mcg**
 ESA USE IN CANCER PATIENTS:
1. Other causes of anemia are evaluated and treated
 2. ESA is initiated when Hgb approaches or falls below 10 g/dl
 3. Discontinue ESA if no response in 6-8 weeks (e.g. <1-2 g/dl rise in Hgb or no diminution of transfusion requirements)
 4. Hgb is targeted to (or near) 12 g/dl at which point the dosage should be titrated to maintain that level
 5. Reduce dose per package insert when Hgb rise exceeds 1 g/dl in any two-week period or when the Hgb level exceeds 11 g/dl
 6. Iron levels are monitored and supplements prescribed accordingly
 7. ESA is avoided for cancer patients not receiving chemotherapy
 8. The risk of thromboembolism for patients receiving ESAs are weighed carefully
 9. ESA is withheld when Hgb exceeds 12 g/dl. Restart at 25% below previous dose when Hgb approaches level where transfusions may be required
 10. ESA is discontinued following completion of chemotherapy course
 11. Starting doses and dose modifications are based on response, or lack thereof, and should follow the package insert

- ESA USE IN ESRD PATIENTS:
1. Is on dialysis
 2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**

Formulary Restrictions:
 ****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **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****

Medical Referral Center (MRC) Use Only

Darbepoetin Alfa-Polysorbate	Darbepoetin Alfa Inj 200 MCG/0.4ML(syringe) (Aranesp prefilled syringe 200 mcg)	Sol	82401015112075	0	No	No	Yes	No	N/A	No	No	Yes
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Route(s): Intravenously, Subcutaneously
 Advisories:

- ****Warning now dose in ML not mcg**
 ESA USE IN CANCER PATIENTS:
1. Other causes of anemia are evaluated and treated
 2. ESA is initiated when Hgb approaches or falls below 10 g/dl
 3. Discontinue ESA if no response in 6-8 weeks (e.g. <1-2 g/dl rise in Hgb or no diminution of transfusion requirements)
 4. Hgb is targeted to (or near) 12 g/dl at which point the dosage should be titrated to maintain that level
 5. Reduce dose per package insert when Hgb rise exceeds 1 g/dl in any two-week period or when the Hgb level exceeds 11 g/dl
 6. Iron levels are monitored and supplements prescribed accordingly
 7. ESA is avoided for cancer patients not receiving chemotherapy
 8. The risk of thromboembolism for patients receiving ESAs are weighed carefully
 9. ESA is withheld when Hgb exceeds 12 g/dl. Restart at 25% below previous dose when Hgb approaches level where transfusions may be required
 10. ESA is discontinued following completion of chemotherapy course

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmlry
	11. Starting doses and dose modifications are based on response, or lack thereof, and should follow the package insert												
	ESA USE IN ESRD PATIENTS:												
	1. Is on dialysis												
	2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**												
	Formulary Restrictions:												
	****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **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****												
	Medical Referral Center (MRC) Use Only												
DAUNOrubicin HCL Inj	DAUNOrubicin 5MG/ML (Cerubidine)	Injectable	21200030102210	0	No	Yes	Yes	No	N/A	No	Yes		
	DAUNOrubicin HCL 20 MG INJ (Cerubidine)	Sol Recon	21200030102105	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
Deferoxamine Mesylate Inj	Deferoxamine Mesylate 500 MG Inj (Desferal)	Sol Recon	93000020102110	0	No	No	Yes	No	N/A	No	Yes		
	Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)	Sol Recon	93000020102130	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
Demeclocycline HCl Tablet	Demeclocycline HCL 150 MG Tab (Declomycin)	Tab	04000010100305	0	No	No	No	No	N/A	No	Yes		
	Demeclocycline HCL 300 MG Tab (Declomycin)	Tab	04000010100310	0	No	No	No	No	N/A	No	Yes		
	Demeclocycline HCl 150 MG Tab u.d. (Declomycin)	Tab	04000010100305	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
Depo Estradiol Cypionate Inj	Estradiol Cypionate 5MG/ML Inj (Depo) (Depo -Estradiol)	Oil	24000035101710	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly												
	Formulary Restrictions:												
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****												
Desflurane Inhalation Soln	Desflurane Inhalation Soln (240 ML) (Suprane)	Sol	70200007002000	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
Desipramine Tablet	Desipramine 10 MG Tab (Norpramin)	Tab	58200030100305	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 100 MG Tab (Norpramin)	Tab	58200030100325	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 150 MG Tab (Norpramin)	Tab	58200030100330	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 25 MG Tab (Norpramin)	Tab	58200030100310	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 50 MG Tab (Norpramin)	Tab	58200030100315	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 75 MG Tab (Norpramin)	Tab	58200030100320	0	No	No	Yes	No	N/A	No	Yes		
	Desipramine 10 MG Tab UD (Norpramin)	Tab	58200030100305	0	No	No	Yes	No	N/A	Yes	Yes		
	Desipramine 25 MG Tab UD (Norpramin)	Tab	58200030100310	0	No	No	Yes	No	N/A	Yes	Yes		
	Desipramine 50 MG Tab UD (Norpramin)	Tab	58200030100315	0	No	No	Yes	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Desipramine 75 MG Tab UD (Norpramin)	Tab	58200030100320	0	No	No	No	Yes	No	N/A	Yes	Yes			
	Route(s): Orally														
	Advisories:														
	****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****														
	MLP Requires Cosign														
	Desmopressin Acetate Injection	Sol	30201010102030	0	No	No	Yes	No	N/A	No	Yes				
	Desmopressin Acetate 4MCG/ML Inj														
	Route(s): Intravenously														
	Desmopressin Acetate Nasal Solution	Sol	30201010132010	0	No	Yes	No	No	N/A	No	Yes				
	Desmopressin Acetate 0.01 MG/INH ML (DDAVP Nasal Spray)														
	Route(s): Per Nostril														
	Desmopressin Acetate Tablet	Tab	30201010100320	0	No	No	No	No	N/A	No	Yes				
	Desmopressin Acetate 0.2 Mg Tab (DDAVP)														
	Desmopressin Acetate 0.1 MG Tab (DDAVP)	Tab	30201010100310	0	No	No	No	No	N/A	No	Yes				
	Route(s): Orally														
	Dex 5% 1/2 NS W/ 20MEQ KCL	Sol	79993003102025	0	No	Yes	Yes	No	N/A	No	Yes				
	Dex 5% 1/2 NS W/ 20MEQ KCL 1000ML INJ														
	Route(s): Intravenously														
	Dexamethasone Injection	Sol	22100020202010	0	No	No	Yes	No	N/A	No	Yes				
	Dexamethasone Inj 10MG/ML (Decadron)														
	Dexamethasone Inj 4 MG/ML (Decadron)	Sol	22100020202005	0	No	No	Yes	No	N/A	No	Yes				
	Route(s): Intramuscularly, Intravenously														
	Dexamethasone Ophth Solution 0.1%	Sol	86300010102005	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Ophth Soln 0.1%, 5ML (Dexamethasone Ophth)														
	Route(s): In Affected Eye(s)														
	Advisories:														
	****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****														
	MLP Requires Cosign														
	Dexamethasone Ophth Suspension 0.1%	Susp	86300010001805	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Ophth Susp 0.1%, 5ML (Maxidex)														
	Route(s): In Affected Eye(s)														
	Advisories:														
	****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****														
	MLP Requires Cosign														
	Dexamethasone Oral Elixir 0.5 MG/5ML	Elixir	22100020001005	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Oral Elixir 0.5MG/5ML, 273ML (Decadron Elixir)														

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Route(s): Orally											
	MLP Requires Cosign											
	Dexamethasone Oral Tablet											
	Dexamethasone 0.25 MG Tab (Decadron)	Tab	22100020000310	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 0.5 MG Tab (Decadron)	Tab	22100020000315	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 0.75 MG Tab (Decadron)	Tab	22100020000320	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 0.75 MG UD Tab (Decadron)	Tab	22100020000320	0	No	No	No	No	N/A	Yes	Yes	
	Dexamethasone 1 MG Tab (Decadron)	Tab	22100020000325	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 1 MG Tab UD (Decadron)	Tab	22100020000325	0	No	No	No	No	N/A	Yes	Yes	
	Dexamethasone 1.5 MG Tab (Decadron)	Tab	22100020000330	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 2 MG Tab (Decadron)	Tab	22100020000335	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 4 MG Tab (Decadron)	Tab	22100020000340	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 4 MG Tab UD (Decadron)	Tab	22100020000340	0	No	No	No	No	N/A	Yes	Yes	
	Dexamethasone 6 MG Tab (Decadron)	Tab	22100020000345	0	No	No	No	No	N/A	No	Yes	
	Dexamethasone 2 MG Tab UD (Decadron)	Tab	22100020000335	0	No	No	No	No	N/A	Yes	Yes	
	Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Dexferrum (iron Dextran) SDV 50MG/2ML											
	Iron Dextran SDV 50MG/2ML (DexFerrum)	Sol	82300040002010	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Dextrose											
	Dextrose 70% linj (Dextrose 70%)	Sol	80100020002060	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 20% Intravenous Soln											
	Dextrose 20% Inj 500 ML (Dextrose 20% Injection)	Sol	80100020002025	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 10% Intravenous Soln											
	Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)	Sol	80100020002020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 5% in Lactated Ringer											
	Dextrose 5%/Lactated Ringer 1000 ML INJ (Dextrose 5% in Lactated Ringer Injection)	Sol	79993002302020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 5% IN SOD CHLOR 0.2%											
	Dextrose 5%/Sod CHLoride 0.2% 1000 ML INJ	Sol	79993002202020	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 5% IN SOD CHLOR 0.9%											
	Dextrose 5%/Sod CHLoride 0.9% 1000 ML INJ (Dextrose 5% IN Sodiium CHLoride 0.9%)	Sol	79993002202035	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 5% IN SOD CHLoride 0.45%											
	Dextrose 5%/Sod CHLoride 0.45% 1000 ML INJ	Sol	79993002202030	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	Route(s): Intravenously											
	Dextrose 5% Inj											
	Dextrose 5% Inj 1000 ML (Dextrose 5% Inj IN WATER)	Sol	80100020002015	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 5% Inj 500 ML (Dextrose 5% Inj IN WATER)	Sol	80100020002015	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 5% Inj 250 ML (Dextrose 5% Inj IN WATER)	Sol	80100020002015	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 5% Inj 50 ML (Dextrose 5% Inj IN WATER)	Sol	80100020002015	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 5% Inj 100 ML (Dextrose 5% IN WATER)	Sol	80100020002015	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Dextrose 50% Inj											
	Dextrose 50% Inj1000 ML (Dextrose 50% Inj)	Sol	80100020002050	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 50% Inj 500 ML (Dextrose 50% Inj)	Sol	80100020002050	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 50% Inj 50 ML PFS (Dextrose 50% Inj)	Sol	80100020002050	0	No	Yes	No	No	N/A	No	Yes	
	Dextrose 50% Inj 50ML 0.5GM/ML (Dextrose 50% Inj)	Sol	80100020002050	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Diabetic supply - Sharps Container											
	Diabetic supply - Sharps Container (Diabetic supply - Sharps Container)			0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Diabetic Supply- Glucometer											
	Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)			0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Diabetic Supply- Lancets											
	Diabetic Supply- Lancets (Diabetic Supply- Lancets)			0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Subcutaneously											
	Diabetic Supply- Test Strips											
	Diabetic Supply- Test Strips (Diabetic Supply- Test Strips)			0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Dialyte/1.5% Dextrose											
	Dialyte/1.5% Dex Intraperitoneal Soln 345 MOSM/L (Dialyte/1.5% Dex Intraperitoneal Soln 345 MOSM/L)	Sol	99700000002027	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intraperitoneal											
	Dialyte/2.5% Dextrose											
	Dialyte/2.5% Dex Intraperitoneal Soln 396 MOSM/L (Dialyte/2.5% Dex Intraperitoneal Soln 396 MOSM/L)	Sol	99700000002042	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intraperitoneal											
	Dialyte/4.25% Dextrose											
	Dialyte/4.25% Dex Intraperitoneal Soln 485MOSM/L (Dialyte/4.25% Dex Intraperitoneal Soln 485MOSM/L)	Sol	99700000002073	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intraperitoneal											
	Diatrizoate SOD and Meglumine Inj (Hypaque-76)											
	Diatrizoate Sod AND Meglumine 10% / 66% INJ (Hypaque-76)	Sol	94402015302035	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlly
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Diatrizoate Sodium Inj (Hypaque)	Sol	94402015202005	0	No	Yes	No	No	N/A	No	Yes	
	Diatrizoate Sodium 20% Inj (Hypaque) (Hypaque)	Sol	94402015202005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Dibucaine Ointment 1%	Oint	89200017004210	0	No	Yes	No	No	N/A	No	Yes	
	Dibucaine Ointment 30GM 1% (Nupercainal)	Oint	89200017004210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally, Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Diclofenac Sodium Opth Soln 0.1%	Sol	86805010102010	0	No	Yes	No	No	N/A	No	Yes	
	Diclofenac Sodium Opth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)	Sol	86805010102010	0	No	Yes	No	No	N/A	No	Yes	
	Diclofenac Sodium Opth Soln 0.1 % (2.5 ML) (Voltaren)	Sol	86805010102010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Dicloxacillin Capsule	Cap	01300020100110	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 250 MG (Dynapen)	Cap	01300020100110	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 500 MG (Dynapen)	Cap	01300020100115	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 500 MG UD (Dynapen)	Cap	01300020100115	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Dicyclomine HCL Syrup 10mg/5ml	Syrup	49103010102050	0	No	Yes	No	No	N/A	No	Yes	
	Dicyclomine HCL (480ML) 10MG/5ML Liquid (Bentyl)	Syrup	49103010102050	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Dicyclomine Injection	Sol	49103010102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Dicyclomine 10 MG/ML,2ML Inj (Bentyl Injection)	Sol	49103010102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Dicyclomine Tablet/Capsule	Cap	49103010100105	0	No	No	No	No	N/A	No	Yes	
	Dicyclomine HCL 10 MG Cap (Bentyl)	Cap	49103010100105	0	No	No	No	No	N/A	No	Yes	
	Dicyclomine HCL 20 MG Tab (Bentyl)	Tab	49103010100305	0	No	No	No	No	N/A	No	Yes	
	Dicyclomine HCL 20 MG Tab UD (Bentyl 20 MG Unit Dose)	Tab	49103010100305	0	No	No	No	No	N/A	Yes	Yes	
	Dicyclomine HCL 10 MG Cap UD (Bentyl)	Cap	49103010100105	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Didanosine Capsule Delayed Release	Cap DR	12105015006520	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 125 MG Cap (Videx EC)	Cap DR	12105015006520	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 100 MG Cap (Videx EC)	Cap DR	12105015006528	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 200 MG Cap (Videx EC 200MG Capsule)	Cap DR	12105015006528	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 250 MG Cap (Videx EC)	Cap DR	12105015006535	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 400 MG Cap (Videx EC 400MG)	Cap DR	12105015006550	0	No	No	No	No	N/A	No	Yes	
	Didanosine Delayed Release 400 MG Cap UD (Videx EC)	Cap DR	12105015006550	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*											

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmly
	Didanosine Chewable Tablet											
	Didanosine 100 MG Chew Tab (Videx)	Tab Chew	12105015000540	0	No	No	No	No	N/A	No	Yes	
	Didanosine 150 MG Chew Tab (Videx 150 MG)	Tab Chew	12105015000550	0	No	No	No	No	N/A	No	Yes	
	Didanosine 25 MG Chew Tab (Videx 25 MG)	Tab Chew	12105015000510	0	No	No	No	No	N/A	No	Yes	
	Didanosine 50 MG Chew Tab (Videx 50 MG)	Tab Chew	12105015000520	0	No	No	No	No	N/A	No	Yes	
	Didanosine 200 MG Chew Tab (Videx)	Tab Chew	12105015000560	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*											
	Digoxin Capsule											
	Digoxin 0.05 MG Capsule (Lanoxicaps 0.05 MG)	Cap	31200010000105	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.1 MG Capsule (Lanoxicaps)	Cap	31200010000110	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.2 MG Capsule (Lanoxicaps)	Cap	31200010000115	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Digoxin Inj											
	Digoxin 0.25 MG/ML, 2M Inj (Lanoxin Injection)	Sol	31200010002010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Digoxin Tablet											
	Digoxin 0.125 MG Tab (Lanoxin 0.125 MG Tablet)	Tab	31200010000305	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.25 MG Tab (Lanoxin 0.25MG Tablets)	Tab	31200010000310	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.25 MG Tab UD (Lanoxin)	Tab	31200010000310	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.125 MG Tab UD (Lanoxin)	Tab	31200010000305	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Diltiazem ER 24 hour Capsule											
	Diltiazem ER 24 hour 120mg cap (Cardizem CD)	Cap ER 24 Ho	34000010127020	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 120mg cap UD (Cardizem CD 120 MG UNIT DOSE)	Cap ER 24 Ho	34000010127020	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 180mg cap (Cardizem CD 180 MG)	Cap ER 24 Ho	34000010127030	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 240mg cap (Cardizem CD 240)	Cap ER 24 Ho	34000010127040	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 300mg cap (Cardizem CD 300 MG)	Cap ER 24 Ho	34000010127050	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 300mg cap UD (Cardizem CD 300 MG UNIT DOSE)	Cap ER 24 Ho	34000010127050	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 360mg cap UD (Cardizem CD)	Tab ER 24 Hou	34000010127560	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****CARDIZEM SR NOT APPROVED****											
	Diltiazem ER 24 hour Tablet											
	Diltiazem ER 24 hour 420mg tab (Cardizem LA 420 MG)	Tab ER 24 Hou	34000010127570	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**											
	Diltiazem HCL ER Tiazac											
	Diltiazem ER 24 hour 180mg cap UD (Tiazac 180 MG UNIT DOSE)	Cap ER 24 Ho	34000010117030	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 240mg cap UD (Tiazac 240 MG Unit Dose)	Cap ER 24 Ho	34000010117040	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 360mg cap (Tiazac 360 MG ER)	Cap ER 24 Ho	34000010117060	0	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmly
	Route(s): Orally												
	Advisories: ****CARDIZEM SR NOT APPROVED****												
	Diltiazem HCL Tablet												
	Diltiazem 120 mg tab (Cardizem)	Tab	34000010100320	0	No	No	No	No	No	N/A	No	Yes	
	Diltiazem 30 mg tab UD (Cardizem 30 MG Unit Dose)	Tab	34000010100305	0	No	No	No	No	No	N/A	Yes	Yes	
	Diltiazem 30 mg tab (Cardizem)	Tab	34000010100305	0	No	No	No	No	No	N/A	No	Yes	
	Diltiazem 60 mg tab (Cardizem)	Tab	34000010100310	0	No	No	No	No	No	N/A	No	Yes	
	Diltiazem 60 mg tab UD (Cardizem 60 MG Unit Dose)	Tab	34000010100310	0	No	No	No	No	No	N/A	Yes	Yes	
	Diltiazem 90 mg tab (Cardizem)	Tab	34000010100315	0	No	No	No	No	No	N/A	No	Yes	
	Diltiazem 90 mg tab UD (Cardizem 90 MG Unit Dose)	Tab	34000010100315	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories: ****CARDIZEM SR NOT APPROVED****												
	Diltiazem Inj 5mg/ml												
	Diltiazem 5 MG/ML, 5ML Inj (Cardizem Inj)	Sol	34000010102020	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously												
	Diltiazem XR 24 hour Capsule												
	Diltiazem XR 24 hour 240mg cap (Dilacor XR)	Cap ER 24 Ho	34000010107040	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories: ****CARDIZEM SR NOT APPROVED****												
	diphenhydrAMINE Capsule/Tablet												
	diphenhydrAMINE 25 MG Tab (Benadryl)	Tab	41200030100305	0	No	No	Yes	Yes	N/A	No	Yes		
	diphenhydrAMINE 25 MG Tab UD (Benadryl)	Tab	41200030100305	0	No	No	Yes	No	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories: ****RESTRICTED TO INJECTABLE FORMULATION ONLY**** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****												
	Non-Formulary Use Criteria:												
	1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl												
	2. Excessive salivation with clozapine												
	3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)												
	4. Chronic pruritus-associated dialysis												
	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 30 mg daily for 1 to 3 weeks). **Be aware of any contraindicaiton to steroid use (i.e. bipolar disorder)*												
	Formulary Restrictions:												
	Is this medication order to treat pruritis in a Dialysis patient or as an adjunct to chemotherapy?*												
	Medical Referral Center (MRC) Use Only												
	diphenhydrAMINE Injection												
	diphenhydrAMINE 50 mg/ml, 2ml inj (Benadryl Inj)	Sol	41200030102010	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE 50 mg/ml, 1ml inj (Benadryl INJ)	Sol	41200030102010	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	diphenhydrAMINE 50 mg/ml, 1ml vial (Benadryl Inj)	Sol	41200030102010	0	No	No	No	Yes	No	N/A	No	No	No	Yes	
	Route(s): Intramuscularly, Intravenously														
	Formulary Restrictions: ****RESTRICTED TO INJECTABLE FORMULATION ONLY**** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****														
	diphenhydrAMINE Oral Elixir														
	diphenhydrAMINE Oral Elixir 12.5mg/5ml, 480ML (Benadryl)	Elixir	41200030100920	0	No	Yes	Yes	No	N/A	No	Yes				
	Route(s): Orally														
	Advisories: ****RESTRICTED TO INJECTABLE FORMULATION ONLY**** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****														
	Non-Formulary Use Criteria: **1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl** **2. Excessive salivation with clozapine** **3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)** **4. Chronic pruritus-associated dialysis** **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 30 mg daily for 1 to 3 weeks). **Be aware of any contraindicaiton to steroid use (i.e. bipolar disorder)**														
	Formulary Restrictions: ****This is Formulary for compounding only restriction** **Medical Referral Center (MRC) Use Only**														
	Dipivefrin HCL Ophth Soln 0.1%														
	Dipivefrin HCL Ophth Soln 0.1%, 10ML (Propine)	Sol	86600010002005	0	No	Yes	No	No	N/A	No	Yes				
	Dipivefrin HCL Ophth Soln 0.1%, 5ML (Propine C CAP)	Sol	86600010002005	0	No	Yes	No	No	N/A	No	Yes				
	Route(s): In Affected Eye(s)														
	Dipyridamole Tablet														
	Dipyridamole 25 MG Tab (Persantine)	Tab	85150030000310	0	No	No	No	No	N/A	No	Yes				
	Dipyridamole 25 MG Tab UD (Persantine 25 MG Unit Dose)	Tab	85150030000310	0	No	No	No	No	N/A	Yes	Yes				
	Dipyridamole 50 MG Tab UD (Persantine 50 MG Unit Dose)	Tab	85150030000320	0	No	No	No	No	N/A	Yes	Yes				
	Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	0	No	No	No	No	N/A	No	Yes				
	Dipyridamole 75 MG Tab UD (Persantine 75 MG Unit Dose)	Tab	85150030000330	0	No	No	No	No	N/A	Yes	Yes				
	Route(s): Orally														
	Disopyramide														
	Disopyramide 150 MG Cap UD (Norpace 150 MG Unit Dose)	Cap	35100010100110	0	No	No	No	No	N/A	Yes	Yes				
	Disopyramide 150 MG Cap (Norpace 150 MG)	Cap	35100010100110	0	No	No	No	No	N/A	No	Yes				
	Route(s): Orally														
	Disopyramide Phosphate CR														
	Disopyramide Phosphate CR 100 MG CAP (Norpace CR)	Cap ER 12 Ho	35100010106910	0	No	No	No	No	N/A	No	Yes				
	Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)	Cap ER 12 Ho	35100010106915	0	No	No	No	No	N/A	No	Yes				

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
DOBU	Tamine Inj												
	DOBU Tamine 250 MG/20ML Inj (Dobutrex)	Sol	38000010102005	0	No	No	Yes	No	N/A	No	Yes		
	DOBU Tamine 12.5 MG/ML Inj (Dobutrex Injection)	Sol	38000010102005	0	No	Yes	No	No	N/A	No	Yes		
	DOBU Tamine 500 MG/40ML Inj (Dobutrex)	Sol	38000010102005	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
Docet	axel Inj												
	Docetaxel 20 MG/0.5ML Inj (Taxotere Inj)	Concentrate	21500005001320	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Medical Referral Center (MRC) Use Only												
Docus	ate Sodium Syrup 60 MG/15ML												
	Docusate Sodium Oral Syrup 60 MG/15ML (Colace Syrup)	Syrup	46500010301220	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
Docus	ate Sodium Capsule												
	Docusate Sodium 100 MG Cap (Colace)	Cap	46500010300110	0	No	No	No	No	N/A	No	Yes		
	Docusate Sodium 100 MG Cap UD (Colace Unit Dose)	Cap	46500010300110	0	No	No	No	No	N/A	Yes	Yes		
	Docusate Sodium 250 MG Cap (Colace)	Cap	46500010300120	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
Docus	ate Sodium Solution 50 Mg/5ML												
	Docusate Sodium Solution 100MG/10ML UD (Colace)	Liq	46500010300910	0	No	No	No	No	N/A	Yes	Yes		
	Docusate Sodium Solution 50 MG/5ML, 473 ML (Colace)	Liq	46500010300910	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
Docus	ate Sodium Solution 50MG/15ML												
	Docusate Sodium Solution 100MG/30ML (Colace)	Syrup	46500010301210	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
DOP	amine Inj												
	DOPamine 200 MG/5 ML	Sol	38000020102010	0	No	No	No	No	N/A	No	Yes		
	Route(s): Intravenously												
DOP	amine Injection												
	DOPamine in D5W 400 MG/250 ML	Sol	38000020112020	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Intravenously											
	Dorzolamide Opth Solution 2%											
	Dorzolamide HCL Opth 2%, 5 ML Soln (Trusopt)	Sol	86802340102020	0	No	Yes	No	No	N/A	No	Yes	
	Dorzolamide HCL Opth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)	Sol	86802340102020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Advisories: ****OPHTHALMOLOGIST INITATION ONLY****											
	Dorzolamide-Timolol Opth soln 2-0.5%											
	Dorzolamide/Timolol Opth Soln (5ML) 2% / 0.5% (Cosopt Ophthlamic Solution)	Sol	86259902202020	0	No	Yes	No	No	N/A	No	Yes	
	Dorzolamide-Timolol Opth Soln (10 ML) 2% / 0.5% (Cosopt 10 ml opth)	Sol	86259902202020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Advisories: ****OPHTHALMOLOGIST INITATION ONLY****											
	Doxapram HCL Injection											
	Doxapram HCL Injection 20MG/ML,20ML (Dopram)	Sol	61300020102005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Doxazosin Tablet											
	Doxazosin 1 MG Tab UD (Cardura 1 MG Unit Dose)	Tab	36202005100310	0	No	No	No	No	N/A	Yes	Yes	
	Doxazosin 2 MG Tab UD (Cardura 2 MG Unit Dose)	Tab	36202005100320	0	No	No	No	No	N/A	Yes	Yes	
	Doxazosin 4 MG Tab UD (Cardura 4 MG Unit Dose)	Tab	36202005100330	0	No	No	No	No	N/A	Yes	Yes	
	Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	0	No	No	No	No	N/A	No	Yes	
	Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	0	No	No	No	No	N/A	No	Yes	
	Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	0	No	No	No	No	N/A	No	Yes	
	Doxazosin 8 MG Tab (Cardura)	Tab	36202005100340	0	No	No	No	No	N/A	No	Yes	
	Doxazosin 8 MG Tab UD (Cardura)	Tab	36202005100340	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Doxepin Capsule											
	Doxepin 10 MG Cap (Sinequan)	Cap	58200040100105	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 10 MG Cap UD (Sinequan10 MG Unit Dose)	Cap	58200040100105	0	No	No	Yes	No	N/A	Yes	Yes	
	Doxepin 100 MG Cap (Sinequan)	Cap	58200040100125	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 100 MG Cap UD (Sinequan)	Cap	58200040100125	0	No	No	Yes	No	N/A	Yes	Yes	
	Doxepin 150 MG Cap (Sinequan)	Cap	58200040100130	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 25 MG Cap (Sinequan)	Cap	58200040100110	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 25 MG Cap UD (Sinequan 25 MG Unit Dose)	Cap	58200040100110	0	No	No	Yes	No	N/A	Yes	Yes	
	Doxepin 50 MG Cap (Sinequan)	Cap	58200040100115	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 50 MG Cap UD (Sinequan 50 MG Unit Dose)	Cap	58200040100115	0	No	No	Yes	No	N/A	Yes	Yes	
	Doxepin 75 MG Cap (Sinequan)	Cap	58200040100120	0	No	No	Yes	No	N/A	No	Yes	
	Doxepin 75 MG Cap UD (Sinequan 75 MG Unit Dose)	Cap	58200040100120	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: ****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****											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	MLP Requires Cosign											
	Doxepin Solution											
	Doxepin Solution 10 MG/ML, 120 ML (Sinequan)	Concentrate	58200040101305	0	No	Yes	Yes	No	N/A	No	Yes	
	Doxepin Solution 50 MG/5ML, UD (Sinequan)	Concentrate	58200040101305	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****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****											
	MLP Requires Cosign											
	Doxercalciferol Capsule											
	Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	0	No	No	No	No	N/A	No	Yes	
	Doxercalciferol 0.5 MCG Cap (Hectorol)	Cap	30905040000105	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****ORAL ROUTE PREFERRED****											
	Doxercalciferol Injection											
	Doxercalciferol 2 MCG/ML Inj (Hectorol inj)	Sol	30905040002020	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****ORAL ROUTE PREFERRED****											
	Doxorubicin Injection											
	Doxorubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	0	No	Yes	Yes	No	N/A	No	Yes	
	Doxorubicin Injection10 MG (2 MG/ML) (Adriamycin)	Sol	21200040102010	0	No	No	Yes	No	N/A	No	Yes	
	Doxorubicin HCL 2MG/ML, 5ML Inj (Adriamycin)	Sol	21200040102010	0	No	Yes	Yes	No	N/A	No	Yes	
	Doxorubicin Injection 50 MG (2mg/ml) (Adriamycin)	Sol	21200040102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Doxycycline Capsule											
	Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	0	No	No	No	No	N/A	Yes	Yes	
	Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	0	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	0	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Doxycycline Hyclate (Periostat) Tablet											
	Doxycycline Hyclate 20 MG Tab (Periostat)	Tab	04000020100302	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Doxycycline Injection											
	Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)	Sol Recon	04000020102105	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Finly</u>
	Route(s): Intravenously											
	Doxycycline Oral Solution											
	Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)	Susp Recon	04000020001905	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Doxycycline Tablet											
	Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	0	No	No	No	No	N/A	Yes	Yes	
	Doxycycline Hyclate 50 MG Tab	Tab	04000020100310	0	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 100 MG Tab (vibratabs)	Tab	04000020100310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Droperidol Inj											
	Droperidol Inj 2.5MG/ML (2ML) (Inapsine Injection)	Sol	57200030002005	0	No	Yes	Yes	No	N/A	No	Yes	
	Droperidol Inj 2.5MG/ML (Inapsine)	Sol	57200030002005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	DuoDERM Hydroactive External											
	Flexible Hydroactive External Dressing granules (DuoDERM Hydroactive External Miscellaneous)	Miscellaneous	90944050006300	0	No	No	No	No	N/A	No	Yes	
	Route(s): Topically											
	Echothiophate Iodide Opth Soln 0.125%											
	Echothiophate Iodide Opth 0.125%, 5 ML Soln (Phospholine Iodide Ophthalmic)	Sol Recon	86502020102115	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Edrophonium Chloride Inj											
	Edrophonium Chloride Inj 10MG/ML,10ML (Tensilon Inection)	Sol	76000020102005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Efavirenz Oral Cap											
	Efavirenz 50 MG Cap (Sustiva)	Cap	12109030000110	0	No	No	No	No	N/A	No	Yes	
	Efavirenz 100 MG Cap (Sustiva)	Cap	12109030000120	0	No	No	No	No	N/A	No	Yes	
	Efavirenz 200 MG Cap (Sustiva)	Cap	12109030000140	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Efavirenz Oral Tab											
	Efavirenz 600 MG Tab (Sustiva)	Tab	12109030000330	0	No	No	No	No	N/A	No	Yes	
	Efavirenz 600 MG Tab UD (Sustiva)	Tab	12109030000330	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Efavirenz/Emtricitabine/Tenofovir Tablet											
	Efavirenz/Emtricitabine/Tenofovir (Atripla) 600-200-300mg (Atripla)	Tab	12109903300320	0	No	No	No	No	N/A	No	Yes	
	Efavirenz/Emtricitabine/Tenofovir 600-200-300MG TAB UD (Atripla)	Tab	12109903300320	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlly
	Route(s): Orally												
	Advisories: ****PHYSICIAN INITATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Formulary Restrictions: **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****												
	Electrolyte Oral Solution Pediatric												
	Electrolyte Oral Solution Pediatric (Pediatric Electrolyte Oral Solution)	Sol	79991000002000	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Emtricitabine Capsule												
	Emtricitabine 200 mg cap (Emtriva)	Cap	12106030000120	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Formulary Restrictions: ****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 200/300 Mg Tablet												
	Emtricitabine/Tenofovir 200/300 MG Tab (Truvada)	Tab	12109902300320	0	No	No	No	No	N/A	No	Yes		
	Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)	Tab	12109902300320	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Formulary Restrictions: ****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****												
	Enoxaparin Injection												
	Enoxaparin Injection 80MG/0.8ML (Lovenox)	Sol	83101020102010	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 30MG/0.3ML (Lovenox)	Sol	83101020102010	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 40MG/0.4ML (Lovenox)	Sol	83101020102010	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 60MG/0.6ML (Lovenox 60MG/0.6ML SQ. Inj)	Sol	83101020102010	0	No	Yes	Yes	No	N/A	Yes	Yes		
	Enoxaparin Injection 100 MG/1ML (Lovenox Injection)	Sol	83101020102010	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 120MG/0.8ML (Lovenox)	Sol	83101020102020	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 150MG/1ML (Lovenox)	Sol	83101020102020	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly, Subcutaneously, Sublingually												
	EPINEPHrine Auto-Injector												
	EPINEPHrine Auto-Injector 0.3 MG (Epipen 0.3MG Auto-Injector)	Device	38900040106230	0	No	Yes	Yes	No	N/A	Yes	Yes		
	Route(s): Intramuscularly												
	EPINEPHrine Inhalation												
	EPINEPHrine Inh SOL 1.125% (Racemic mix 2.25%) (Nephron)	Nebulization	44202020202530	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	EPINEPHrine Injection												
	EPINEPHrine Amp 1 MG/ML, 1ML (Adrenaline)	Sol	44202020202010	0	No	Yes	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 1 MG/ML, 30ML (Adrenalin Injection)	Sol	44202020202010	0	No	Yes	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 0.1MG/ML (EPINEPHrine Injection)	Sol	44202020202005	0	No	Yes	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	EPINEPHrine Injection 0.1MG/ML, 10ML (Epinephrine Prefilled Syringe)	Sol	44202020202005	0	No	Yes	Yes	No	N/A	No	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
	Epirubicin Solution												
	Epirubicin 2MG/ML (Ellence)	Sol	21200042102020	0	No	No	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Advisories: ***Vesicant* Cumulative Toxic Dose 550mg/meters squared** **Medical Referral Center (MRC) Use Only**												
	Epoetin Alfa Injection												
	Epoetin Alfa 10,000 Units/ML, 1ML INJ (Procrit 10,000 Units)	Sol	82401020002040	0	No	No	Yes	No	N/A	No	Yes		
	Epoetin Alfa 10,000 Units/ML, 2ML VIAL (Procrit)	Sol	82401020002040	0	No	No	Yes	No	N/A	No	Yes		
	Epoetin Alfa 2000 Units/ML, 1ML INJ (Procrit 2000 Units)	Sol	82401020002010	0	No	No	Yes	No	N/A	No	Yes		
	Epoetin Alfa 3000 Units/ML, 1ML INJ (ProcritT 3000 Units)	Sol	82401020002015	0	No	No	Yes	No	N/A	No	Yes		
	Epoetin Alfa 4000 Units/ML, 1ML Inj (Procrit 4000 Units)	Sol	82401020002020	0	No	No	Yes	No	N/A	No	Yes		
	Epoetin Alfa 20,000 Units/ML, 1ML INJ (Procrit 20,000 Units)	Sol	82401020002050	0	No	Yes	Yes	No	N/A	No	Yes		
	Epoetin Alfa 40,000 Units/ML, 1ML INJ (Procrit)	Sol	82401020002060	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously, Subcutaneously												
	Advisories: ****DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** ESA USE IN CANCER PATIENTS: 1. Other causes of anemia are evaluated and treated 2. ESA is initiated when Hgb approaches or falls below 10 g/dl 3. Discontinue ESA if no response in 6-8 weeks (e.g. <1-2 g/dl rise in Hgb or no diminution of transfusion requirements) 4. Hgb is targeted to (or near) 12 g/dl at which point the dosage should be titrated to maintain that level 5. Reduce dose per package insert when Hgb rise exceeds 1 g/dl in any two-week period or when the Hgb level exceeds 11 g/dl 6. Iron levels are monitored and supplements prescribed accordingly 7. ESA is avoided for cancer patients not receiving chemotherapy 8. The risk of thromboembolism for patients receiving ESAs are weighed carefully 9. ESA is withheld when Hgb exceeds 12 g/dl. Restart at 25% below previous dose when Hgb approaches level where transfusions may be required 10. ESA is discontinued following completion of chemotherapy course 11. Starting doses and dose modifications are based on response, or lack thereof, and should follow the package insert ESA USE IN ESRD PATIENTS: 1. Is on dialysis 2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**												
	Formulary Restrictions: ****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**** **Medical Referral Center (MRC) Use Only**												
	Ergonovine Maleate												
	Ergonovine Maleate Injection Solution 0.2 MG/ML	Sol	29000010102005	0	No	No	Yes	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u>
	Route(s): Intravenously										
	Ergonovine Maleate Tablet										
	Ergonovine Maleate Oral Tablet 0.2 MG (Ergotrate)	Tab	29000010100305	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Ergotamine Tartrate/Caffeine 2/100 Mg Supp										
	Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)	Supp	67991002105220	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Rectally										
	Ergotamine Tartrates S.L. 2 Mg Tablet										
	Ergotamine Tartrate S.L. 2 MG TAB (Ergomar 2 MG S.L. Tablets)	Tab Sublingual	67000020100705	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Ergotamine/Caffeine 1/100 Mg Oral Tab										
	Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)	Tab	67991002100310	0	No	No	No	No	N/A	No	Yes
	Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)	Tab	67991002100310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Erlotinib Tablet										
	Erlotinib 25 MG Tab (Tarceva)	Tab	21534025000320	0	No	No	No	No	N/A	No	Yes
	Erlotinib 100 MG Tab (Tarceva)	Tab	21534025000340	0	No	No	No	No	N/A	No	Yes
	Erlotinib 150 MG Tab (Tarceva Tablet)	Tab	21534025000360	0	No	No	No	No	N/A	No	Yes
	Erlotinib 150 MG Tab UD (Tarceva)	Tab	21534025000360	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Medical Referral Center (MRC) Use Only										
	Erythromycin BASE Tablet										
	Erythromycin BASE 250 MG Tab (Erythromycin)	Tab	03100005000305	0	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 500 MG Tab (Erythromycin BASE)	Tab	03100005000310	0	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 250 MG Tab UD	Tab	03100005000305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Erythromycin Delayed Release Capsule										
	Erythromycin DELAYED REL 250 MG Cap	Cap DR Partic	03100005006720	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Erythromycin Delayed Release Tablet										
	Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)	Tab DR	03100005000605	0	No	No	No	No	N/A	No	Yes
	Erythromycin Delayed REL 333 MG Tab (ERY-TAB)	Tab DR	03100005000610	0	No	No	No	No	N/A	No	Yes
	Erythromycin DELAYED REL 500 MG Tab (ERY-TAB)	Tab DR	03100005000615	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Erythromycin Ethyl Succ Suspension 200 MG/5ML										
	Erythromycin Ethyl Succ SUSP 200MG/5ML, 100ML (EryPed)	Susp Recon	03100030301910	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Erythromycin Ethyl Succ Suspension 400MG/5ML										
	Erythromycin Ethyl Succ SUSP 400MG/5ML (E.E.S. Oral Suspension)	Susp	03100030301820	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Orally											
Erythromycin Ethyl Succ Tablet	Erythromycin Ethyl Succ 400 MG Tab (E.E.S. 400 MG Tablet)	Tab	03100030300305	0	No	No	No	No	No	N/A	No	Yes
	Route(s): Orally											
Erythromycin Lactobionate Injection	Erythromycin Lactobionate 500 MG Inj (Erythrocin LACT.I.V.)	Sol Recon	03100050502105	0	No	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously											
Erythromycin Ophthalmic Ointment 5MG/GM	Erythromycin Ophth Oint 3.5 GM 5mg/gm	Oint	86101025004210	0	No	Yes	No	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)											
Erythromycin Suspension 50 MG/ML	Erythromycin Estolate SUSP 50 MG/ML, 473ML (Erythromycin Estolate)	Susp	03100020201815	0	No	Yes	No	No	No	N/A	No	Yes
	Route(s): Orally											
Esmolol Hydrochloride Inj	Esmolol HCL 10 MG/ML Inj (Brevibloc)	Sol	33200025102015	0	No	Yes	Yes	No	No	N/A	No	Yes
	Esmolol HCL 250 MG/ML Inj (Brevibloc)	Sol	33200025102025	0	No	Yes	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously											
Estradiol Cypionate Inj	Estradiol Cypionate 5MG/ML INJ (Depo-Estradiol)	Oil	24000035101710	0	No	Yes	Yes	No	No	N/A	No	Yes
	Route(s): Intramuscularly											
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
Estradiol Patch	Estradiol 0.06 MG/24HR Patch (Climara) Weekly (Climara Patch)	Patch Weekly	24000035008824	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.1 MG/24HR Patch Biweekly (Vivelle) (Vivelle Transdermal Patch Biweekly 0.1 MG/24HR)	Patch Biweekly	24000035008750	0	No	No	No	No	No	N/A	No	Yes
	Estradiol 0.05 MG/24HR Patch (Climara) (Climara .05MG/Day)	Patch Weekly	24000035008820	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.075 MG/24HR Patch (Alora) (Alora 0.075 MG)	Patch Biweekly	24000035008730	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.025 MG/24H Patch (Climara) (Climara)	Patch Weekly	24000035008810	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.05 MG/24HR Patch (Estraderm) (Estraderm Patch)	Patch Biweekly	24000035008720	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.1 MG/24HR Patch (Estraderm) (Estraderm)	Patch Biweekly	24000035008750	0	No	Yes	No	No	No	N/A	No	Yes
	Estradiol 0.0375 MG/24HR Patch (Climara) (Climara Patch 0.0375)	Patch Weekly	24000035008815	0	No	Yes	No	No	No	N/A	No	Yes
	Route(s): Topically Transdermally											
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
Estradiol Tablet	Estradiol 1 MG Tab (Estrace)	Tab	24000035000305	0	No	No	No	No	No	N/A	No	Yes
	Estradiol 2 MG Tab (Estrace)	Tab	24000035000310	0	No	No	No	No	No	N/A	No	Yes
	Estradiol 0.5 MG Tab (Eestrace)	Tab	24000035000303	0	No	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Orally												
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****												
	Estradiol Valerate Inj												
	Estradiol Valerate 10 MG/ML Inj (Delestrogen 10 MG/ML)	Oil	24000035201710	0	No	No	Yes	No	N/A	No	Yes		
	Estradiol Valerate 20 MG/ML Inj (Delestrogen 20 MG/ML)	Oil	24000035201705	0	No	No	Yes	No	N/A	No	Yes		
	Estradiol Valerate 40 MG/ML Inj (Delestrogen 40 MG/ML)	Oil	24000035201715	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly												
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****												
	Estrogens Conjugated Tablet												
	Estrogens Conjugated 0.3 MG Tab (Premarin 0.3 MG)	Tab	24000015000310	0	No	No	No	No	N/A	No	Yes		
	Estrogens Conjugated 0.625 MG (Premarin)	Tab	24000015000320	0	No	No	No	No	N/A	No	Yes		
	Estrogens Conjugated 0.625 MG Tab UD (Premarin 0.625 MG Unit Dose)	Tab	24000015000320	0	No	No	No	No	N/A	No	Yes		
	Estrogens Conjugated 0.9 MG Tab (Premarin 0.9 MG)	Tab	24000015000325	0	No	No	No	No	N/A	No	Yes		
	Estrogens Conjugated 1.25 MG Tab (Premarin)	Tab	24000015000330	0	No	No	No	No	N/A	No	Yes		
	Estrogens Conjugated 1.25 MG Tab UD (Premarin 1.25 MG Unit Dose)	Tab	24000015000330	0	No	No	No	No	N/A	Yes	Yes		
	Estrogens Conjugated 0.45 MG Tab (Premarin)	Tab	24000015000315	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Non-Formulary Use Criteria: **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**												
	Formulary Restrictions: ****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 THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HOMONAL 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****												
	Estrogens Esterified Tablet												
	Estrogens Esterified 0.3 MG Tab (Menest 0.3 MG)	Tab	24000030000305	0	No	No	No	No	N/A	No	Yes		
	Estrogens Esterified 0.625 MG Tab (Menest 0.625 MG)	Tab	24000030000310	0	No	No	No	No	N/A	No	Yes		
	Estrogens Esterified 1.25 MG Tab (Menest 1.25 MG)	Tab	24000030000315	0	No	No	No	No	N/A	No	Yes		
	Estrogens Esterified 2.5 MG Tab (Menest 2.5 MG)	Tab	24000030000320	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****												
	Estropipate Tablet												
	Estropipate 1.25 MG Tab (Ogen)	Tab	24000055000310	0	No	No	No	No	N/A	No	Yes		
	Estropipate 2.5 MG Tab (Ogen)	Tab	24000055000315	0	No	No	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
	Ethambutol Oral Tablet												
	Ethambutol HCL100 MG Tab (Myambutol)	Tab	09000040100305	0	No	No	Yes	No	N/A	No	Yes		Yes
	Ethambutol HCL 400 MG Tab (Myambutol 400 MG)	Tab	09000040100310	0	No	No	Yes	No	N/A	No	Yes		Yes
	Ethambutol HCL 400 MG Tab UD (Myambutol 400 MG Unit Dose)	Tab	09000040100310	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Route(s): Orally												
	Formulary Restrictions:												
	****PILL LINE ONLY****												
	Ethyl Chloride Spray												
	Ethyl Chloride Spray 100% ML (Ethyl Chloride Spray)	Aero	90851005003200	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Topically												
	Formulary Restrictions:												
	****FOR CLINIC USE ONLY****												
	Etidronate Disodium Tablet												
	Etidronate Disodium 200 MG Tab (Didronel)	Tab	30042040100305	0	No	No	No	No	N/A	No	Yes		Yes
	Etidronate Disodium Oral Tablet 400 MG (Didronel)	Tab	30042040100310	0	No	No	No	No	N/A	No	Yes		Yes
	Route(s): Orally												
	Etoposide Inj												
	Etoposide 150MG INJ (Vepesid)	Sol	21500010002020	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Etoposide (VePesid) 100MG/5ML Inj (VePesid Inj)	Sol	21500010002020	0	No	No	Yes	No	N/A	No	Yes		Yes
	Etoposide 20 MG/ML,5ML INJ (Etoposide)	Sol	21500010002020	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Etoposide Oral												
	Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	0	No	No	No	No	N/A	No	Yes		Yes
	Route(s): Orally												
	Fat Emulsion 10%												
	Fat Emulsion 10% 500 ML Inj (Liposyn III 10%)	Emul	80200010001610	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Fat Emulsion 250ML												
	Fat Emulsion 20% 250ML Inj (Intralipid)	Emul	80200010001620	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Fat Emulsion20%												
	Fat Emulsion 20% 500 ML INJ (Liposyn III 20%)	Emul	80200010001620	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Fentanyl Injection												
	Fentanyl Citrate 0.05 MG/ML, 2ML Inj (Fentanyl Citrate Injection)	Sol	65100025102005	2	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intramuscularly, Intravenously												
	Formulary Restrictions:												
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**												
	PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**												
	Medical Referral Center (MRC) Use Only												
	MLP Requires Cosign												
	Fentanyl Patch												
	Fentanyl Patch 100 MCG/HR (Duragesic 100 MCG Patch)	Patch 72 Hour	65100025008650	2	No	No	Yes	No	N/A	No	Yes		Yes
	Fentanyl Patch 25 MCG/HR (Duragesic 25 MCG Patch)	Patch 72 Hour	65100025008620	2	No	No	Yes	No	N/A	Yes	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Unit Dose	Fmlly
	Fentanyl Patch 50 MCG/HR (Duragesic 50 MCG Patch)	Patch 72 Hour	65100025008630	2	No	No	Yes	No	N/A	No	No	Yes
	Fentanyl Patch 75 MCG/HR (Duragesic 75 MCG Patch)	Patch 72 Hour	65100025008640	2	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Transdermally											
	Formulary Restrictions:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**											
	PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**											
	Medical Referral Center (MRC) Use Only											
	MLP Requires Cosign											
	Ferric Gluconate Inj											
	Ferric Gluconate 62.5MG/5ML INJ (Ferrlecit)	Sol	82300085102020	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Ferrous Gluconate Tablet											
	Ferrous Gluconate 225 MG Tab (Iron)	Tab	82300020000380	0	No	No	No	No	N/A	No	No	Yes
	Ferrous Gluconate 300 MG Tab (FERROUS GLUCONATE 300 MG UD)	Tab	82300020000310	0	No	No	No	No	N/A	No	No	Yes
	Ferrous Gluconate (5GR) 324 MG Tab (Ferrous Gluconate 324 MG)	Tab	82300020000319	0	No	No	No	No	N/A	No	No	Yes
	Ferrous Gluconate 324 MG Tab UD (Ferrous Gluconate Tablet 324 MG UNIT DOSE)	Tab	82300020000319	0	No	No	No	No	N/A	Yes	Yes	
	Ferrous Gluconate 325 MG (5GR) Tab UD	Tab	82300020000320	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Fluconazole injection											
	Fluconazole 400 MG INJ (Diflucan IV 400 MG)	Sol	11407015012020	0	No	Yes	Yes	No	N/A	No	No	Yes
	Fluconazole 200 MG INJ (Diflucan IV 200 MG)	Sol	11407015012010	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Non-Formulary Use Criteria:											
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*											
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated											
	Formulary Restrictions:											
	****NOT APPROVED FOR ONYCHOMYCOSIS****											
	Fluconazole injection 400 mg/200 ml Premix											
	Fluconazole Premix 400 MG INJ (Diflucan)	Sol	11407015022020	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Intravenously											
	Non-Formulary Use Criteria:											
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*											
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated											
	Formulary Restrictions:											
	****NOT APPROVED FOR ONYCHOMYCOSIS****											
	Fluconazole injection 200 mg/100 ml Premix											
	Fluconazole Premix 200MG INJ	Sol	11407015022010	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Route(s): Intravenously											
	Non-Formulary Use Criteria:											
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*											
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated											
	Formulary Restrictions:											
	****NOT APPROVED FOR ONYCHOMYCOSIS****											

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Fluconazole Tablet											
	Fluconazole 150 MG Tab (Diflucan)	Tab	11407015000325	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 100 MG Tab (Diflucan)	Tab	11407015000320	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 100 MG Tab UD (Diflucan)	Tab	11407015000320	0	No	No	No	No	N/A	Yes	Yes	
	Fluconazole 200 MG Tab (Diflucan)	Tab	11407015000330	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 200 MG Tab UD (Diflucan)	Tab	11407015000330	0	No	No	No	No	N/A	Yes	Yes	
	Fluconazole 50 MG Tab (Diflucan)	Tab	11407015000310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Non-Formulary Use Criteria:											
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*											
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated											
	Formulary Restrictions:											
	****NOT APPROVED FOR ONYCHOMYCOSIS****											
	Fludarabine Phosphate											
	Fludarabine Phosphate 50 MG INJ (Fludara Injection)	Sol Recon	21300025102120	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Fludrocortisone Acetate Tablet											
	Fludrocortisone Acetate 0.1 MG Tab (Florinef)	Tab	22200030100305	0	No	No	No	No	N/A	No	Yes	
	Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)	Tab	22200030100305	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Flumazenil Inj											
	Flumazenil Inj 0.5MG/5ML (Romazicon)	Sol	93200040002020	0	No	No	Yes	No	N/A	No	Yes	
	Flumazenil Inj 0.1MG/ML,10ML (Romazicon Injection)	Sol	93200040002020	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Flunisolide Nasal (Nasalide) 25 MCG/ACT											
	Flunisolide Nasal (Nasalide) 0.025%,25ml SOL (Nasalide)	Sol	42200030002005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Per Nostril											
	Flunisolide Nasal (Nasarel) 29 MCG/ACT											
	Flunisolide Nasal (Nasarel) 0.025%, 25ml NASA (Nasarel Nasal Soln)	Sol	42200030002060	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Per Nostril											
	Fluocinonide Cream 0.05%											
	Fluocinonide 0.05%, 15g cream (Lidex)	Cm	90550060003705	0	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 30g Cream (Lidex Cream)	Cm	90550060003705	0	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 60g cream (Lidex)	Cm	90550060003705	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Fluocinonide Gel 0.05%											
	Fluocinonide 0.05%, 15g gel (Lidex Gel)	Gel	90550060004005	0	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 60g gel (Lidex GEL)	Gel	90550060004005	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Topically										
	Fluocinonide Ointment 0.05%										
	Fluocinonide 0.05%, 60GM Oint (Lidex Ointment)	Oint	90550060004205	0	No	Yes	No	No	N/A	No	Yes
	Fluocinonide 0.05%, 15g Oint (Lidex Ointment)	Oint	90550060004205	0	No	Yes	No	No	N/A	No	Yes
	Fluocinonide 0.05%, 30g Oint (Lidex Ointment)	Oint	90550060004205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Fluocinonide Solution 0.05%										
	Fluocinonide Solution 0.05%, 60ml (Lidex Solution)	Sol	90550060002005	0	No	Yes	No	No	N/A	No	Yes
	Fluocinonide Solution 0.05 % (20 ML) (Lidex Solution)	Sol	90550060002005	0	No	No	No	No	N/A	No	Yes
	Route(s): Topically										
	Fluorescein 25% Injection										
	Fluorescein 25% 250MG/ML Inj (AK-Fluor Injection)	Sol	86806010202015	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intradermally, Intravenously										
	Fluorescein Sodium Ophth Strip 1 MG										
	Fluorescein Sodium Strip 1 MG EA (Fluorets)	Strip	86806010106120	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Fluoride Cream 1.1%										
	Fluoride Cream 1.1%, 51gm (Prevident 5000 Plus)	Cm	88402020003721	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Formulary Restrictions:										
	****RESTRICTED TO CREAM FORMULATION ONLY****										
	Fluorometholone Ophth Ointment 0.1%										
	Fluorometholone Ophth 0.1%, 3.5GM Oint (FML SOP)	Oint	86300020004205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Formulary Restrictions:										
	RESTRICETED TO OPTOMETERIST OR OPHTHALMOLOGIST ONLY**										
	Fluorometholone Ophth Susp 0.1%										
	Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	0	No	Yes	No	No	N/A	No	Yes
	Fluorometholone Ophth 0.1%, 10 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	0	No	Yes	No	No	N/A	No	Yes
	Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)In Affected Eye(s), Orally										
	Formulary Restrictions:										
	RESTRICETED TO OPTOMETERIST OR OPHTHALMOLOGIST ONLY**										
	Fluorometholone Ophth Susp 0.25%										
	Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	0	No	Yes	No	No	N/A	No	Yes
	Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Formulary Restrictions:										
	RESTRICETED TO OPTOMETERIST OR OPHTHALMOLOGIST ONLY**										
	Fluorouracil Injection 50 MG/ML										
	Fluorouracil 50MG/ML,10ML Inj (Fluorouracil Injection)	Sol	21300030002010	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Intravenously											
	Advisories: ***Do Not Refrigerate***											
	Fluorouracil Cream 0.5%											
	Fluorouracil Cream 0.5%, 30GM (Carac 0.5%)	Cm	90372030003705	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Fluorouracil Cream 1%											
	Fluorouracil Cream 1%, 30GM (Fluoroplex)	Cm	90372030003710	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Fluorouracil Cream 5%											
	Fluorouracil Cream 5% , 25GM (Efudex Cream)	Cm	90372030003730	0	No	Yes	No	No	N/A	No	Yes	
	Fluorouracil External Cream 5 % (40gm) (Efudex Cream 5%)	Cm	90372030003730	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Fluorouracil Solution 2%											
	Fluorouracil 2%, 10ML Soln (Efudex 2% Solution)	Sol	90372030002020	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Topically											
	Fluorouracil Solution 5%											
	Fluorouracil Solution 5%, 10 ML (Efudex 5% Solution)	Sol	90372030002050	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Fluoxetine Capsule											
	Fluoxetine 10 MG Cap (Prozac 10 MG)	Cap	58160040000110	0	No	No	No	No	N/A	No	Yes	
	Fluoxetine 20 MG Cap (Prozac 20 MG)	Cap	58160040000120	0	No	No	No	No	N/A	No	Yes	
	Fluoxetine 20 MG Cap UD (Prozac 20 MG Unit Dose)	Cap	58160040000120	0	No	No	No	No	N/A	No	Yes	
	Fluoxetine 10 MG Cap UD (Prozac 10MG)	Cap	58160040000110	0	No	No	No	No	N/A	Yes	Yes	
	Fluoxetine 40 MG Cap (Prozac)	Cap	58160040000140	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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****											
	MLP Requires Cosign											
	Fluoxetine Solution 20 MG/5ML											
	Fluoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	Sol	58160040002020	0	No	Yes	No	No	N/A	No	Yes	
	Fluoxetine 20 MG/5ML SOL, UD (Prozac)	Sol	58160040002020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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****											
	MLP Requires Cosign											
	Fluoxetine Tablet											
	Fluoxetine 20 MG Tab (Prozac)	Tab	58160040000320	0	No	No	No	No	N/A	No	Yes	
	Fluoxetine 10 MG Tab (Prozac)	Tab	58160040000310	0	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Orally											
	Advisories:											
	****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****											
	MLP Requires Cosign											
	Fluphenazine Decanoate Injection											
	Fluphenazine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)	Sol	59200025302005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	MLP Requires Cosign											
	Fluphenazine Injection											
	Fluphenazine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection)	Sol	59200025102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	MLP Requires Cosign											
	Fluphenazine Oral Solution 5 MG/ML											
	Fluphenazine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution)	Concentrate	59200025101320	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Fluphenazine Tablet											
	Fluphenazine 1 MG Tab (Prolixin)	Tab	59200025100305	0	No	No	Yes	No	N/A	No	Yes	
	Fluphenazine 1 MG Tab UD (Prolixin 1 MG Unit Dose)	Tab	59200025100305	0	No	No	Yes	No	N/A	Yes	Yes	
	Fluphenazine 10 MG Tab (Prolixin)	Tab	59200025100320	0	No	No	Yes	No	N/A	No	Yes	
	Fluphenazine 10 MG Tab UD (Prolixin 10 MG Unit Dose)	Tab	59200025100320	0	No	No	Yes	No	N/A	Yes	Yes	
	Fluphenazine 2.5 MG Tab (Prolixin)	Tab	59200025100310	0	No	No	Yes	No	N/A	No	Yes	
	Fluphenazine 2.5 MG Tab UD (Prolixin 2.5 MG Unit Dose)	Tab	59200025100310	0	No	No	Yes	No	N/A	Yes	Yes	
	Fluphenazine 5 MG Tab (Prolixin)	Tab	59200025100315	0	No	No	Yes	No	N/A	No	Yes	
	Fluphenazine 5 MG Tab UD (Prolixin 5 MG Unit Dose)	Tab	59200025100315	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Flutamide Capsule											
	Flutamide 125 MG Cap UD (Eulexin Unit Dose)	Cap	21402440000110	0	No	No	No	No	N/A	Yes	Yes	
	Flutamide 125 MG Cap (Eulexin 125 MG)	Cap	21402440000110	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Fluticasone Propionate HFA											
	Fluticasone Prop HFA 110mcg, 12gm inh (Flovent 110MCG)	Aero	44400033223230	0	No	Yes	No	No	N/A	No	Yes	
	Fluticasone Prop HFA 220mcg, 12gm inh (Flovent HFA 220 MCG)	Aero	44400033223240	0	No	Yes	No	No	N/A	No	Yes	
	Fluticasone Prop HFA 44 MCG, 12gm, INH (Flovent)	Aero	44400033223220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Fluticasone Propionate Inhalation											
	Fluticasone Prop 44mcg, 13gm inh (Flovent)	Aero	44400033203220	0	No	Yes	No	No	N/A	No	Yes	
	Fluticasone Prop 110mcg, 13gm inh (Flovent)	Aero	44400033203230	0	No	Yes	No	No	N/A	No	Yes	
	Fluticasone Prop 220mcg, 13gm inh (Flovent)	Aero	44400033203240	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Route(s): Orally											
	Fluvastatin Capsule											
	Fluvastatin 20 MG Cap UD (Lescol)	Cap	39400030100120	0	No	No	No	No	No	N/A	Yes	Yes
	Fluvastatin 40 MG Cap UD (Lescol)	Cap	39400030100140	0	No	No	No	No	No	N/A	Yes	Yes
	Fluvastatin 20 MG Cap (Lescol)	Cap	39400030100120	0	No	No	No	No	No	N/A	No	Yes
	Fluvastatin 40 MG Cap (Lescol)	Cap	39400030100140	0	No	No	No	No	No	N/A	No	Yes
	Route(s): Orally											
	Formulary Restrictions:											
	****RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS** **NOT APPROVED FOR BID DOSING** **EXTENDED RELEASE NOT APPROVED**											
	Folic Acid Injection											
	Folic Acid Injection 5 MG/ML,10ML (Folic Acid Injection)	Sol	82200010002005	0	No	No	No	No	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Folic Acid Tablet											
	Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	0	No	No	No	No	No	N/A	No	Yes
	Folic Acid 1 MG Tab UD (Folic Acid Tablet 1 MG Unit Dose)	Tab	82200010000315	0	No	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally											
	Folic Acid Tablet Complex											
	Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	0	No	No	No	No	No	N/A	No	Yes
	Route(s): Orally											
	Fosamprenavir Calcium Tablet											
	Fosamprenavir Calcium 700 MG Tab (Lexiva)	Tab	12104525100330	0	No	No	No	No	No	N/A	No	Yes
	Fosamprenavir Calcium 700 MG Tab UD (Lexiva)	Tab	12104525100330	0	No	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Foscarnet Sodium Inj											
	Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)	Sol	12200020102020	0	No	No	Yes	No	No	N/A	No	Yes
	Foscarnet Sodium Inj 24 MG/ML, 500 MG (Foscavir)	Sol	12200020102020	0	No	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously											
	Furosemide Injection											
	Furosemide Injection 10MG/ML,2ML INJ (Lasix Injection)	Sol	37200030002005	0	No	No	Yes	No	No	N/A	No	Yes
	Furosemide Injection 10MG/ML,4ML INJ (Lasix Injection)	Sol	37200030002005	0	No	No	Yes	No	No	N/A	No	Yes
	Furosemide Injection 10MG/ML,10ML (Lasix Injection)	Sol	37200030002005	0	No	No	Yes	No	No	N/A	No	Yes
	Route(s): Intravenously											
	Furosemide Oral Soln 10 MG/ML											
	Furosemide Oral Soln 10MG/ML (Furosemide Oral Soln)	Sol	37200030002050	0	No	No	No	No	No	N/A	No	Yes
	Route(s): Orally											
	Furosemide Tablet											
	Furosemide 20 MG Tab (LASIX)	Tab	37200030000305	0	No	No	No	No	No	N/A	No	Yes
	Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	0	No	No	No	No	No	N/A	Yes	Yes
	Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	0	No	No	No	No	No	N/A	No	Yes
	Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	0	No	No	No	No	No	N/A	No	Yes
	Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	0	No	No	No	No	No	N/A	No	Yes
	Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	0	No	No	No	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Gadopentetate Dimeglumine 496.01 MG?ML soln											
	Gadopentetate Dimeglumine 496MG/ML,20M INJ (Magnevist)	Sol	94500030102047	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Ganciclovir (Ophth) Implant Implant 4.5 MG											
	Ganciclovir (Ophth) Implant Implant 4.5 MG (Vitraser)	Implant	86103007002320	0	No	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Ganciclovir Capsule											
	Ganciclovir 500 MG Cap (Cytovene)	Cap	12200030000140	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Ganciclovir IV Solution											
	Ganciclovir 500 MG INJ (CYTOVENE IV)	Sol Recon	12200030102110	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Gemcitabine Inj											
	Gemcitabine 1 Gram Inj (Gemzar Inj)	Sol Recon	21300034102140	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Medical Referral Center (MRC) Use Only											
	Gemfibrozil Tablet											
	Gemfibrozil 600 MG TAB (Lopid)	Tab	39200030000310	0	No	No	No	No	N/A	No	Yes	
	Gemfibrozil 600 MG TAB UD (Lopid 600 MG Unit Dose)	Tab	39200030000310	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Gentamicin Ophth oint											
	Gentamicin Ophthalmic (3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)	Oint	86101030004205	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Gentamicin Ophth Soln 0.3%											
	Gentamicin Ophth 3 MG/ML(5ML) SOLN (Gentamicin Ophth Soln)	Sol	86101030002005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Gentamicin Premix Inj											
	Gentamicin Inj Premix 80MG/100ML INJ	Sol	07000020112008	0	No	Yes	Yes	No	N/A	No	Yes	
	Gentamicin Inj Premix 100MG/100ML	Sol	07000020112015	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Gentamicin Sulfate Injection											
	Gentamicin Sulfate 40 MG/ML,2ML INJ (Garamycin Injection)	Sol	07000020102045	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	GlipiZIDE Tablet											
	GlipiZIDE 10 MG TAB (Glucotrol)	Tab	27200030000310	0	No	No	No	No	N/A	No	Yes	
	GlipiZIDE 5 MG TAB (Glucotrol)	Tab	27200030000305	0	No	No	No	No	N/A	No	Yes	
	GlipiZIDE 5 MG TAB UD (Glucotrol)	Tab	27200030000305	0	No	No	No	No	N/A	Yes	Yes	
	GlipiZIDE 10 MG TAB UD (Glucotrol)	Tab	27200030000310	0	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Glucagon Hydrochloride											
	Glucagon Hydrochloride 1 MG Inj (Glucagon Emergency Kit)	Kit	27300010106410	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Glucagon Kit											
	Glucagon Kit 1 MG Inj (Glucagon Kit)	Kit	94200041106410	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Glucose Gel 40%											
	Glucose Gel 40% GM - Glucose (Glucose 15)	Gel	27300030004020	0	No	Yes	No	No	N/A	No	Yes	
	Glucose Gel 40% GM - Insta-Glucose (Insta-Glucose)	Gel	27300030004020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Glucose Oral Tablet											
	Glucose 4 GM Tab (Glucose Tablets)	Tab Chew	27300030000515	0	No	No	No	No	N/A	No	Yes	
	Glucose Oral Tablet Chewable 5 GM (Glucose Oral Tablet)	Tab Chew	27300030000520	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	GlyBURIDE Tablet											
	GlyBURIDE 1.25 MG TAB (Glyburide)	Tab	27200040000305	0	No	No	No	No	N/A	No	Yes	
	GlyBURIDE 2.5 MG TAB (MICRONASE)	Tab	27200040000310	0	No	No	No	No	N/A	No	Yes	
	GlyBURIDE 5 MG Tab (Micronase)	Tab	27200040000315	0	No	No	No	No	N/A	No	Yes	
	GlyBURIDE 2.5 MG TAB UD (Micronase 2.5 MG Unit Dose)	Tab	27200040000310	0	No	No	No	No	N/A	Yes	Yes	
	GlyBURIDE 5 MG Tab UD (Micronase 5 MG Unit Dose)	Tab	27200040000315	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Glycerin Adult Suppository											
	Glycerin Adult Suppository Each (Glycerin Adult Suppository)	Supp	46600010005220	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Rectally											
	Glycopyrrolate Tablet											
	Glycopyrrolate 1 MG Tab (Robinul)	Tab	49102030000310	0	No	No	No	No	N/A	No	Yes	
	Glycopyrrolate Forte 2MG Tab (Robinul)	Tab	49102030000315	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Glycopyrrolate inj											
	Glycopyrrolate 0.2MG/ML,1ML Inj (Robinul)	Sol	49102030002010	0	No	No	Yes	No	N/A	No	Yes	
	Glycopyrrolate 0.2MG/ML,2ML Inj (Robinul)	Sol	49102030002010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Advisories:											
	for IV or Im injection without dilution!											
	Gold Sodium Thiomalate											
	Gold Sodium Thiomalate 50MG/ML,1ML Inj (Aurolate inj)	Sol	66200030002015	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Gonadotropin,Chorionic,Human 10MU											
	Gonadotropin,Chorionic,Human 10MU Inj (Pregnyl)	Sol Recon	30062020002140	0	No	No	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Crush.</u> <u>Req.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Unit</u> <u>Yes</u>	<u>Fmlly</u>
	Route(s): Intramuscularly											
Granisetron HCl Oral Solution 2 MG/10ML	Granisetron HCl Oral Solution 2 MG/10ML (Kytiril)	Sol	50250035102060	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
Granisetron Injection	Granisetron HCl 1 MG/ML, 1ML INJ (KYTRIL INJECTION)	Sol	50250035102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
Granisetron Tablet	Granisetron HCl 1 MG TAB (Kytiril)	Tab	50250035100310	0	No	No	No	No	N/A	No	Yes	
	Granisetron HCl 1 MG TAB UD (Kytiril)	Tab	50250035100310	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
Haloperidol Decanoate Injection	Haloperidol Decanoate 100 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302020	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol Decanoate 50 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Advisories:											
	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
	MLP Requires Cosign											
Haloperidol Lactate Injection	Haloperidol Lactate INJ 5MG/ML, 1ML (Haldol Injection)	Sol	59100010202005	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol Lactate INJ 5MG/ML, 10ML (Haldol 5MG/ML INJ)	Sol	59100010202005	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol Lactate INJ 5MG/ML (Haldol)	Sol	59100010202005	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Advisories:											
	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
	MLP Requires Cosign											
Haloperidol Lactate Oral Concentrate	Haloperidol Lactate Oral Conc 2 MG/ML, 120ML (Haldol)	Concentrate	59100010201305	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
MLP Requires Cosign												
Haloperidol Tablet												
	Haloperidol 0.5 MG TAB (Haldol)	Tab	59100010100305	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 0.5 MG Tab UD (Haldol 0.5 MG Unit Dose)	Tab	59100010100305	0	No	No	Yes	No	N/A	Yes	Yes	
	Haloperidol 1 MG Tab (Haldol 1 MG)	Tab	59100010100310	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 1 MG Tab UD (Haldol 1 MG Unit Dose)	Tab	59100010100310	0	No	No	Yes	No	N/A	Yes	Yes	
	Haloperidol 10 MG Tab (HALDOL)	Tab	59100010100325	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 2 MG Tab (Haldol)	Tab	59100010100315	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 2 MG Tab UD (Haldol)	Tab	59100010100315	0	No	No	Yes	No	N/A	Yes	Yes	
	Haloperidol 20 MG Tab (Haldol)	Tab	59100010100330	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 5 MG Tab (Haldol)	Tab	59100010100320	0	No	No	Yes	No	N/A	No	Yes	
	Haloperidol 5 MG Tab UD (Haldol 5 MG Unit Dose)	Tab	59100010100320	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:	****RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****										
MLP Requires Cosign												
Hemorrhoidal Ointment 0.25%												
	Hemorrhoidal 30 GM Ointment (Prompt Rectal Ointment)	Oint	89994004604220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally, Topically											
	Advisories:	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
Hemorrhoidal Suppository 0.25%												
	Hemorrhoidal Suppository (Anu-Med Rectal Suppository)	Supp	89994002455210	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Rectally											
	Advisories:	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
Heparin Sodium (Hep-Lock)												
	Heparin Lock 100 Units/ML, 1 ML Inj (Hep-Lock)	Sol	83100020202010	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Lock 100 Units/ML, 10 ML INJ	Sol	83100020202010	0	No	No	No	No	N/A	No	Yes	
	Heparin Lock 100 Units/ML, 30 ML INJ (Heparin Sodium)	Sol	83100020202010	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Lock Flush Injection Soln 100 UNIT/ML (Hep lock flush syringe)	Sol	83100020202010	0	No	Yes	No	No	N/A	No	Yes	
	Heparin Lock Flush 10 UNIT/ML 5 ML inj syringe (Monject Prefill Advanced Hep Lock)	Sol	83100020202007	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
Heparin Sodium Inj												
	Heparin Sodium 1,000 Units/ML, 1 ML INJ (Heparin Sodium Injection)	Sol	83100020202015	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 1,000 Units/ML, 30ML INJ (Heparin Sodium)	Sol	83100020202015	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 10,000 Units/ML, 1ML INJ (Heparin Sodium Inj)	Sol	83100020202035	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 10,000 Units/ML, 4ML Inj (Heparin)	Sol	83100020202035	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 5,000 Units/ML, 10ML INJ (Heparin Sodium Inj)	Sol	83100020202025	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 5,000 Units/ML, Inj (Heparin Sodium Inj)	Sol	83100020202025	0	No	No	Yes	No	N/A	No	Yes	
	Heparin Sodium 5,000 Units/ML, 1ML INJ (Heparin)	Sol	83100020202025	0	No	No	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Dose</u> <u>Unit</u>	<u>Fmlly</u>
	Route(s): Intravenously										
Hepatitis A (Vaqta) Vaccine	Hepatitis A (Vaqta) Vaccine ~50 U/ML (Vaqta)	Injectable	17100008002270	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
Hepatitis A Virus Vaccine	Hepatitis A Virus Vaccine 1440ELU/1ML INJ (Havrix)	Susp	17100008001840	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
Hepatitis B Immune Globulin	Hepatitis B Immune Globulin 200IU/ML,5ML Inj (Bayhep B)	Injectable	19100010002200	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
HepatitisB Vaccine-Recomb	Hepatitis B Vaccine-Recomb 20MCG/ML,1ML Inj (Engerix-B)	Susp	17100010201830	0	No	No	Yes	No	N/A	No	Yes
	Hepatitis B Vaccine-Recomb 10MCG/ 0.5ML Inj (Engerix-B)	Injectable	17100010202210	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
Hetastarch	Hetastarch 6%, 500 ML Inj (Hespan)	Sol	85300010202020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
Histoplasmin	Histoplasmin Intradermal Solution 1:100 (Histoplasmin, Diluted)	Sol	94300030002005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intradermally										
Homatropine Ophth Soln 2%	Homatropine Ophth 2%, 5 ML SOL (Isopto Homatropine)	Sol	86350030102005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Homatropine Ophth Soln 5%	Homatropine Ophth 5%, 15ML Sol (Isopto Homatropine 5% Oph Soln)	Sol	86350030102010	0	No	Yes	No	No	N/A	No	Yes
	Homatropine Ophth 5%, 5 ML Sol (Isopto)	Sol	86350030102010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
hydrALAZINE Tablet	hydrALAZINE 10 MG Tab (apresoline)	Tab	36400010100305	0	No	No	No	No	N/A	No	Yes
	hydrALAZINE 100 MG TAB (Apresoline)	Tab	36400010100320	0	No	No	No	No	N/A	No	Yes
	hydrALAZINE 25 MG Tab UD (Apresoline 25 MG Unit Dose)	Tab	36400010100310	0	No	No	No	No	N/A	Yes	Yes
	hydrALAZINE 25 MG Tab (Apresoline)	Tab	36400010100310	0	No	No	No	No	N/A	No	Yes
	hydrALAZINE 50 MG Tab (Apresoline)	Tab	36400010100315	0	No	No	No	No	N/A	No	Yes
	hydrALAZINE 50 MG Tab UD (Apresoline)	Tab	36400010100315	0	No	No	Yes	No	N/A	Yes	Yes
	hydrALAZINE 10 MG Tab UD (Apresoline)	Tab	36400010100305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
Hydrochlorothiazide Capsule	Hydrochlorothiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	0	No	No	No	No	N/A	No	Yes
	Hydrochlorothiazide 12.5 MG Cap UD (Microzide)	Cap	37600040000110	0	No	No	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u> <u>Yes</u>
	Route(s): Orally										
	Hydrochlorothiazide Tablet										
	Hydrochlorothiazide 25 MG Tab (Hydrodiuril)	Tab	37600040000305	0	No	No	No	No	N/A	No	Yes
	Hydrochlorothiazide 25 MG Tab UD (Hydrodiuril Unit Dose)	Tab	37600040000305	0	No	No	No	No	N/A	Yes	Yes
	Hydrochlorothiazide 50 MG Tab (Hudrodiuril)	Tab	37600040000310	0	No	No	No	No	N/A	No	Yes
	Hydrochlorothiazide 50 MG Tab UD (Hydrodiuril UNIT DOSE)	Tab	37600040000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Hydrocortisone Cream 1%										
	Hydrocortisone Cream 1%, 30 GM (Cortaid)	Cm	90550075003720	0	No	Yes	No	No	N/A	No	Yes
	Hydrocortisone Cream 1%, 0.9 GM	Cm	90550075003720	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Hydrocortisone Acetate Foam 10%										
	Hydrocortisone Acetate Foam 10%, 15 GM (Cortifoam)	Foam	89150010103905	0	No	No	No	No	N/A	No	Yes
	Route(s): Rectally										
	Hydrocortisone Acetate Suppositories 25 MG										
	Hydrocortisone Acetate SUPP 25 MG (Hemril-HC Suppository)	Supp	89100010105230	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Rectally										
	Hydrocortisone Cream 0.5%										
	Hydrocortisone Cream 0.5%, 28.4GM	Cm	90550075003715	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Hydrocortisone Cream 2.5%										
	Hydrocortisone Cream 2.5%, 30 GM (Hydrocortisone 2.5% Cream)	Cm	90550075003725	0	No	Yes	No	No	N/A	No	Yes
	Hydrocortisone Cream 2.5%, 20 GM (Hydrocortisone 2.5% Cream)	Cm	90550075003725	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Hydrocortisone Enema 100 mg/60 ml										
	Hydrocortisone Enema 100 MG/60ML (Colocort Rectal Enema)	Enema	89150010005110	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Rectally										
	Hydrocortisone Lotion 1%										
	Hydrocortisone Lotion 1%, 118 ML (Hytone 1%)	Lotion	90550075004115	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Finly</u>
	Hydrocortisone Lotion 2.5%											
	Hydrocortisone Lotion 2.5%, 59 ML (Hytone External Lotion)	Lotion	90550075004120	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Hydrocortisone Ointment 1%											
	Hydrocortisone Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Hydrocortisone Ointment 2.5%											
	Hydrocortisone Ointment 2.5%, 28.4 GM (Hydrocortisone Ointment 1%, 2.5%)	Oint	90550075004215	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Hydrocortisone Rectal Cream 2.5%											
	Hydrocortisone Rectal Cream 2.5 %, 28.4GM (Proctosol-HC Rectal Cream W/Applicator 30GM)	Cm	89100010003720	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally, Topically											
	Hydrocortisone Rectal Ointment 1%											
	Hydrocortisone Rectal Ointment 1%, 19.8 GM (Anusol HC-1)	Oint	90550075104208	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally, Topically											
	Hydrocortisone Sod Succinate Inj											
	Hydrocortisone Sod Succinate 100 MG INJ (Solu-Cortef)	Sol Recon	22100025402110	0	No	Yes	Yes	No	N/A	No	Yes	
	Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402110	0	No	Yes	Yes	No	N/A	No	Yes	
	Hydrocortisone Sod Succinate 125 MG/ML,2ML INJ (Solu-Cortef)	Sol Recon	22100025402115	0	No	Yes	No	No	N/A	No	Yes	
	Hydrocortisone Sod Succinate 125 MG/ML,4ML INJ (Solu-Cortef)	Sol Recon	22100025402120	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Hydrocortisone Tablet											
	Hydrocortisone 10 MG Tab (Cortef)	Tab	22100025000305	0	No	No	No	No	N/A	No	Yes	
	Hydrocortisone 5 MG Tab (Cortef)	Tab	22100025000303	0	No	No	No	No	N/A	No	Yes	
	Hydrocortisone 20 MG Tab (Cortef)	Tab	22100025000310	0	No	No	No	No	N/A	No	Yes	
	Hydrocortisone 20 MG Tab UD (Cortef)	Tab	22100025000310	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Hydrogen Peroxide 3%											
	Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	0	No	Yes	No	No	N/A	No	Yes	
	Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Hydroxychloroquine Tablet											
	Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)	Tab	13000020100305	0	No	No	No	No	N/A	No	Yes	
	Hydroxychloroquine 200 MG TAB UD (Plaquenil)	Tab	13000020100305	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmlly
	Route(s): Orally											
	Advisories: ****OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE)****											
	HydroxyUREA Capsule											
	HydroxyUREA 500 MG Cap (Hydrea)	Cap	21700030000105	0	No	No	No	No	N/A	No	Yes	
	HydroxyUREA 500 MG Cap UD (Hydrea)	Cap	21700030000105	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	hydrOXYzine HCL Inj											
	hydrOXYzine HCL 25 MG/ML, 1ML INJ (Atarax)	Sol	57200040102005	0	No	No	Yes	No	N/A	No	Yes	
	hydrOXYzine HCL 50 MG/ML, 2ML INJ	Sol	57200040102010	0	No	No	Yes	No	N/A	No	Yes	
	hydrOXYzine HCL 50 MG/ML, 1ML INJ	Sol	57200040102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Advisories: ****RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICAITON IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
	hydrOXYzine Tablets											
	hydrOXYzine HCL 10 MG Tab (Atarax)	Tab	57200040100305	0	No	No	Yes	Yes	N/A	No	Yes	
	hydrOXYzine HCL 25 MG Tab UD (Atarax)	Tab	57200040100310	0	No	No	Yes	Yes	N/A	No	Yes	
	hydrOXYzine HCL 25 MG Tab (Atarax)	Tab	57200040100310	0	No	No	Yes	Yes	N/A	No	Yes	
	hydrOXYzine HCL 50 MG Tab UD (Atarax)	Tab	57200040100315	0	No	No	Yes	Yes	N/A	No	Yes	
	hydrOXYzine HCL 50 MG Tab (Atarax 50MG TABLET)	Tab	57200040100315	0	No	No	Yes	Yes	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
	Non-Formulary Use Criteria:											
	1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl											
	2. Excessive salivation with clozapine											
	3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)											
	4. Chronic pruritus-associated dialysis											
	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 30 mg daily for 1 to 3 weeks). **Be aware of any contraindicaiton to steroid use (i.e. bipolar disorder)											
	Formulary Restrictions:											
	**Is this medication order to treat pruritis in a Dialysis patient or as an adjunct to chemotherapy?*											
	Medical Referral Center (MRC) Use Only											
	Ibuprofen Suspension 100 MG/5ML											
	Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)	Susp	66100020001820	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Route(s): Orally												
	Advisories:	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Ibuprofen Tablet												
	Ibuprofen 200 MG Tab (Motrin)	Tab	66100020000305	0	No	No	No	No	No	N/A	No	Yes	
	Ibuprofen 200 MG Tab UD (Motrin UD)	Tab	66100020000305	0	No	No	No	No	No	N/A	Yes	Yes	
	Ibuprofen 400 MG Tab UD (Motrin 400 MG Unit Dose)	Tab	66100020000320	0	No	No	No	No	No	N/A	Yes	Yes	
	Ibuprofen 400 MG Tab (Motrin 400 MG)	Tab	66100020000320	0	No	No	No	No	No	N/A	No	Yes	
	Ibuprofen 600 MG Tab UD (Motrin 600 MG Unit Dose)	Tab	66100020000330	0	No	No	No	No	No	N/A	Yes	Yes	
	Ibuprofen 600 MG Tab (Motrin 600)	Tab	66100020000330	0	No	No	No	No	No	N/A	No	Yes	
	Ibuprofen 800 MG Tab UD (Motrin 800 MG UNIT DOSE)	Tab	66100020000340	0	No	No	No	No	No	N/A	Yes	Yes	
	Ibuprofen 800 MG Tab (Motrin 800)	Tab	66100020000340	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Ifosfamide Inj												
	Ifosfamide 50 MG/ML (Ifex)	Sol Recon	21101025002110	0	No	No	Yes	No	No	N/A	No	Yes	
	Ifosfamide 1 GM Inj (Ifex)	Sol Recon	21101025002110	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously												
	Advisories:	****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****											
	Imatinib Mesylate Tablet												
	Imatinib Mesylate 400 MG Tab (Gleevec)	Tab	21534035100340	0	No	No	No	No	No	N/A	No	Yes	
	Imatinib Mesylate 100 MG Tab (Gleevec)	Tab	21534035100320	0	No	No	No	No	No	N/A	No	Yes	
	Imatinib Mesylate 100 MG Tab UD (Gleevec)	Tab	21534035100320	0	No	No	No	No	No	N/A	Yes	Yes	
	Imatinib Mesylate 400 MG Tab UD (Gleevec)	Tab	21534035100340	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Imipramine Tablet												
	Imipramine 10 MG Tab (Tofranil)	Tab	58200050100305	0	No	No	Yes	No	No	N/A	No	Yes	
	Imipramine 25 MG Tab (Tofranil)	Tab	58200050100310	0	No	No	Yes	No	No	N/A	No	Yes	
	Imipramine 25 MG Tab UD (Tofranil 25 MG Unit Dose)	Tab	58200050100310	0	No	No	Yes	No	No	N/A	Yes	Yes	
	Imipramine 50 MG Tab (Tofranil)	Tab	58200050100315	0	No	No	Yes	No	No	N/A	No	Yes	
	Imipramine 50 MG Tab UD (Tofranil 50 MG Unit Dose)	Tab	58200050100315	0	No	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:	****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****											
	MLP Requires Cosign												
	Immune Globulin (Human) IM												
	Immune Globulin (Human) Intramuscular Injectable (GamaSTAN S/D)	Injectable	19100020002200	0	No	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Intramuscularly											
	Immune Globulin Intravenous (Gammagard S/D)											
	Immune globulin Gammagard S/D IV Soln 10 GM (Gammagard)	Sol Recon	19100020102130	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Immune Globulin, Human											
	Immune Globulin, Human 20G/200ML INJ (Gamimune N)	Injectable	19100020102210	0	No	Yes	No	No	N/A	No	No	Yes
	Immune Globulin, Human 100MG/ML, 50M INJ (Gamimune N 10%)	Injectable	19100020102210	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Indinavir Sulfate Capsules											
	Indinavir Sulfate 200 MG Cap (Crixivan 200 MG)	Cap	12104530200120	0	No	No	No	No	N/A	No	No	Yes
	Indinavir Sulfate 400 MG Cap (Crixivan)	Cap	12104530200140	0	No	No	No	No	N/A	No	No	Yes
	Indinavir Sulfate 333 MG Cap (Crixivan)	Cap	12104530200133	0	No	No	No	No	N/A	No	No	Yes
	Indinavir Sulfate 400 MG Cap UD (Crixivan)	Cap	12104530200140	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
	Indomethacin Capsule											
	Indomethacin 25 MG Cap (Indocin)	Cap	66100030000105	0	No	No	No	No	N/A	No	No	Yes
	Indomethacin 25 MG Cap UD (Indocin 25 MG Unit Dose)	Cap	66100030000105	0	No	No	No	No	N/A	Yes	Yes	
	Indomethacin 50 MG Cap (Indocin)	Cap	66100030000110	0	No	No	No	No	N/A	No	No	Yes
	Indomethacin 50 MG Cap UD (Indocin)	Cap	66100030000110	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Indomethacin Suspension 25 MG/5ML											
	Indomethacin 25 MG/5ML suspension	Susp	66100030001805	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Influenza Virus Vaccine (Fluarix)											
	Influenza Virus Vaccine Split IM Inj (Fluarix)	Injectable	17100020202200	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intramuscularly											
	Influenza Virus Vaccine (Fluzone)											
	Influenza Virus Vaccine (Fluzone) IM Injec (Fluzone IM)	Injectable	17100020202200	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intramuscularly											
	Inhaler Assist Device											
	Inhaler Assist Device (Easivent Valved Holding Chamber)	Miscellaneous	97100550006200	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Inspirease Bags											
	Inspirease Bags EA (Inspirease Bags)	Miscellaneous	97100550106300	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Inspirease System											
	Inspirease System (Inspirease System)	Miscellaneous	97100550006200	0	No	Yes	No	No	N/A	No	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
Insulin NPH -Human												
	Insulin (Humulin) N Subcut Susp 100 UNIT/ML (Humulin N)	Susp	27104020001805	0	No	No	Yes	No	N/A	No	Yes	
	Insulin NPH (10 ML) 100 UNITS/ML INJ (Novolin N Insulin)	Susp	27104020001805	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously, Subcutaneously											
	Advisories: ****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****											
Insulin REG - Human												
	Insulin Reg (10 ML) 100 UNITS/ML Inj (Novolin R Insulin)	Sol	27104010002005	0	No	No	Yes	No	N/A	No	Yes	
	Insulin (Humulin) R Inj Solution 100 UNIT/ML (Humulin R)	Sol	27104010002005	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously, Subcutaneously											
	Advisories: ****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****											
Interferon ALFA-2A												
	Interferon ALFA-2A 3 MIU/0.5ML INJ (Roferon-A)	Kit	21700060106420	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Subcutaneously											
	Advisories: ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** **USE DRUG ENTRY "HEPATITIS C TREATMENT ALGORITHM REQUEST" FOR ALL HEP C REQUEST VIA BEMR RX****											
Interferon ALFA-2B Inj												
	Interferon ALFA-2B MDV 5 MIU/0.5 ML (Intron-A)	Sol	21700060202030	0	No	No	Yes	No	N/A	No	Yes	
	Interferon ALFA-2B 10MU/0.2ML SYR INJ (Intron-A)	Sol	21700060202060	0	No	Yes	Yes	No	N/A	No	Yes	
	Interferon ALFA-2B 10MU/1ML INJ (Intron-A)	Sol Recon	21700060202130	0	No	No	Yes	No	N/A	No	Yes	
	Interferon ALFA-2B 18 Million Units Inj (Intron-A)	Sol Recon	21700060202135	0	No	No	Yes	No	N/A	No	Yes	
	Interferon ALFA-2B 5 MIU/O.5ML 2.5ML (Intron-A)	Sol Recon	21700060202140	0	No	No	Yes	No	N/A	No	Yes	
	Interferon ALFA-2B Subcutaneous 3 MU/0.2ML (Intron A)	Kit	21700060206450	0	No	No	No	No	N/A	No	Yes	
	Route(s): Subcutaneously											
	Advisories: ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** **USE DRUG ENTRY "HEPATITIS C TREATMENT ALGORITHM REQUEST" FOR ALL HEP C REQUEST VIA BEMR RX****											
Iodine Solution 5%												
	Iodine 5%/Potassium Iodide 10% in water, 15 ML (Lugol's)	Sol	79350032002020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Iohexol Intravenous Solution												
	Iohexol 2.4G/10ML Inj (Omnipaque)	Sol	94402042002020	0	No	Yes	Yes	No	N/A	No	Yes	
	Iohexol 300 MG/ML ML (Omnipaque)	Sol	94402042002030	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
Iopanoic Acid Tabs												
	Iopanoic Acid 500 MG Tabs (Telepaque 500 MG Tablets)	Tab	94402045000305	0	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Route(s): Orally										
	lothalamate Meglumine										
	lothalamate Meglumine 60%, 125ML Inj (Conray 60%)	Sol	94402050102080	0	No	Yes	Yes	No	N/A	No	Yes
	lothalamate Meglumine 60%, 50 ML Inj (Conray 60%)	Sol	94402050102005	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	loversol Intravenous Soln										
	loversol Intravenous Soln 68 % (100 ml) (Optiray 320)	Sol	94402055002068	0	No	No	No	No	N/A	No	Yes
	loversol Intravenous Soln 64% (Optiray 300)	Sol	94402055002064	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Ipratropium Inhalation Solution 0.02%										
	Ipratropium Inhalation Sol 0.02%, 2.5ML UD (Atrovent Inhalation Solution)	Sol	44100030102020	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Ipratropium Inhaler										
	Ipratropium 14 GM MDI (Atrovent Inhaler)	Aero Sol	44100030103410	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Ipratropium Inhaler HFA										
	Ipratropium HFA 12.9 GM MDI (Atrovent HFA)	Aero Sol	44100030123420	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Ipratropium Nasal Spray										
	Ipratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Sol	42300040102010	0	No	Yes	No	No	N/A	No	Yes
	Ipratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Sol	42300040102020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Per Nostril										
	Ipratropium/Albuterol inhaler 18-103 mcg/ACT										
	Ipratropium/Albuterol 14.7 GM MDI (Combivent Inhaler)	Aero	44209902013220	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Ipratropium/Albuterol Neb Sol 2.5-0.5MG/3ML										
	Ipratropium/Albuterol Neb Sol 0.5/2.5MG NEB (Duoneb)	Sol	44209902012015	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Irinotecan HCL INj										
	Irinotecan HCL 20MG/ML INJ (Camptosar)	Sol	21550040102020	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Medical Referral Center (MRC) Use Only										
	Iron Dextran Inj										
	Iron Dextran Inj 100MG/2ML (Infed)	Sol	82300040002010	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Irrigating Solution Ophth (EYE STREAM)										
	Irrigating Solution, Ophth 30 ML (Eye Stream Irrigation)	Sol	86803020002000	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Irrigating Solution Ophth 2										
	Irrigating Solution, Extraocular 120 ML (Dacriose Ophth Irrigation)	Sol	86803000002000	0	No	Yes	No	No	N/A	No	Yes
	Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)	Sol	86803000002000	0	No	Yes	No	No	N/A	No	Yes
	Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): In Affected Eye(s)											
	Isoflurane Inhalation Solution											
	Isoflurane (100ML) ML (Forane)	Sol	70200030002000	0	No	No	Yes	No	N/A	No	Yes	
	Isoflurane (250ML) ML	Sol	70200030002000	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally, Per Nostril											
	Medical Referral Center (MRC) Use Only											
	Isoniazid Syrup 50 mg/5ml											
	Isoniazid (473 ML) 10 MG/ML (Isoniazid)	Syrup	09000060001210	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****May be written for 270 day order for TB preventive therapy****											
	Isoniazid Tablet											
	Isoniazid 100 MG Tab (INH)	Tab	09000060000305	0	No	No	Yes	No	N/A	No	Yes	
	Isoniazid 300 MG Tab (INH)	Tab	09000060000310	0	No	No	Yes	No	N/A	No	Yes	
	Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****May be written for 270 day order for TB preventive therapy****											
	Isoproterenol HCL Inj											
	Isoproterenol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	0	No	No	Yes	No	N/A	No	Yes	
	Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Isosorbide Dinitrate ER Tablet											
	Isosorbide Dinitrate ER 40 MG Tab (Isordil-ER)	Tab ER	32100020000405	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Isosorbide Dinitrate Sublingual Tablet											
	Isosorbide Dinitrate Sublingual Tab 2.5 MG (Isordil)	Tab Sublingual	32100020000705	0	No	No	No	No	N/A	No	Yes	
	Route(s): Sublingually											
	Isosorbide Dinitrate Tablet											
	Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)	Tab	32100020000325	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	32100020000310	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 10 MG Tab UD (Isordil 10 MG UNIT DOSE)	Tab	32100020000310	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 20 MG Tab UD (Isordil 20 MG Unit Dose)	Tab	32100020000315	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	32100020000315	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	32100020000320	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 5 MG Tab UD (Isordil 5 MG Unit Dose)	Tab	32100020000305	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	32100020000305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Isosorbide Mononitrate ER 24 hour Tablet											
	Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24 Hou	32100025007540	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur 30 MG Unit Dose)	Tab ER 24 Hou	32100025007520	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24 Hou	32100025007530	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Mononitrate ER 30 Mg 24 hour Tab (Imdur)	Tab ER 24 Hou	32100025007520	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Mononitrate ER 60 MG 24 hour Tab UD (Imdur 60 MG UNIT DOSE)	Tab ER 24 Hou	32100025007530	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Isosorbide Mononitrate ER 120 MG 24 Hour Tab UD (Imdur)	Tab ER 24 Hou	32100025007540	0	No	No	No	No	No	N/A	Yes	Yes			
	Route(s): Orally														
	Isosorbide Mononitrate Tablet														
	Isosorbide Mononitrate 10 MG Tab	Tab	32100025000310	0	No	No	No	No	No	N/A	No	Yes			
	Isosorbide Mononitrate 20 MG Tab	Tab	32100025000320	0	No	No	No	No	No	N/A	No	Yes			
	Isosorbide Mononitrate 20 MG Tab UD	Tab	32100025000320	0	No	No	No	No	No	N/A	Yes	Yes			
	Route(s): Orally														
	Itraconazole Capsule														
	Itraconazole 100 MG CAP UD (Sporanox)	Cap	11407035000120	0	No	No	No	No	No	N/A	Yes	Yes			
	Itraconazole 100 MG CAP (Sporanox)	Cap	11407035000120	0	No	No	No	No	No	N/A	No	Yes			
	Route(s): Orally														
	Non-Formulary Use Criteria:														
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*														
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated														
	Formulary Restrictions:														
	****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****														
	Itraconazole IV														
	Itraconazole IV 10 MG/ML (Sporanox)	Kit	11407035006420	0	No	No	Yes	No	No	N/A	No	Yes			
	Route(s): Intravenously														
	Non-Formulary Use Criteria:														
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*														
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated														
	Formulary Restrictions:														
	****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****														
	Itraconazole Oral Solution 10 MG/ML														
	Itraconazole Oral SOL 10MG/ML Oral Sol, 150ML (Sporanox)	Sol	11407035002020	0	No	No	No	No	No	N/A	No	Yes			
	Route(s): Orally														
	Non-Formulary Use Criteria:														
	**1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?*														
	2. Note: Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan) 50mg q day X 6 weeks, unless otherwise contraindicated														
	Formulary Restrictions:														
	****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****														
	Ketamine Hydrochloride Inj														
	Ketamine Hydrochloride Inj 50 MG/ML,10ML (Kataral)	Sol	70400020102010	3	No	No	Yes	No	No	N/A	No	Yes			
	Route(s): Intramuscularly, Intravenously														
	Medical Referral Center (MRC) Use Only														
	Ketoconazole shampoo 2%														
	Ketoconazole shampoo 2% 120 ML (Nizoral shampoo)	Shampoo	90154045004510	0	No	Yes	No	No	No	N/A	No	Yes			

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmily</u>
	Route(s): Topically										
	Ketoconazole Tablet										
	Ketoconazole 200 MG TAB (Nizoral)	Tab	11404040000310	0	No	No	No	No	N/A	No	Yes
	Ketoconazole 200 MG TAB UD (Nizoral)	Tab	11404040000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Non-Formulary Use Criteria:										
	1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation										
	Formulary Restrictions:										
	****NOT APPROVED FOR ONYCHOMYCOSIS****										
	Ketorolac Injection 30 MG/ML										
	Ketorolac 30MG/ML,1ML Inj (Toradol 30 MG Inj)	Sol	66100037102030	0	No	No	Yes	No	N/A	No	Yes
	Ketorolac 30MG/ML,2ML Inj (Toradol)	Sol	66100037102030	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Formulary Restrictions:										
	****LIMITED TO 5 DAYS ONLY - NON-RENEWABLE****										
	MLP Requires Cosign										
	Koate-DVI										
	antihemophilic, factor VIII(Koate-DVI Iv Soln) (Koate-DVI Intravenous Soluti)	Sol Recon	85100010002140	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Labetalol HCL inj										
	Labetalol HCL 5 MG/ML, 20 ML Inj (Normodyne Injection)	Sol	33300010102005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Labetalol HCL Tablet										
	Labetalol HCL 100 MG Tab UD (Trandate)	Tab	33300010100305	0	No	No	No	No	N/A	Yes	Yes
	Labetalol HCL 100 MG Tab (Trandate)	Tab	33300010100305	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 200 MG Tab (Trandate)	Tab	33300010100310	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 200 MG Tab UD (Trandate)	Tab	33300010100310	0	No	No	No	No	N/A	Yes	Yes
	Labetalol HCL 300 MG Tab (Trandate)	Tab	33300010100315	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 300 MG Tab UD (Trandate)	Tab	33300010100315	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Lactated Ringer's and 5% Dextr										
	Lactated Ringer's and 5% Dextr 1000 ML (Lactated Ringer's and 5% Dextrose)	Sol	79993002302020	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Lactated Ringer's Injection										
	Lactated Ringer's Injection 1000 ML INJ (Lactated Ringers Injection)	Sol	79992001202010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Lactulose Soln 10 gm/15 ml										
	Lactulose (480 ML) 10GM/15ML Soln (Enulose)	Sol	52400020002010	0	No	Yes	No	No	N/A	No	Yes
	Lactulose 10 GM/15ML UD (Lactulose)	Sol	52400020002010	0	No	Yes	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmly
	Route(s): Orally, Rectally											
	Lactulose soln 10 gm/15 ml (enulose)											
	Lactulose 20 GM/30ML UD (Enulose)	Sol	46600020002010	0	No	Yes	No	No	N/A	Yes	Yes	
	Lactulose (946 ML) 10 GM/15ML Soln (Enulose)	Sol	46600020002010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally, Rectally											
	Lamivudine oral tab											
	Lamivudine 150 MG Tab (Epivir (3TC))	Tab	12106060000320	0	No	No	No	No	N/A	No	Yes	
	Lamivudine 300 MG Tab (Epivir)	Tab	12106060000330	0	No	No	No	No	N/A	No	Yes	
	Lamivudine 150 MG Tab UD (Epivir)	Tab	12106060000320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITATION ONLY** **HIV MEDICAITON DISTRIBUTION RESTRICTION****											
	Formulary Restrictions:											
	****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 Solution 10 MG/ML											
	Lamivudine 10 MG/ML Soln, 240ML (Epivir Solution)	Sol	12106060002020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN INITATION ONLY** **HIV MEDICAITON DISTRIBUTION RESTRICTION****											
	Formulary Restrictions:											
	****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-Zidovudine 150-300 Mg Tablet											
	Lamivudine-Zidovudine 150-300 MG Tab (Combivir)	Tab	12109902500320	0	No	No	No	No	N/A	No	Yes	
	Lamivudine-Zidovudine 150-300 MG Tab UD (Combivir)	Tab	12109902500320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****PHYSICIAN Initiation ONLY** **HIV Medication DISTRIBUTION RESTRICTION****											
	Formulary Restrictions:											
	****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****											
	Lamotrigine Tablet											
	Lamotrigine 100 MG Tab (Lamictal)	Tab	72600040000330	0	No	No	No	No	N/A	No	Yes	
	Lamotrigine 150 MG TAB (Lamictal)	Tab	72600040000335	0	No	No	No	No	N/A	No	Yes	
	Lamotrigine 200 MG TAB (Lamictal)	Tab	72600040000340	0	No	No	No	No	N/A	No	Yes	
	Lamotrigine 25 MG TAB (Lamictal)	Tab	72600040000310	0	No	No	No	No	N/A	No	Yes	
	Lamotrigine 25 MG Tab UD (Lamictal)	Tab	72600040000310	0	No	No	Yes	No	N/A	Yes	Yes	
	Lamotrigine 150 MG Tab UD (Lamictal)	Tab	72600040000335	0	No	No	Yes	No	N/A	Yes	Yes	
	Lamotrigine 100 MG Tab UD (Lamictal)	Tab	72600040000330	0	No	No	Yes	No	N/A	Yes	Yes	
	Lamotrigine 200 MG Tab UD (Lamictal)	Tab	72600040000340	0	No	No	Yes	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Unit Dose	Fmly
	Route(s): Orally											
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
Latanoprost Opth Soln	0.005% 2.5 ML											
	Latanoprost Opth Soln 0.005% (2.5ml) (Xalatan 50 MCG / ML Opth Soln)	Sol	86330050002020	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Formulary Restrictions: ****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY****											
Leucovorin Calcium Inj												
	Leucovorin Calcium 100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	0	No	No	Yes	No	N/A	No	Yes	
	Leucovorin Calcium 50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
Leucovorin Calcium Tablet												
	Leucovorin Calcium 10 MG Tab (Wellcovorin)	Tab	21755040100325	0	No	No	No	No	N/A	No	Yes	
	Leucovorin Calcium 25 MG Tab (Wellcovorin)	Tab	21755040100345	0	No	No	No	No	N/A	No	Yes	
	Leucovorin Calcium 5 MG Tab (Wellcovorin)	Tab	21755040100310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Leuprolide												
	Leuprolide Acetate 3.75 MG Depot Inj (Lupron Depot)	Kit	21405010106405	0	No	Yes	Yes	No	N/A	No	Yes	
	Leuprolide Acetate 7.5 MG Depot Inj (Lupron Depot)	Kit	21405010106410	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide 3 month												
	Leuprolide Acetate 22.5 MG Depot Inj (Lupron Depot)	Kit	21405010156430	0	No	Yes	Yes	No	N/A	No	Yes	
	Leuprolide acetate 11.25 MG Depot Inj (Lupron Depot 3 month)	Kit	21405010156420	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide 4 month												
	Leuprolide acetate 30 MG Depot Inj (Lupron Depot 4 MONTH)	Kit	21405010206430	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Levalbuterol HCL												
	Levalbuterol HCL Nebul Soln 0.63MG/3ML (Xopenex)	Nebulization	44201045102520	0	No	No	No	No	N/A	No	Yes	
	Levalbuterol HCL Nebul 1.25MG/3ML VIAL (Xopenex)	Nebulization	44201045102530	0	No	No	No	No	N/A	No	Yes	
	Levalbuterol HCl Inhal Nebul Soln 1.25 MG/0.5ML (Xopenex)	Nebulization	44201045102560	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Orally, Per Nostril										
Levalbuterol HFA	Levalbuterol HFA 15 GM Inh (Xopenex)	Aero	44201045503220	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
Levetiracetam oral soln 100 MG/ML	Levetiracetam Oral Solution 100 MG/ML (Keppra solution)	Sol	72600043002020	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
Levetiracetam Tablet	Levetiracetam 250 MG Tab (Keppra)	Tab	72600043000320	0	No	No	No	No	N/A	No	Yes
	Levetiracetam 500 MG Tab (Keppra)	Tab	72600043000330	0	No	No	No	No	N/A	No	Yes
	Levetiracetam 750 MG Tab (Keppra)	Tab	72600043000340	0	No	No	No	No	N/A	No	Yes
	Levetiracetam 500 MG Tab UD (Keppra)	Tab	72600043000330	0	No	No	No	No	N/A	Yes	Yes
	Levetiracetam 1000 MG Tab (Keppra)	Tab	72600043000350	0	No	No	No	No	N/A	No	Yes
	Levetiracetam 250 MG Tab UD (Keppra)	Tab	72600043000320	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
Levofloxacin inj	Levofloxacin 25 MG/ML, 20ML INJ (Levaquin)	Sol	05000034002020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**										
Levofloxacin Opth Soln 5 ML	Levofloxacin Opth Solution 5 ML 0.5% (Quixin ophth)	Sol	86101036002020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**										
Levofloxacin Tablet	Levofloxacin 250 MG Tab UD (Levaquin 250 MG Unit Dose)	Tab	05000034000320	0	No	No	No	No	N/A	Yes	Yes
	Levofloxacin 250 MG Tab (Levaquin)	Tab	05000034000320	0	No	No	No	No	N/A	No	Yes
	Levofloxacin 500 MG Tab UD (Levaquin)	Tab	05000034000330	0	No	No	No	No	N/A	Yes	Yes
	Levofloxacin 500 MG Tab (Levaquin)	Tab	05000034000330	0	No	No	No	No	N/A	No	Yes
	Levofloxacin 750 MG Tab (Levaquin)	Tab	05000034000340	0	No	No	No	No	N/A	No	Yes
	Levofloxacin 750 MG Tab UD (Levaquin)	Tab	05000034000340	0	No	No	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Route(s): Orally											
	Advisories:											
	DO NOT USE FOR MRSA											
	MLP Requires Cosign											
Levofloxacin/Dextrose Premix	Levofloxacin/Dextrose Premix 500 MG IV (Levaquin)	Sol	05000034112020	0	No	Yes	Yes	No	N/A	No	Yes	
	Levofloxacin/Dextrose Premix 750 MG IV (Levaquin 750MG Premix)	Sol	05000034112020	0	No	Yes	Yes	No	N/A	No	Yes	
	Levofloxacin/Dextrose Premix 250 MG IV (Levaquin)	Sol	05000034112020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Advisories:											
	DO NOT USE FOR MRSA											
	MLP Requires Cosign											
Levonorgestrel / Ethinyl Est (Triphasil) Tab	Levonorgestrel/Ethinyl Est 6-5-10 Tab(Triphasil) (Triphasil 28)	Tab	25992002100310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Levonorgestrel / Ethinyl Es 0.15-30 MG-MCG Tab	Levonorgestrel / Ethinyl Est 0.15/0.03 MG Tab (Nordette)	Tab	25990002400310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Levonorgestrel Tablet	Levonorgestrel 7/7/7 Tab (Tri-Levlen) (Tri-Levlen - 28)	Tab	25992002100310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Levonorgestrel/Estradiol 91DAY Tab	Levonorgestrel/Estradiol 91Day 0.15/0.03 (Seasonale)	Tab	25993002300320	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Levonorgestrel/ethinyl estr Tab	Levonorgestrel/ethinyl estr 0.15/0.03(Levlen)Tab (Levlen 28)	Tab	25990002400310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Levonorgestrel/Ethinyl Estrad Tablet	Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab(Alesse) (Alesse-28)	Tab	25990002400305	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
LevoTHYROXINE Sodium inj	LevoTHYROXINE Sodium 10 ML 50MCG/ML INJ (Synthroid Injection)	Sol Recon	28100010102110	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
LevoTHYROXINE Sodium Tablet	LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100305	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100310	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100315	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	0	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	0	No	No	No	No	N/A	No	No	Yes
	LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	0	No	No	No	No	N/A	No	No	Yes
	LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)	Tab	28100010100335	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)	Tab	28100010100340	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****NON-SUBSTITUTABLE -USE LEVOTHROID ONLY****											
	Lidocaine 1% Injection											
	Lidocaine HCL 1% Inj 20 ML (Xylocaine)	Sol	69100040102010	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL 1% Inj 30 ML (Xylocaine)	Sol	69100040102010	0	No	Yes	Yes	No	N/A	No	Yes	
	Lidocaine HCL 1% Inj 10 ML	Sol	69100040102010	0	No	Yes	No	No	N/A	No	Yes	
	Lidocaine HCL 1% Inj 10 MG/ML	Sol	69100040102010	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL 1%, 50 ML Inj (Xylocaine 1% MDV)	Sol	69100040102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Lidocaine HCl - Methylparaben Free Inj											
	Lidocaine HCL-MPF 0.5 % Inj ML (Xylocaine MPF)	Sol	69100040102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Lidocaine HCL-MPF 1%, Inj 2ML (Xylocaine-MPF)	Sol	69100040102010	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL-MPF 1%, Inj 5ML	Sol	69100040102010	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Epidurally, Intradermally											
	Lidocaine HCl 0.5% Injection											
	Lidocaine HCl 0.5% Inj (lidocaine)	Sol	69100040102005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Lidocaine HCL 2% Injection											
	Lidocaine HCL 2% (20ML) 20MG/ML Inj	Sol	69100040102020	0	No	No	No	No	N/A	No	Yes	
	Lidocaine HCL 2% (50ML) 20MG/ML Inj	Sol	69100040102020	0	No	No	No	No	N/A	No	Yes	
	Lidocaine HCL 2%, 50 ML Inj (Xylocaine)	Sol	69100040102020	0	No	No	No	No	N/A	No	Yes	
	Lidocaine HCL 2%, 20 ML Inj (Xylocaine 2% Inj)	Sol	69100040102020	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Lidocaine HCL 2% Injection (Cardiac)											
	Lidocaine HCL 2% 5ML 20 MG/ML Inj	Sol	35200020102030	0	No	No	No	No	N/A	No	Yes	
	Lidocaine HCL 20MG/ML,5ML PFS (Xylocaine Cardiac 100 MG PFS)	Sol	35200020102030	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Lidocaine HCl Lotion 3%											
	Lidocaine HCl External Lotion 3 % (Lidocaine 3% Lotion)	Lotion	90850060104140	0	No	Yes	No	No	N/A	No	Yes	

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	Route(s): Topically											
	Lidocaine HCl Ointment 5%	Oint	90850060104210	0	No	Yes	No	No	N/A	No	Yes	
	Lidocaine HCL Ointment 5% (50 GM)											
	Route(s): Topically											
	Lidocaine HCL Solution 4%	Sol	90850060102015	0	No	No	No	No	N/A	No	Yes	
	Lidocaine HCL Solution 4% 50 ML											
	Route(s): Topically											
	Lidocaine HCL/Epinephrine 1% Inj	Sol	69991002402011	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL w Epinephrine 1%, 20 ML Inj	Sol	69991002402011	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL w Epinephrine 1%, 10 ML Inj (Xylocaine 1 % W/ Epinephrine)	Sol	69991002402011	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL w Epinephrine 1%, 50 ML Inj (Xylocaine 1 % W/ Epinephrine)	Sol	69991002402011	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Lidocaine HCL/Epinephrine 2% Inj	Sol	69991002402022	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL w Epinephrine 2% MDV (Xylocaine 2%/EPI 1:100)	Sol	69991002402022	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCL w Epinephrine 2%, 50 ML Inj (Xylocaine/Epinephrine Injection2-1)	Sol	69991002402022	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Lidocaine Jelly 2%	Gel	90850060104005	0	No	Yes	No	No	N/A	No	Yes	
	Lidocaine Jelly 2% , 30 GM Topcial (xylocaine Jelly Gel 2%)											
	Route(s): Topically											
	Lidocaine Ointment 5%	Oint	90850060004210	0	No	Yes	No	No	N/A	No	Yes	
	Lidocaine HCL Ointment 5% (35.4 GM) (Xylocaine 5% Ointment)											
	Route(s): Topically											
	Lidocaine viscous HCL Oral 2%	Sol	88350065102050	0	No	Yes	No	No	N/A	No	Yes	
	Lidocaine viscous HCL 2%, 100 ML O/S (Xylocaine viscous HCL Oral)	Sol	88350065102050	0	No	Yes	No	No	N/A	Yes	Yes	
	Lidocaine Viscous Solution 2 % 15 ml UD Cup (Lidocaine Viscous Solution 2 % 15 ml UD Cup)	Sol	88350065102050	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Lindane Lotion	Lotion	90900020004110	0	No	Yes	No	No	N/A	No	Yes	
	Lindane Lotion 1 % 60 ML (Kwell Lotion 60 ML)											
	Route(s): Topically											
	Advisories:											
	****DO NOT USE IN PATIENTS WITH SEIZURE DISORDER, OPEN WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES****											
	Liothyronine Sodium inj 10 mcg/ml	Sol	28100020102020	0	No	No	Yes	No	N/A	No	Yes	
	Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)											
	Route(s): Intravenously											
	Liothyronine Sodium Tablet	Tab	28100020100310	0	No	No	No	No	N/A	No	Yes	
	Liothyronine Sodium 25 MCG Tab (Cytomel 25 MCG Tablet)	Tab	28100020100305	0	No	No	No	No	N/A	No	Yes	
	Liothyronine Sodium 5 MCG Tab (Cytomel 5 MCG)	Tab	28100020100315	0	No	No	No	No	N/A	No	Yes	
	Liothyronine Sodium 50 MCG Tab (Cytomel 50 MCG)	Tab	28100020100315	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Liposyn II 500 ML	Emul	80200010001620	0	No	No	Yes	No	N/A	No	Yes	
	Liposyn II 500 ML 20% Inj (Liposyn) (Liposyn)											

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	Route(s): Intravenously										
Liposyn III	Liposyn III IV Emulsion 10-2.5-1.2 %	Emul	80200010001610	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
Lisinopril Tablet	Lisinopril 10 MG Tab UD (Prinivil 10 MG Unit Dose)	Tab	36100030000310	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 20 MG Tab UD (Prinivil 20 MG Unit Dose)	Tab	36100030000315	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 20 MG Tab (Prinivil 20 MG)	Tab	36100030000315	0	No	No	No	No	N/A	No	Yes
	Lisinopril 40 MG Tab (Prinivil 40 MG)	Tab	36100030000330	0	No	No	No	No	N/A	No	Yes
	Lisinopril 5 MG Tab UD (Prinivil 5 MG Unit Dose)	Tab	36100030000305	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 5 MG Tab (Prinivil)	Tab	36100030000305	0	No	No	No	No	N/A	No	Yes
	Lisinopril 10 MG Tab (Prinivil)	Tab	36100030000310	0	No	No	No	No	N/A	No	Yes
	Lisinopril 40 MG Tab UD (Prinivil)	Tab	36100030000330	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 2.5 MG Tab UD (Prinivil 2.5 MG Unit Dose)	Tab	36100030000303	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 2.5 MG Tab (Prinivil 2.5 MG)	Tab	36100030000303	0	No	No	No	No	N/A	No	Yes
	Lisinopril 30 MG Tab (Prinivil)	Tab	36100030000324	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Formulary Restrictions:										
	****NOT APPROVED FOR TWICE DAILY DOSING****										
Lisinopril/Hydrochlorothiazide Tablet	Lisinopril/Hydrochlorothiazide 10/12.5 MG Tab (Prinzide)	Tab	36991802550305	0	No	No	No	No	N/A	No	Yes
	Lisinopril/Hydrochlorothiazide 20/2.5 MG Tab	Tab	36991802550310	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
Lithium Carbonate Capsule	Lithium Carbonate 150 MG Cap	Cap	59500010100103	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate 300 MG Cap (ESKALITH 300)	Cap	59500010100105	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate 600 MG Cap (Lithium Carbonate)	Cap	59500010100110	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate 300 MG Cap UD	Cap	59500010100105	0	No	No	Yes	No	N/A	Yes	Yes
	Route(s): Orally										
	MLP Requires Cosign										
Lithium Carbonate ER Tablet	Lithium Carbonate SR 300 MG Tab (Lithobid)	Tab ER	59500010100405	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate ER 300 MG Tab (Eskalith CR)	Tab ER	59500010100405	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate ER 450 MG Tab (Eskalith CR)	Tab ER	59500010100410	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate ER 300 MG Tab UD	Tab ER	59500010100405	0	No	No	Yes	No	N/A	Yes	Yes
	Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)	Tab ER	59500010100410	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	MLP Requires Cosign										
Lithium Carbonate Tablet	Lithium Carbonate 300 MG Tab UD (Lithium Carbonate 300 MG Unit Dose)	Tab	59500010100305	0	No	No	Yes	No	N/A	No	Yes
	Lithium Carbonate 300 MG Tab	Tab	59500010100305	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Unit Dose	Fmlly
	Route(s): Orally **MLP Requires Cosign**											
Lithium Citrate Oral Syrup 8 MEQ/5ML	Lithium CITRATE (60mg/ml) = 8MEQ/5ML, 473ML SOLN (LITHIUM CITRATE)	Syrup	59500010202010	0	No	Yes	Yes	No	N/A	No	Yes	
	Lithium Citrate (60mg/ml)= 8MEQ/5ML Solution UD (Lithium Citrate Syrup Unit Dose)	Sol	59500010202010	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Route(s): Orally **MLP Requires Cosign**											
Lomustine Capsule	Lomustine 10 MG Cap (CeeNU 10 MG)	Cap	21102020000110	0	No	No	No	No	N/A	No	Yes	
	Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	0	No	No	No	No	N/A	No	Yes	
	Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Loperamide Capsule	Loperamide Capsule 2 MG (Imodium)	Cap	47100020100105	0	No	No	No	No	N/A	No	Yes	
	Loperamide Capsule 2 MG UD (Imodium)	Cap	47100020100105	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Lopinavir-Ritonavir 200-50 Mg Tablet	Lopinavir-Ritonavir 200-50 MG Tab (Kaletra)	Tab	12109902550320	0	No	No	No	No	N/A	No	Yes	
	Lopinavir-Ritonavir 200-50 MG Tab UD (Kaletra)	Tab	12109902550320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally Advisories: ****PHYSICIAN INITATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****											
Lopinavir/Ritonavir Solution 400-100 MG/5ML	Lopinavir/Ritonavir Soln 80/20MG/ML, 160 ML (Kaletra Soln)	Sol	12109902552020	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally Advisories: ****PHYSICIAN INITATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****											
Lorazepam Inj	Lorazepam 2MG/ML, 1ML Inj (Ativan injection)	Sol	57100060002005	4	No	No	Yes	No	N/A	Yes	Yes	
	Lorazepam 4MG/ML, 1ML Inj (Ativan 4 MG injection)	Sol	57100060002010	4	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously Non-Formulary Use Criteria: **01. Control of severe agitation in psychiatric patients** **02. When lack of sleep causes an exacerbation of psychiatric illness.** **03. Part of a prolonged taper schedule** **04. Detoxification for substance abuse** **05. Failure of standard modalities for seizure disorders (4th line therapy)** **06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)** **07. Adjunct to neuroleptic therapy to stabilize psychosis.** **08. Second line therapy for anti-mania** **09. 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** **11. Nausea and Vomiting in Oncology Treatment patient**											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Formulary Restrictions: **Formulary for 30 days only. Is this order for less than 31 days?*** **MLP Requires Cosign**											
Lorazepam	Tablet											
	Lorazepam 0.5 MG Tab UD (Ativan)	Tab	57100060000305	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Lorazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Lorazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Route(s): Orally											
	Non-Formulary Use Criteria: **01. Control of severe agitation in psychiatric patients** **02. When lack of sleep causes an exacerbation of psychiatric illness.** **03. Part of a prolonged taper schedule** **04. Detoxification for substance abuse** **05. Failure of standard modalities for seizure disorders (4th line therapy)** **06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)** **07. Adjunct to neuroleptic therapy to stabilize psychosis.** **08. Second line therapy for anti-mania** **09. 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** **11. Nausea and Vomiting in Oncology Treatment patient**											
	Formulary Restrictions: **Formulary for 30 days only. Is this order for less than 31 days?*** **MLP Requires Cosign**											
Loxapine	Succinate Capsule											
	Loxapine Succinate 10 MG Cap (Loxitane)	Cap	59154020200110	0	No	No	Yes	No	N/A	No	Yes	
	Loxapine Succinate 10 MG Cap UD (Loxitane)	Cap	59154020200110	0	No	No	Yes	No	N/A	Yes	Yes	
	Loxapine Succinate 25 MG Cap (Loxitane)	Cap	59154020200115	0	No	No	Yes	No	N/A	No	Yes	
	Loxapine Succinate 25 MG Cap UD (Loxitane)	Cap	59154020200115	0	No	No	Yes	No	N/A	Yes	Yes	
	Loxapine Succinate 5 MG Cap (Loxitane)	Cap	59154020200105	0	No	No	Yes	No	N/A	No	Yes	
	Loxapine Succinate 50 MG Cap (Loxitane)	Cap	59154020200120	0	No	No	Yes	No	N/A	No	Yes	
	Loxapine Succinate 50 MG Cap UD (Loxitane)	Cap	59154020200120	0	No	No	Yes	No	N/A	Yes	Yes	
	Loxapine Succinate 5 MG Cap UD (Loxitane)	Cap	59154020200105	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
Lubricant	-Petrolatum, White Ophth Ointment											
	Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)	Oint	86202000004200	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Lubricant	Eye (Gentel)											
	Lubricant Eye (Gentel) 3.5GM Gel (Gentel Gel)	Gel	86202510004000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Lubricant	Eye Drops 1%											
	Lubricant Eye Drops 30 ML (HypoTears Ophth Solution)	Sol	86200050002020	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): In Affected Eye(s)											
	Lubricant Eye Drops Preseervative Free 0.25%											
	Lubricant Eye Drops Preserv Free15 ML (Theratears Ophth Soln)	Sol	86200010102010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Lubricant Ocular - Refresh P.M.											
	Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)	Oint	86202000004200	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Lubricant Ocular (Refresh) 1.4-0.6%											
	Lubricant, Ocular (Refresh) UD (Refresh)	Sol	86209902502020	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): In Affected Eye(s)											
	Lubricant Ophth Ointment											
	Lubricant Ophth Ointment 3.5 GM (Lacri-Lube Ophth Ointment)	Oint	86202000004200	0	No	Yes	No	No	N/A	No	Yes	
	Lubricant, Ocular Ointment 3.5 GM (Akwa Tears Ophth Ointment)	Oint	86202000004200	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Lubricant, Surgical											
	Lubricant, Surgical 5 GM UD (Surgilube)	Gel	90977000004000	0	No	Yes	No	No	N/A	Yes	Yes	
	Lubricant, Surgical 720 GM (Surgilube)	Gel	90977000004000	0	No	Yes	No	No	N/A	No	Yes	
	Lubricant, Surgical 60 GM TUBE (Surgilube)	Gel	90977000004000	0	No	Yes	No	No	N/A	No	Yes	
	Lubricant, Surgical 4.25 OZ EA (Surgilube)	Gel	90977000004000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Lubricating Jelly											
	Lubricating Jelly 120 GM (KY Jelly)	Gel	90977000004000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	M.T.E. -5 (Trace Elements)											
	M.T.E. -5 (Trace Elements) Inj (Trace Elements)	Sol	79909905202010	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Magic Mouthwash 1:1:1 Lidocaine/Benadryl/Bismuth											
	Magic Mouthwash 1:1:1 (Lidoc/Benadry/Bismuth) ML (Magic Mouthwash)			0	Yes	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Magnesium Hydroxide conc											
	Magnesium Hydroxide conc (10 ml) (Milk of Magnesia)	Susp	46100010101840	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
	Magnesium Hydroxide Susp											
	Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)	Susp	46100010101820	0	No	Yes	No	No	N/A	Yes	Yes	
	Magnesium Hydroxide (480ML) 400MG/5ML SUSP (Milk of Magnesia)	Susp	46100010101820	0	No	Yes	No	No	N/A	No	Yes	
	Magnesium Hydroxide Susp(480ML) 80 MQ/ML SOL (Milk of Magnesia)	Susp	46100010101820	0	No	Yes	No	No	N/A	No	Yes	
	Magnesium Hydroxide suspension 180 ML (Milk Of Magnesia)	Susp	46100010101820	0	No	Yes	No	No	N/A	No	Yes	
	Magnesium Hydroxide 480 ML Susp (Milk Of Magnesia)	Susp	46100010101820	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Dose</u> <u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Magnesium Hydroxide Susp conc 800 MG/5ML										
	Magnesium Hydroxide Susp Concentrated (400ML) (Milk Of Magnesia 800mg/5ml)	Susp	46100010101840	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Magnesium Oxide Tab										
	Magnesium Oxide 500 MG Tab (Mag-Ox)	Tab	79400010360340	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Magnesium Oxide Tablet										
	Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)	Tab	48400020000310	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 MG Tab UD (Mag-OX)	Tab	48400020000310	0	No	No	No	No	N/A	Yes	Yes
	Magnesium Oxide 420 MG Tab (Mag -Ox)	Tab	48400020000315	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Magnesium Sulfate										
	Magnesium Sulfate Inj Premix 40 MG/ML (50 MI) (Mag sulfate)	Sol	79400010402002	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Magnesium Sulfate Inj										
	Magnesium Sulfate 1GM/2ML Inj (mEq dosing) (Magnesium sulfate)	Sol	79400010402020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Magnesium Sulfate INJ										
	Magnesium Sulfate 1GM/2ML INJ (GM dosing) (Magnesium Sulfate)	Sol	79400010402020	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate 50%, 10ML INJ (MAGNESIUM SULFATE)	Sol	79400010402020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Magnesium/Aluminum/Simethicone Tab										
	Magnesium/Aluminum/Simethicone Tab (Maalox Plus)	Tab Chew	48991003100515	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Mannitol Inj										
	Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Measles, Mumps AND Rubella VAC										
	Measles, Mumps And Rubella VAC 0.5 ML Inj (M-M-R II)	Injectable	17109903102200	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Subcutaneously										
	Mebendazole Tablet										
	Mebendazole 100 MG Tab (Vermox 100 MG Chewable)	Tab Chew	15000010000505	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Mechlorethamine HCL Inj										
	Mechlorethamine HCL 10 MG Inj (Mustargen)	Sol Recon	21101030102105	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Intravenously											
	Meclizine HCl Tablet											
	Meclizine HCl 12.5 MG Tab UD (Antivert 12.5 MG Unit Dose)	Tab	50200050000305	0	No	No	No	No	N/A	Yes	Yes	
	Meclizine HCl 12.5 MG Tab (Antivert)	Tab	50200050000305	0	No	No	No	No	N/A	No	Yes	
	Meclizine HCl 25 MG Tab UD (Antivert 25 MG Unit Dose)	Tab	50200050000310	0	No	No	No	No	N/A	Yes	Yes	
	Meclizine HCl 25 MG Tab (Antivert)	Tab	50200050000310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	medroxyPROGESTERone Tab											
	medroxyPROGESTERone 10 MG Tab (Provera)	Tab	26000020200315	0	No	No	No	No	N/A	No	Yes	
	medroxyPROGESTERone 2.5 MG Tab (Provera)	Tab	26000020200305	0	No	No	No	No	N/A	No	Yes	
	medroxyPROGESTERone 5 MG Tab (Provera 5 MG)	Tab	26000020200310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Non-Formulary Use Criteria:											
	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											
	Formulary Restrictions:											
	****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 HOMONAL 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****											
	medroxyPROGESTERone Injection											
	medroxyPROGESTERone 150MG/ML,1ML INJ (Depo-Provera)	Susp	25150035101820	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions:											
	****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****											
	medroxyPROGESTERone Injection 400mg/ml											
	medroxyPROGESTERone Injection IM Susp 400 MG/ML (Depo-Provera 400mg/ml)	Susp	21404010101840	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions:											
	****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****											
	Megestrol Acetate Suspension 40MG/ML											
	Megestrol Acetate Suspension 40 MG/ML (Megace Oral suspension)	Susp	21404020101810	0	No	Yes	No	No	N/A	No	Yes	
	Megestrol Acetate Oral Susp (240 ml) 40 MG/ML (Megace)	Susp	21404020101810	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Dose</u> <u>Unit</u>	<u>Fmly</u>
	Route(s): Orally										
	Megestrol Acetate Tablet										
	Megestrol Acetate 20 MG Tab (Megace 20 MG)	Tab	21404020100305	0	No	No	No	No	N/A	No	Yes
	Megestrol Acetate 40 MG Tab (Megace 40 MG)	Tab	21404020100310	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Megestrol Acetate ES 625MG/5ML										
	Megestrol Acetate ES Susp 625MG/5 ML (150ML) (Megace)	Susp	26000023201840	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Melphalan Inj										
	Melphalan Hydrochloride 50 MG Inj (Alkeran IV)	Sol Recon	21101040102110	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Melphalan Tablet										
	Melphalan 2 MG Tab (Alkeran)	Tab	21101040000305	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Meperidine Hydrochloride Inj										
	Meperidine Hydrochloride 100MG/ML,1ML TBX (Demerol 100 MG CARPUJECT)	Sol	65100045102030	2	No	No	Yes	No	N/A	No	Yes
	Meperidine Hydrochloride 25MG/ML,1ML TBX (Demerol 25 MG Carpuject)	Sol	65100045102010	2	No	Yes	Yes	No	N/A	No	Yes
	Meperidine Hydrochloride 50MG/ML,1ML TBX (Demerol 50 MG CARPUJECT)	Sol	65100045102015	2	No	Yes	Yes	No	N/A	No	Yes
	Meperidine Hydrochloride 75MG/ML,1ML TBX (Demerol 7 MG CARPUJECT)	Sol	65100045102020	2	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously, Subcutaneously										
	Advisories:										
	****order may not exceed 3 days, except as allowed by pharmacy program statement** **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****										
	MLP Requires Cosign										
	Mepivacaine HCl Injection 1%										
	Mepivacaine HCl Injection Solution 1 % (Polocaine)	Sol	69100050102005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Mercaptopurine Tablet										
	Mercaptopurine 50 MG Tab (Purinethol)	Tab	21300040000305	0	No	No	No	No	N/A	No	Yes
	Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	21300040000305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Meropenem IV										
	Meropenem IV 1GM (Merrem IV)	Sol Recon	16150050002140	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Mesalamine Enema										
	Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	52500030005105	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally, Rectally										
	Formulary Restrictions:										
	****USE IN SULFASALAZINE FAILURE OR ALLERGY****										
	Mesalamine ER Capsule										
	Mesalamine 250 MG Cap UD (Pentasa)	Cap ER	52500030000210	0	No	No	No	No	N/A	Yes	Yes
	Mesalamine 500 MG Cap UD (Pentasa)	Cap ER	52500030000220	0	No	No	No	No	N/A	Yes	Yes
	Mesalamine 250 MG Cap (Pentasa 250 MG)	Cap ER	52500030000210	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Mesalamine 500 MG Cap (Pentasa)	Cap ER	52500030000220	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****											
	Mesalamine Suppository											
	Mesalamine Rectal Suppository 500 MG (Canasa)	Supp	52500030005220	0	No	Yes	No	No	N/A	No	No	Yes
	Mesalamine Rectal Suppository 1000 MG (Canasa)	Supp	52500030005240	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Rectally											
	Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****											
	Mesalamine Tablet											
	Mesalamine 400 MG Tab UD (Asacol)	Tab DR	52500030000620	0	No	No	No	No	N/A	Yes	Yes	
	Mesalamine 400 MG Tab (Asacol)	Tab DR	52500030000620	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****											
	Mesna Inj											
	Mesna IV Sol 100 MG/ML (Mesnex)	Sol	21758050002010	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Mesna Tablet											
	Mesna 400 MG Tab (Mesnex)	Tab	21758050000320	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Metaproterenol Nebulization											
	Metaproterenol 0.6% Neb (Alupent)	Nebulization	44201050202505	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally, Per Nostril											
	Metaproterenol Sulfate 14GM MDI											
	Metaproterenol Sulfate 14GM 650MCG/INH MDI (Alupent Inhaler)	Aero Pwdr	44201050203310	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Metformin Solution 500 MG/5ML											
	Metformin solution 500 MG/5ML (473ML) (Riomet)	Sol	27250050002020	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Metformin Tablets											
	Metformin 500 MG Tab UD (Glucophage)	Tab	27250050000320	0	No	No	No	No	N/A	Yes	Yes	
	Metformin 500 MG Tab (Glucophage)	Tab	27250050000320	0	No	No	No	No	N/A	No	No	Yes
	Metformin 850 MG Tab (Glucophage)	Tab	27250050000340	0	No	No	No	No	N/A	No	No	Yes
	Metformin 1000 MG Tab (Glucophage)	Tab	27250050000350	0	No	No	No	No	N/A	No	No	Yes
	Metformin 1000 MG Tab UD (Glucophage)	Tab	27250050000350	0	No	No	Yes	No	N/A	Yes	Yes	
	Metformin 850 MG Tab UD (Glucophage)	Tab	27250050000340	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Methadone Concentrate											
	Methadone Concentrate 10MG/ML (Intensol)	Concentrate	65100050101310	2	No	Yes	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmlry
	Route(s): Orally											
	Advisories:											
	****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											
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
	Medical Referral Center (MRC) Initiation Only											
	MLP Requires Cosign											
	Methadone Solution 10MG/5ML											
	Methadone Solution 2mg/mL, 500ML (Methadone Oral Solution)	Sol	65100050102015	2	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****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											
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
	Medical Referral Center (MRC) Initiation Only											
	MLP Requires Cosign											
	Methadone Tablet											
	Methadone 10 MG Tab UD (Methadone 10 MG Unit Dose)	Tab	65100050100310	2	No	No	Yes	Yes	N/A	Yes	Yes	
	Methadone 5 MG Tab (Methadone)	Tab	65100050100305	2	No	No	Yes	Yes	N/A	No	Yes	
	Methadone 5 MG Tab UD (Methadone Tablet 5 MG Unit Dose)	Tab	65100050100305	2	No	No	Yes	Yes	N/A	Yes	Yes	
	Methadone 10 MG Tab (methadose)	Tab	65100050100310	2	No	No	Yes	Yes	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****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											
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
	Medical Referral Center (MRC) Initiation Only											
	MLP Requires Cosign											
	Methadone Tablet (NYC-Detox)											

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmlly
	Methadone 5 MG Tab (NYC-Detox Use Only) (Methadone)	Tab	65100050100305	2	No	No	No	Yes	Yes	N/A	No	No	Yes
	Route(s): Orally												
	Advisories:												
	****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												
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT												
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION												
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**												
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**												
	MLP Requires Cosign												
	Methamphetamine Mandelate Tablet												
	Methamphetamine Mandelate 500 MG Tab (Mandelamine)	Tab	53000020100310	0	No	No	No	No	No	N/A	No	No	Yes
	Methamphetamine Mandelate 1 GM Tab (Mandelamine)	Tab	53000020100320	0	No	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally												
	Methamphetamine Hippurate 1 GM Tablet												
	Methamphetamine Hippurate 1 GM Tablet (Urex Oral Tablet)	Tab	53000020200305	0	No	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally												
	Methimazole Tablet												
	Methimazole 10 MG Tab (Tapazole)	Tab	28300010000310	0	No	No	No	No	No	N/A	No	No	Yes
	Methimazole 5 MG Tab (Tapazole)	Tab	28300010000305	0	No	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally												
	Methotrexate Sodium Inj												
	Methotrexate Sodium 25 MG/ML,2ML Inj (Methotrexate Sodium Inj)	Sol	21300050102030	0	No	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Intramuscularly, Intravenously												
	Methotrexate Sodium Tablet												
	Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)	Tab	21300050100310	0	No	No	No	No	No	N/A	No	No	Yes
	Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	0	No	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Methoxsalen Capsule												
	Methoxsalen 10 MG Cap (Oxsoralen-Ultra 10 MG)	Cap	90250560100110	0	No	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally												
	Methoxsalen Lotion												
	Methoxsalen Lotion1%, 30 ML (Oxsoralen Lotion)	Lotion	90871010004105	0	No	Yes	No	No	No	N/A	No	No	Yes
	Route(s): Topically												
	Methoxsalen Rapid												
	Methoxsalen Rapid 10MG Cap (Oxsoralen Ultra Cap)	Cap	90250560100110	0	No	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally												
	Methyldopa Tablet												
	Methyldopa 250 MG Tab (Aldomet)	Tab	36201030000310	0	No	No	No	No	No	N/A	No	No	Yes
	Methyldopa 500 MG Tab (Aldomet)	Tab	36201030000315	0	No	No	No	No	No	N/A	No	No	Yes
	Methyldopa 250 MG Tab UD (Aldomet)	Tab	36201030000310	0	No	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Advisories:											
	****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA***											
	Methylene Blue Inj 1%											
	Methylene Blue Inj 1%, 10 ML (Methylene Blue)	Sol	93000050002005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Methylergonovine Maleate Inj											
	Methylergonovine Maleate 200MCG/ML,1M INJ (Methylergonovine Maleate Inj)	Sol	29000020102005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Methylergonovine Maleate Tablet											
	Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	MethylPREDNISolone Acetate Injection											
	methylPREDNISolone Acetate 40 MG/ML,1ML INJ (Depo-Medrol)	Susp	22100030101810	0	No	No	Yes	No	N/A	No	Yes	
	methylPREDNISolone Acetate 80 MG/ML,5ML INJ (Depo-Medrol Injection)	Susp	22100030101815	0	No	No	Yes	No	N/A	No	Yes	
	methylPREDNISolone Acetate 80 MG/ML,1ML ML (Depo-Medrol Injection)	Susp	22100030101815	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	MethylPREDNISolone Sod Succinate Inj											
	methylPREDNISolone SOD Succ 1 GRAM VIAL (Solu-Medrol)	Sol Recon	22100030202120	0	No	Yes	Yes	No	N/A	No	Yes	
	methylPREDNISolone SOD Succ 125 MG/ML,8ML Inj (Solu-Medrol 1000 MG)	Sol Recon	22100030202120	0	No	Yes	Yes	No	N/A	No	Yes	
	methylPREDNISolone SOD Succ 125 MG/2ML Inj (Solu-Medrol)	Sol Recon	22100030202110	0	No	Yes	Yes	No	N/A	No	Yes	
	methylPREDNISolone SOD Succ 40 MG/ML 1ML (Solu Medrol 40 MG ACT-O-VIAL)	Sol Recon	22100030202105	0	No	Yes	Yes	No	N/A	No	Yes	
	methylPREDNISolone SOD Succ 125 MG/ML,4ML Inj (Solu-Medrol)	Sol Recon	22100030202115	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	MethylPREDNISolone Tab											
	methylPREDNISolone 2 MG Tab (Medrol)	Tab	22100030000305	0	No	No	No	No	N/A	No	Yes	
	methylPREDNISolone 21 PK 4 MG Tab (Medrol Dospak 4MG -21 TAB)	Tab	22100030006405	0	No	Yes	No	No	N/A	No	Yes	
	methylPREDNISolone 4 MG Tab (Medrol)	Tab	22100030000310	0	No	No	No	No	N/A	No	Yes	
	methylPREDNISolone 16 MG Tab (Medrol)	Tab	22100030000320	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Metoclopramide HCL Injection											
	Metoclopramide HCL 5 MG/ML, 2ML Inj (Reglan Injection)	Sol	52300020102005	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Metoclopramide HCl Soln 10 MG/10ML											
	Metoclopramide HCl Soln 10 MG/10ML(Cup) (Reglan)	Sol	52300020102013	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Metoclopramide Syrup 5 MG/5ML											
	Metoclopramide syrup 1 MG/ML (480ml) (Reglan Solution)	Syrup	52300020101205	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Metoclopramide Tablet											
	Metoclopramide 10 MG Tab (Reglan)	Tab	52300020100305	0	No	No	No	No	N/A	No	Yes	
	Metoclopramide 10 MG Tab UD (Reglan)	Tab	52300020100305	0	No	No	No	No	N/A	Yes	Yes	
	Metoclopramide 5 MG Tab (Reglan 5 MG)	Tab	52300020100303	0	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
Metolazone Tabet	Metolazone 10 MG Tab UD (Zaroxolyn 10MG)	Tab	37600060000315	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
Metolazone Tablet	Metolazone 10 MG Tab (Zaroxolyn 10MG)	Tab	37600060000315	0	No	No	No	No	No	N/A	No	Yes	
	Metolazone 2.5 MG Tab (Zaroxolyn)	Tab	37600060000305	0	No	No	No	No	No	N/A	No	Yes	
	Metolazone 2.5 MG Tab UD (Zaroxolyn Unit Dose)	Tab	37600060000305	0	No	No	No	No	No	N/A	Yes	Yes	
	Metolazone 5 MG Tab (Zaroxolyn)	Tab	37600060000310	0	No	No	No	No	No	N/A	No	Yes	
	Metolazone 5 MG Tab UD (Zaroxolyn Unit Dose)	Tab	37600060000310	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
Metoprolol Injection	Metoprolol 1MG/ML, 5ML Inj (Lopressor Injection)	Sol	33200030102005	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously												
Metoprolol Succinate	Metoprolol Succ XL 24 Hour 200 MG Tab (Toprol XL 200 mg)	Tab ER 24 Hou	33200030057540	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories:												
	**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.)**												
	Formulary Restrictions:												
	****RESTRICTED TO USE IN CONGESTIVE HEART FAILURE ONLY, NOT FOR HYPERTENSION OR HEADACHE PROPHYLAXIS****												
Metoprolol Succinate XL Tablet	Metoprolol Succ XL 24 Hour 25 MG Tab (Toprol-XL)	Tab ER 24 Hou	33200030057510	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24 Hou	33200030057520	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL 100MG)	Tab ER 24 Hou	33200030057530	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Succ XL 24 Hour 25 MG Tab UD (Toprol-XL)	Tab ER 24 Hou	33200030057510	0	No	No	No	No	No	N/A	Yes	Yes	
	Metoprolol Succ XL 24 Hour 50 MG Tab UD (Tropol-XL)	Tab ER 24 Hou	33200030057520	0	No	No	No	No	No	N/A	Yes	Yes	
	Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL 100MG)	Tab ER 24 Hou	33200030057530	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	**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.												

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	<p>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.)</p> <p>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.)**</p> <p>**Conversion of carvedilol (Coreg) to metoprolol Guidance**</p> <p>Formulary Restrictions: ****RESTRICTED TO USE IN CONGESTIVE HEART FAILURE ONLY, NOT FOR HYPERTENSION OR HEADACHE PROPHYLAXIS****</p>												
	Metoprolol Tartrate Tablet												
	Metoprolol Tartrate 100 MG Tab (Lopressor)	Tab	33200030100315	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Tartrate 100 MG Tab UD (Lopressor 100 MG Unit Dose)	Tab	33200030100315	0	No	No	No	No	No	N/A	Yes	Yes	
	Metoprolol Tartrate 50 MG Tab UD (Lopressor)	Tab	33200030100310	0	No	No	No	No	No	N/A	Yes	Yes	
	Metoprolol Tartrate 50 MG Tab (Lopressor)	Tab	33200030100310	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Tartrate 25 MG Tab (Lopressor)	Tab	33200030100305	0	No	No	No	No	No	N/A	No	Yes	
	Metoprolol Tartrate 25 MG Tab UD (Lopressor)	Tab	33200030100305	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories: **Conversion of carvedilol (Coreg) to metoprolol Guidance												
	<p>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.</p> <p>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.)</p> <p>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.)**</p>												
	METRONIDazole Capsule												
	METRONIDazole 375 MG Cap (Flagyl)	Cap	16000035000107	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	METRONIDazole Gel 0.75%												
	METRONIDazole Topical Gel 0.75% (45GM) (Metrogel Topical)	Gel	90060040004010	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Topically												
	METRONIDazole Gel 1%												
	METRONIDazole Topical Gel 1% (45GM) (Metrogel 1%)	Gel	90060040004020	0	No	Yes	No	No	No	N/A	No	Yes	
	METRONIDazole External Gel 1 % (60gm) (Metrogel)	Gel	90060040004020	0	No	Yes	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlry</u>
	Route(s): Topically										
METRONIDazole Injection	METRONIDazole 500 MG Inj (Flagyl IV)	Sol	16000035112020	0	No	Yes	No	No	N/A	No	Yes
	METRONIDazole/Sodium Chloride PRE-MIX 500MG IV (Flagyl)	Sol	16000035112020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Advisories: ****INJECTION LIMITED TO PATIENTS THAT ARE NPO****										
METRONIDazole Tablet	METRONIDazole 250 MG Tab (Flagyl)	Tab	16000035000305	0	No	No	No	No	N/A	No	Yes
	METRONIDazole 250 MG Tab UD (Flagyl)	Tab	16000035000305	0	No	No	No	No	N/A	Yes	Yes
	METRONIDazole 500 MG Tab UD (Flagyl 500 MG Unit Dose)	Tab	16000035000310	0	No	No	No	No	N/A	Yes	Yes
	METRONIDazole 500 MG Tab (Flagyl)	Tab	16000035000310	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
METRONIDazole Vaginal Gel 0.75%	METRONIDazole Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)	Gel	55100035004020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Vaginally										
Mexiletine HCL Capsule	Mexiletine HCL 150 MG Cap (Mexetil)	Cap	35200025100105	0	No	No	No	No	N/A	No	Yes
	Mexiletine HCL 150 MG Cap UD (Mexetil 150 MG Unit Dose)	Cap	35200025100105	0	No	No	No	No	N/A	Yes	Yes
	Mexiletine HCL 200 MG Cap (Mexetil)	Cap	35200025100110	0	No	No	No	No	N/A	No	Yes
	Mexiletine HCL 250 MG Cap (Mexetil)	Cap	35200025100115	0	No	No	No	No	N/A	No	Yes
	Mexiletine HCL 200 MG Cap UD (Mexetil 200 MG UNIT DOSE)	Cap	35200025100115	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****										
Miconazole Cream 2%	Miconazole Cream 2%, 30 GM (Monistat Derm)	Cm	90154050103705	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories: ****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
Miconazole Powder	Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	97800000003200	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories: ****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**										
Miconazole Vaginal suppository (QTY 3)	Miconazole Vaginal (QTY 3) 200 MG Suppository (Monistat 3)	Supp	55104050105210	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Vaginally										
Miconazole Vaginal (QTY 7)	Miconazole Vaginal (QTY 7) 100 MG Suppository (Monistat 7 Vaginal Suppository)	Supp	55104050105205	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Vaginally										
	Miconazole Vaginal Cream 2%										
	Miconazole Vaginal Cream 2%, 45 GM (Monistat-7)	Cm	55104050103710	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Vaginally										
	Microchamber spacer										
	Microchamber Spacer (MicroChamber Spacer)	Miscellaneous	97100550006200	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Midazolam HCL Injection										
	Midazolam HCL Inj 1 MG/ML, 2ML (Versed)	Sol	60201025102001	4	No	Yes	Yes	No	N/A	No	Yes
	Midazolam HCL Inj 1MG/ML, 5ML (Versed)	Sol	60201025102001	4	No	Yes	Yes	No	N/A	No	Yes
	Midazolam 10 MG/2ML Inj (Versed)	Sol	60201025102005	4	No	No	Yes	No	N/A	No	Yes
	Midazolam HCL Inj 5MG/ML, 1ML (Versed)	Sol	60201025102005	4	No	No	Yes	No	N/A	No	Yes
	Midazolam HCL Inj 5MG/ML, 5ML (Versed)	Sol	60201025102005	4	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Formulary Restrictions:										
	****FOR ANESTHESIA/SURGERY USE ONLY****										
	Medical Referral Center (MRC) Use Only										
	MLP Requires Cosign										
	Minoxidil Tablet										
	Minoxidil 10 MG Tab (Loniten)	Tab	36400020000310	0	No	No	No	No	N/A	No	Yes
	Minoxidil 2.5 MG Tab (Loniten)	Tab	36400020000305	0	No	No	No	No	N/A	No	Yes
	Minoxidil 10 MG Tab UD (Loniten)	Tab	36400020000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Mirtazapine Tablet										
	Mirtazapine 30 MG Tab (Remeron)	Tab	58030050000330	0	No	No	Yes	No	N/A	No	Yes
	Mirtazapine 15 MG Tab UD (Remeron)	Tab	58030050000315	0	No	No	Yes	No	N/A	Yes	Yes
	Mirtazapine 15 MG Tab (Remeron)	Tab	58030050000315	0	No	No	Yes	No	N/A	No	Yes
	Mirtazapine 30 MG Tab UD (Remeron)	Tab	58030050000330	0	No	No	Yes	No	N/A	Yes	Yes
	Mirtazapine 45 MG Tab UD (Remeron)	Tab	58030050000345	0	No	No	Yes	No	N/A	Yes	Yes
	Mirtazapine 45 MG Tab (Remeron)	Tab	58030050000345	0	No	No	Yes	No	N/A	No	Yes
	Mirtazapine 7.5 MG Tab (Remeron)	Tab	58030050000308	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	MLP Requires Cosign										
	Misoprostol Tablet										
	Misoprostol 100 MCG Tab UD (Cytotec 100 MCG UNIT DOSE)	Tab	49250030000310	0	No	No	No	No	N/A	Yes	Yes
	Misoprostol 100 MCG Tab (Cytotec)	Tab	49250030000310	0	No	No	No	No	N/A	No	Yes
	Misoprostol 200 MCG Tab (Cytotec)	Tab	49250030000320	0	No	No	No	No	N/A	No	Yes
	Misoprostol 200 MCG Tab UD (Cytotec 200 MCG UD)	Tab	49250030000320	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Mitomycin Inj										
	Mitomycin 20 MG Inj (Mutamycin)	Sol Recon	21200050002110	0	No	No	Yes	No	N/A	No	Yes
	Mitomycin 40 MG Inj (Mutamycin)	Sol Recon	21200050002120	0	No	No	Yes	No	N/A	No	Yes
	Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fnlly
	Route(s): Intravenously											
	Mitotane Tablet											
	Mitotane 500 MG Tab (Lysodren)	Tab	21402250000320	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Mitoxantrone HCL Inj											
	Mitoxantrone HCL 20 MG Inj (Novantrone)	Concentrate	21200055001310	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Medical Referral Center (MRC) Use Only											
	Mivacurium Chloride											
	Mivacurium Chloride 2 MG/ML,10 ML Inj (Mivacron)	Sol	74200035102020	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Morphine Concentrated Sulfate Solution 20 MG/ML											
	Morphine Sulfate Concentrated Oral Soln 20MG/ML	Sol	65100055102090	2	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Orally											
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	MLP Requires Cosign											
	Morphine ER Capsule (Avinza)											
	Morphine 90 MG ER Capsule (Avinza)	Cap ER 24 Ho	65100055207040	2	No	No	Yes	Yes	N/A	No	No	Yes
	Morphine 60 MG ER Capsule (Avinza)	Cap ER 24 Ho	65100055207030	2	No	No	Yes	Yes	N/A	No	No	Yes
	Morphine 30 MG ER Capsule (Avinza)	Cap ER 24 Ho	65100055207020	2	No	No	Yes	Yes	N/A	No	No	Yes
	Morphine 120 MG ER Capsule (Avinza)	Cap ER 24 Ho	65100055207050	2	No	No	Yes	Yes	N/A	No	No	Yes
	Route(s): Orally											
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	MLP Requires Cosign											
	Morphine Sulfate ER Tablet											
	Morphine Sulfate ER 100 MG Tab	Tab ER 12 Hou	65100055107460	2	No	No	Yes	No	N/A	No	No	Yes
	Morphine Sulfate ER 200 MG Tab	Tab ER 12 Hou	65100055107480	2	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Orally											
	Advisories:											
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	MLP Requires Cosign											
	Morphine Sulfate Injection											
	Morphine Sulfate 10MG/ML, 1ML TBX (Morphine Sulfate Injection)	Sol	65100055102030	2	No	No	Yes	No	N/A	No	No	Yes
	Morphine Sulfate 15MG/ML, 1ML TBX (Morphine Sulfate Injection)	Sol	65100055102040	2	No	No	Yes	No	N/A	No	No	Yes
	Morphine Sulfate 2MG/ML, 1ML Inj (Morphine Sulfate Injection)	Sol	65100055102005	2	No	No	Yes	No	N/A	No	No	Yes
	Morphine Sulfate 4MG/ML, 1ML TBX (Morphine Sulfate Injection)	Sol	65100055102010	2	No	No	Yes	No	N/A	No	No	Yes
	Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Injection)	Sol	65100055102015	2	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Morphine Sulfate Inj 8MG/ML, 1ML TBX (Morphine Sulfate Injection)	Sol	65100055102025	2	No	No	No	Yes	No	No	N/A	No	No	No	Yes	
	Route(s): Intramuscularly, Intravenously															
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
	MLP Requires Cosign															
	Morphine Sulfate Injection (PCA)															
	Morphine Sulfate (PCA) 1MG/ML, 30ML Inj (Morphine Sulfate Injection PCA)	Sol	65100055102003	2	No	No	Yes	No	N/A	No	Yes					
	Morphine Sulfate (PCA) 5MG/ML, 30 ML Inj (Morphine Sulfate Injection PCA)	Sol	65100055102015	2	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
	MLP Requires Cosign															
	Morphine Sulfate Injection MDV															
	Morphine Sulfate 15MG/ML MDV INJ (Morphine Sulfate Injection)	Sol	65100055102040	2	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intramuscularly, Intravenously															
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
	MLP Requires Cosign															
	Morphine Sulfate IR Tablet															
	Morphine Sulfate IR 15 MG Tab (MSIR)	Tab	65100055100310	2	No	No	Yes	Yes	N/A	No	Yes					
	Morphine Sulfate IR 15 MG Tab UD (MORPHINE)	Tab	65100055100310	2	No	No	Yes	Yes	N/A	Yes	Yes					
	Morphine Sulfate IR 30 MG Tab	Tab	65100055100315	2	No	No	Yes	Yes	N/A	No	Yes					
	Route(s): Orally															
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
	MLP Requires Cosign															
	Morphine Sulfate Solution 10 MG/5ML															
	Morphine Sulfate Oral Solution 10MG/5ML Cup	Sol	65100055102065	2	No	No	Yes	No	N/A	No	Yes					
	Route(s): Orally															
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
	MLP Requires Cosign															
	Morphine Sulfate Solution 20 MG/5ML															
	Morphine Sulfate Oral Solution 20MG/5ML	Sol	65100055102070	2	No	Yes	Yes	No	N/A	No	Yes					

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Route(s): Orally											
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	MLP Requires Cosign											
	Morphine Sulfate SR Capsule (Kadian)											
	Morphine Sulfate SR 100 MG Cap (Kadian)	Cap ER 24 Ho	65100055107060	2	No	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate SR 30 MG Cap (Kadian)	Cap ER 24 Ho	65100055107030	2	No	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate SR 60 MG Cap (Kadian)	Cap ER 24 Ho	65100055107045	2	No	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate SR 20 MG Cap (Kadian)	Cap ER 24 Ho	65100055107020	2	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	MLP Requires Cosign											
	Morphine Sulfate SR Tablet											
	Morphine Sulfate SR 100 MG Tab (Oramorph SR oral)	Tab ER 12 Hou	65100055107460	2	No	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate SR 30 MG Tab UD (MS Contin)	Tab ER 12 Hou	65100055107430	2	No	No	Yes	No	N/A	Yes	Yes	
	Morphine Sulfate SR 15 MG Tab	Tab ER 12 Hou	65100055107415	2	No	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate SR 60 MG Tab (MS Contin)	Tab ER 12 Hou	65100055107445	2	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	Formulary Restrictions:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
	MLP Requires Cosign											
	Multi Vitamin Conc IV											
	Multi Vitamin Conc IV 2 X 5ML, VL Inj (MVI-12, 2 X 5 ML Injection)	Injectable	7820000002200	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Mumps Virus Vaccine											
	Mumps Virus Vaccine 0.5 ML Inj (Mumpsvax)	Injectable	17100040002200	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Subcutaneously											
	Mupirocin Calcium 2% Cream											
	Mupirocin Calcium 2% (15 GM) Cream (Bactroban Cream)	Cm	90100065203710	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	MLP Requires Cosign											
	Mupirocin Nasal Ointment											
	Mupirocin Nasal 2 % Ointment (Bactroban Nasal)	Oint	42251050104210	0	No	Yes	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Route(s): Per Nostril **MLP Requires Cosign**											
	Mupirocin Oint Mupirocin Calcium 2 % (22 GM) Oint (Bactroban Oint)	Oint	90100065104210	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Topically **MLP Requires Cosign**											
	Mycophenolate Mofetil 250 MG Capsule Mycophenolate Mofetil 250 MG Cap (CellCept)	Cap	99403030100120	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Mycophenolate Mofetil 500 MG Tablet Mycophenolate Mofetil 500 MG Tab (CellCept)	Tab	99403030100330	0	No	No	No	No	N/A	No	No	Yes
	Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Nadolol Tab Nadolol 120 MG Tab (Corgard)	Tab	33100010000315	0	No	No	No	No	N/A	No	No	Yes
	Nadolol 160 MG Tab (Corgard)	Tab	33100010000320	0	No	No	No	No	N/A	No	No	Yes
	Nadolol 20 MG Tab (Corgard)	Tab	33100010000303	0	No	No	No	No	N/A	No	No	Yes
	Nadolol 40 MG Tab (Corgard)	Tab	33100010000305	0	No	No	No	No	N/A	No	No	Yes
	Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	0	No	No	No	No	N/A	No	No	Yes
	Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Nafcillin Sodium Injection Nafcillin Sodium 1 GM Inj (Nafcillin)	Sol Recon	01300040102105	0	No	No	Yes	No	N/A	No	No	Yes
	Nafcillin Sodium 10 GM Inj (Nafcillin)	Sol Recon	01300040102125	0	No	No	Yes	No	N/A	No	No	Yes
	Nafcillin Sodium ADVantage 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	0	No	No	No	No	N/A	No	No	Yes
	Nafcillin Sodium 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Nafcillin Sodium Premix Nafcillin Sodium in Dextrose 2G/100ML			0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Nalbuphine Hydrochloride Injection Nalbuphine Hydrochloride 10 MG/ML, 1ML Inj (Nubain)	Sol	65200030102005	0	No	No	Yes	No	N/A	No	No	Yes
	Nalbuphine Hydrochloride 20 MG/ML, 1ML INJ (Nubain)	Sol	65200030102010	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Advisories: ****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY****											
	MLP Requires Cosign											
	Naloxone Hydrochloride Inj Naloxone Hydrochloride 400 MCG/ML, 1 ML Inj (Narcan)	Sol	93400020102010	0	No	No	Yes	No	N/A	No	No	Yes
	Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan 1 MG)	Sol	93400020102015	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Finly
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
Nandrolone	Nandrolone 100 MG/ML Inj (Deca-Durabolin)	Oil	23200030101710	3	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions: ***FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY**** **Medical Referral Center (MRC) Use Only**											
Naphazoline/Pheniramine Ophth Soln 0.025-0.3%	Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	0	No	Yes	No	No	N/A	No	Yes	
	Naphazoline/Pheniramine Soln(Visine-A)0.025-0.3% (VisineA ophth solution)	Sol	86409902142010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Naproxen E.C. Tablet	Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	0	No	No	No	No	N/A	No	Yes	
	Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Naproxen Suspension 125 MG/5ML	Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Naproxen Tablet	Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	0	No	No	No	No	N/A	No	Yes	
	Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	0	No	No	No	No	N/A	No	Yes	
	Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	0	No	No	No	No	N/A	No	Yes	
	Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	0	No	No	No	No	N/A	Yes	Yes	
	Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Nedocromil Sodium Aerosol	Nedocromil Sodium 1.75MG/INH MDI (Tilade Inhaler)	Aero Sol	44150050103410	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Nelfinavir Mesylate Tablet	Nelfinavir Mesylate 250 MG Tab (Viracept)	Tab	12104545200320	0	No	No	No	No	N/A	No	Yes	
	Nelfinavir Mesylate 625 MG Tab (Viracept)	Tab	12104545200340	0	No	No	No	No	N/A	No	Yes	
	Nelfinavir Mesylate 625 MG Tab UD (Viracept)	Tab	12104545200340	0	No	No	No	No	N/A	Yes	Yes	
	Nelfinavir Mesylate 250 MG Tab UD (Viracept)	Tab	12104545200320	0	No	No	No	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Nelfinavir Oral Powder	Nelfinavir Mesylate Powder 50 MG/1 GM (Viracept Powder)	Pwdr	12104545202920	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Neomy/Poly B/ Bacit/HC Ointment	Neomy/Poly B/ Bacit/HC 15G OINT (Cortisporin Oint)	Oint	90109904104220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Neomy/Polymi/Bacit/HC Opth Oint	Neomy/Polymi/Bacit/HC Opth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Neomycin Sulf/Dexamthasone Sod Opth Soln	Neomycin Sulf/Dexamethasone Sod 5 ML (Neo-Decadron Opth)	Sol	86300010102005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**** **MLP Requires Cosign**											
Neomycin Sulfate Oral Solution 25 MG/ML	Neomycin Sulfate Oral Solution 25 MG/ML (Neo-fradin)	Sol	07000040102010	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
Neomycin Sulfate Tablet	Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	0	No	No	No	No	N/A	No	Yes	
	Neomycin Sulfate 500 MG Tab UD (Neomycin Unit Dose)	Tab	07000040100305	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
Neomycin/Poly B/Bacitracin Opth oint	Neomycin/Poly B/Bacitracin Opth Oint 3.5 GM (Neo/Poly B/Bacil Opth Ointment)	Oint	86109903104220	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Neomycin/Poly B/Dexameth Opth Oint	Neomycin/Poly B/Dexameth Opth Oint 3.5 GM GM (Maxitrol)	Oint	86309903324210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Neomycin/Poly B/Dexameth Opth Susp	Neomycin/Poly B/Dexameth Opth Susp 5 ML (Maxitrol Opth Susp)	Susp	86309903321810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Neomycin/Poly B/Gramicidin Opth Soln	Neomycin/Poly B/Gramicidin Opth Soln 10 ml (Neosporin Ophthalmic Solution)	Sol	86109903202000	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
Neomycin/Poly B/HC Otic Soln 5-10000-1	Neomycin/Poly B/HC Otic Soln 10 ML (Cortisporin Otic Soln)	Sol	87991003102010	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpdnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): In Affected Ear(s)											
Neomycin/Poly B/HC Otic Susp 3.5-10000-1	Neomycin/Poly B/HC Otic Susp 10 ML (Cortisporin Susp)	Susp	87991003101807	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Ear(s)											
Neomycin/Poly B/Hydrocort Ophth Susp	Neomycin/Poly B/Hydrocort Ophth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Formulary Restrictions: ****restricted to optometrist or physician use only**** **MLP Requires Cosign**											
Neomycin/Polymyxin B GU IRRIG	Neomycin/Polymyxin B GU Irrig 20 ML (Neosporin G.U. IRRIGANT)	Sol	56701002102000	0	No	Yes	No	No	N/A	No	Yes	
Neostigmine Bromide Tablet	Neostigmine Bromide 15 MG Tab (Prostigmin)	Tab	76000040100305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Orally, Subcutaneously											
Neostigmine Methylsulfate Inj	Neostigmine Methylsulfate 1:1000 1MG/ML Inj (Neostigmine)	Sol	76000040202020	0	No	No	Yes	No	N/A	No	Yes	
	Neostigmine Methylsulfate 0.5MG/ML,1ML Inj (Prostigmin 1:2000)	Sol	76000040202015	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
Nevirapine Suspension 50 MG/5ML	Nevirapine Suspension 50 MG / 5 ML (Viramune)	Susp	12109050001820	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Nevirapine Tablet	Nevirapine 200 MG Tab (Viramune)	Tab	12109050000320	0	No	No	No	No	N/A	No	Yes	
	Nevirapine 200 MG Tab UD (Viramune)	Tab	12109050000320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Niacin ER Tablet	Niacin ER 500 MG Tab (Niaspan)	Tab ER	39450050000450	0	No	No	No	No	N/A	No	Yes	
	Niacin ER 750 MG Tab (Niaspan)	Tab ER	39450050000460	0	No	No	No	No	N/A	No	Yes	
	Niacin ER 1000 MG Tab (Niaspan)	Tab ER	39450050000470	0	No	No	No	No	N/A	No	Yes	
	Niacin ER 500 MG Tab UD (Niaspan)	Tab ER	39450050000450	0	No	No	No	No	N/A	Yes	Yes	
	Niacin ER 1000 MG Tab UD (Niaspan)	Tab ER	39450050000470	0	No	No	No	No	N/A	Yes	Yes	
	Niacin ER 750 MG Tab UD (Niaspan)	Tab ER	39450050000460	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions: ****NON-SUBSTITUTABLE-USE NIASPAN ONLY****											
NIFEdipine ER Tablet	NIFEdipine 30 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24 Hou	34000020007530	0	No	No	No	No	N/A	No	Yes	
	NIFEdipine 60 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24 Hou	34000020007540	0	No	No	No	No	N/A	No	Yes	
	NIFEdipine 90 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24 Hou	34000020007550	0	No	No	No	No	N/A	No	Yes	
	NIFEdipine 30 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24 Hou	34000020007530	0	No	No	Yes	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Finly
	NIFEdipine 60 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24 Hou	34000020007540	0	No	No	Yes	No	N/A	Yes	Yes	
	NIFEdipine 90 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24 Hou	34000020007550	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****Initiate dihydropyridine therapy with Amlodipine (Norvasc)****											
	Formulary Restrictions:											
	****ADALAT CC ONLY** **BID DOSING NOT APPROVED****											
	Nisoldipine 24 Hour Tablet											
	Nisoldipine 24 Hour Tab 20 MG (Sular 20 MG)	Tab ER 24 Hou	34000024007520	0	No	No	No	No	N/A	No	Yes	
	Nisoldipine 24 Hour Tab 20 MG UD (Sular 20 MG Unit Dose)	Tab ER 24 Hou	34000024007520	0	No	No	No	No	N/A	Yes	Yes	
	Nisoldipine 24 Hour Tab 30 MG (Sular 30 MG)	Tab ER 24 Hou	34000024007530	0	No	No	No	No	N/A	No	Yes	
	Nisoldipine 24 Hour Tab 40 MG (Sular 40 MG)	Tab ER 24 Hou	34000024007540	0	No	No	No	No	N/A	No	Yes	
	Nisoldipine 24 Hour Tab 10 MG (Sular)	Tab ER 24 Hou	34000024007510	0	No	No	No	No	N/A	No	Yes	
	Nisoldipine 24 Hour Tab 10 MG UD (Sular)	Tab ER 24 Hou	34000024007510	0	No	No	No	No	N/A	Yes	Yes	
	Nisoldipine 24 Hour Tab 30 MG UD (Sular)	Tab ER 24 Hou	34000024007530	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	****Will become Non-Formulary 12/2/08. Refer to page 62 of the 2008 P&T Minutes for conversion guidance****											
	Formulary Restrictions:											
	****BID DOSING NOT APPROVED*** **INITIATE DIHYDROPYRIDINE THERAPY WITH AMLODIPINE****											
	Nitrofurantoin Macrocrystal Capsule											
	Nitrofurantoin Macrocrystal 50 MG Cap (Macrochantin)	Cap	53000050100115	0	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 100 MG Cap (Macrochantin 100 MG)	Cap	53000050100120	0	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrochantin 100 MG UNIT DOSE)	Cap	53000050100120	0	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrochantin)	Cap	53000050100115	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Nitrofurantoin Suspension 25 MG/5ML											
	Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)	Susp	53000050001810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Nitroglycerin Intravenous											
	Nitroglycerin IV 5 MG/ML, 10 ML (Nitro-Bid IV)	Sol	32100030002020	0	No	No	Yes	No	N/A	No	Yes	
	Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)	Sol	32100030002020	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Nitroglycerin Ointment 2%											
	Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)	Oint	32100030004205	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)	Oint	32100030004205	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Ointment 2 % 60 GM (Nitropaste)	Oint	32100030004205	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Nitroglycerin Patch											
	Nitroglycerin Patch 0.1 MG/HR (Nitrodur)	Patch 24 Hour	32100030008510	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.2 MG/HR (Nitrodur)	Patch 24 Hour	32100030008520	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.3 MG/HR (Nitrodur)	Patch 24 Hour	32100030008530	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.4 MG/HR (Nitrodur)	Patch 24 Hour	32100030008540	0	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.6 MG/HR (Nitrodur)	Patch 24 Hour	32100030008550	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Nitroglycerin Patch 0.8 MG/HR (Nitrodur)	Patch 24 Hour	32100030008560	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Transdermally												
	Nitroglycerin SR Capsule												
	Nitroglycerin SR 2.5 MG Cap (Nitro-BID)	Cap ER	32100030000205	0	No	No	No	No	N/A	No	Yes		
	Nitroglycerin SR 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	0	No	No	No	No	N/A	No	Yes		
	Nitroglycerin SR 9 MG Cap (Nitro-BID 9 MG)	Cap ER	32100030000220	0	No	No	No	No	N/A	No	Yes		
	Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000205	0	No	No	No	No	N/A	Yes	Yes		
	Nitroglycerin SR 6.5 MG Cap UD (NITRO-BID)	Cap ER	32100030000215	0	No	No	No	No	N/A	Yes	Yes		
	Nitroglycerin SR 9 MG Cap UD (Nitro-BID)	Cap ER	32100030000220	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Nitroglycerin Sublingual Tablet												
	Nitroglycerin SL 0.3 MG Tab (Nitrostat)	Tab Sublingual	32100030000710	0	No	Yes	No	No	N/A	No	Yes		
	Nitroglycerin SL 0.6 MG Tab (Nitrostat)	Tab Sublingual	32100030000720	0	No	Yes	No	No	N/A	No	Yes		
	Nitroglycerin SL 0.4 MG Tab (Nitrostat)	Tab Sublingual	32100030000715	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Sublingually												
	Nitroprusside Sodium												
	Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)	Sol	36400040102020	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Advisories:												
	****PROTECT FROM LIGHT** **CHECK METABOLITES****												
	Norepinephrine Bitartrate Inj												
	Norepinephrine Bitartrate Inj 1 MG/ML, 4ML (Levophed)	Sol	38000090102010	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Norethindrone (Nor-Q.D.) Tablets												
	Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)	Tab	25100010000305	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Norethindrone acet ethinyl est												
	Norethindrone/Ethinyl est(Levlite 28)0.1/0.02Tab (Levlite 28)	Tab	25990002400305	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Norethindrone Acetate Tablet												
	Norethindrone Acetate 5 MG Tab (Aygestin)	Tab	26000030100305	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Norethindrone/Ethinyl estra Tablet												
	Norethindrone/Ethinyl estra 1/0.020MG Tab (Loestrin 1/20)	Tab	25990002600310	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Norethindrone/Ethinyl estra + Fe Tablet												
	Norethindrone/Ethinyl estra + Fe 1.5/0.030M Tab (Loestrin Fe 1.5/30)	Tab	25990003610320	0	No	Yes	No	No	N/A	No	Yes		
	Norethindrone/Ethinyl estra + Fe 1/0.020MG Tab (Loestrin Fe 1/20)	Tab	25990003610310	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Norethindrone/Ethinyl estra 1-35 Tablet												
	Norethindrone/Ethinyl estra 1/0.035MG Tab (Norinyl 1/35-28)	Tab	25990002500320	0	No	Yes	No	No	N/A	No	Yes		
	Norethindrone/Ethinyl estra 1/0.035MG TAB, Ortho (Ortho Novum 1/35-28)	Tab	25990002500320	0	No	Yes	No	No	N/A	No	Yes		
	Norethindrone/Ethinyl estra 1/0.035MG Tab(Necon) (Necon 1/35 28)	Tab	25990002500320	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Route(s): Orally											
Norethindrone/Ethinyl estra 1-50 Tablet	Norethindrone/Ethinyl estra 1/0.05MG Tab (Norinyl 1/50-28)	Tab	25990002700310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Norethindrone/Ethinyl estra 21 Tablet	Norethindrone/Ethinyl estra 21 1.5/0.030MG Tab (Loestrin 21)	Tab	25990002600320	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Norethindrone/Ethinyl estra 7/7/7	Norethindrone/Ethinyl estra 7/7/7 (28)Tab (Ortho-Novum 7/7/7)	Tab	25992002200310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Norethindrone/Mestranol Tablet	Norethindrone/Mestranol 1MG/0.05MG Tab (Necon) (Necon 1/50 - 28)	Tab	25990002700310	0	No	Yes	No	No	N/A	No	Yes	
	Norethindrone/Mestranol 1MG/0.05MG Tab (Norinyl) (Norinyl)	Tab	25990002700310	0	No	Yes	No	No	N/A	No	Yes	
	Norethindrone/Mestranol 1MG/0.05MG Tab (Ortho Novum 1/50-28)	Tab	25990002700310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Nortriptyline HCl Capsule	Nortriptyline HCl 10 MG Cap (Pamelor)	Cap	58200060100105	0	No	No	Yes	No	N/A	No	Yes	
	Nortriptyline HCl 10 MG Cap UD (Pamelor)	Cap	58200060100105	0	No	No	Yes	No	N/A	Yes	Yes	
	Nortriptyline HCl 25 MG Cap (Pamelor)	Cap	58200060100110	0	No	No	Yes	No	N/A	No	Yes	
	Nortriptyline HCl 25 MG CAP UD (PAMELOR)	Cap	58200060100110	0	No	No	Yes	No	N/A	Yes	Yes	
	Nortriptyline HCl 50 MG Cap UD (Pamelor)	Cap	58200060100115	0	No	No	Yes	No	N/A	Yes	Yes	
	Nortriptyline HCl 75 MG Cap (Pamelor)	Cap	58200060100120	0	No	No	Yes	No	N/A	No	Yes	
	Nortriptyline HCl 50 MG Cap (Pamelor)	Cap	58200060100115	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT*** **RECOMMEND TO BE ADMINISTRED 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****											
	MLP Requires Cosign											
Nortriptyline HCl Oral solution 10 MG/5ML	Nortriptyline HCl Oral Soln 10MG/5ML (Pamelro Solution)	Sol	58200060102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
	MLP Requires Cosign											
Nutritional Supplement (NovaSource Renal)	Nutri Sup (NovaSource Renal) Liquid (NovaSource Renal)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED**											
	MUST CONSUME PRESCRIBED DOSE AT PILL LINE**											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	MLP Requires Cosign												
	Nutritional Supplement - Ensure												
	Nutri Sup (Ensure) Oral Liquid (Ensure)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement - TwoCal HN												
	Nutri Sup (TwoCal HN Oral Liquid) (TwoCal HN Oral Liquid)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Benefiber Powder)												
	Nutri Sup (Benefiber) Oral Powder (Benefiber)	Pwdr	46300048002900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Boost Diabetic)												
	Nutri Sup (Boost Diabetic) Oral Liquid (Boost Diabetic)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Boost Plus Oral Liquid)												
	Nutri Sup (Boost Plus Oral Liquid) (Boost Plus)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Boost)												
	Nutri Sup (Boost) Liquid (Boost)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmly
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Ensure Plus)												
	Nutri Sup (Ensure Plus) 237ml Liq (Ensure Plus)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Fibersource RTU)												
	Nutri Sup (Fibersource RTU) ME 300 CALORIES (Fibersource RTU Medical Food)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Glucerna Oral Liquid)												
	Nutri Sup (Glucerna Oral Liquid) (Glucerna)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Glucerna Shake)												
	Nutri Sup (Glucerna Shake) (Glucerna)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Jevity)												
	Nutri Sup (Jevity Oral) Liquid (Jevity)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	MLP Requires Cosign													
	Nutritional Supplement (Juven)													
	Nutri Sup (Juven Oral Packet) (Juven Oral Packet)	Packet	81200000003000	0	No	Yes	Yes	No	N/A	No	Yes			
	Route(s): Orally													
	Advisories:													
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****													
	Nutritional Supplement (Magnacal Renal)													
	Nutri Sup (Magnacal Renal) (Magnacal)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes			
	Route(s): Orally													
	Advisories:													
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****													
	MLP Requires Cosign													
	Nutritional Supplement (Nepro/Carb Steady)													
	Nutri Sup (Nepro/Carb Steady Oral Liquid) (Nepro/Carb Steady)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes			
	Route(s): Orally													
	Advisories:													
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****													
	MLP Requires Cosign													
	Nutritional Supplement (Novasource 2.0)													
	Nutri Sup (Novasource 2.0) Liquid (Novasource)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes			
	Route(s): Orally													
	Advisories:													
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****													
	MLP Requires Cosign													
	Nutritional Supplement (Nutren 1.5)													
	Nutri Sup (Nutren 1.5 Oral Liquid) (Nutren 1.5 oral Liquid)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes			
	Route(s): Orally													
	Advisories:													
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **PILL LINE ONLY** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****													
	MLP Requires Cosign													
	Nutritional Supplement (Nutren 2.0)													
	Nutri Sup (Nutren 2.0 Oral Liquid) (Nutren 2.0 Oral Liquid)	Liq	81200000000900	0	No	Yes	Yes	No	N/A	No	Yes			

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											
	MLP Requires Cosign											
	Nutritional Supplement (Nutrihep)											
	Nutri Sup (Nutrihep)Oral Liquid (Nutrihep Oral Liquid)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											
	MLP Requires Cosign											
	Nutritional Supplement (Peptamen)											
	Nutri Sup (Peptamen) 250 ML (Peptamen)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											
	MLP Requires Cosign											
	Nutritional Supplement (Probalance)											
	Nutri Sup (Probalance) (probalance)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											
	MLP Requires Cosign											
	Nutritional Supplement (ReGen Diabetic)											
	Nutri Sup (ReGen Diabetic), 200 ML (ReGen)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											
	MLP Requires Cosign											
	Nutritional Supplement (ReGen)											
	Nutri Sup (ReGen), 200 ML (ReGen)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	MLP Requires Cosign												
	Nutritional Supplement (Resource 2.0)												
	Nutri Sup (Resource 2.0 Liquid) 237 ml (Nutritional Supplement (Resource 2.0))	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Resource Clear)												
	Nutri Sup (Resource Clear) Liquid (Resource clear)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Resource Diabetic)												
	Nutri Sup (Resource Diabetic) 240 ML (Resource DIABETIC)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Resource Plus)												
	Nutri Sup (Resource Plus) (Resource PLUS)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Resource Renal)												
	Nutri Sup (Resource Renal) (Resource RENAL)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****												
	MLP Requires Cosign												
	Nutritional Supplement (Resource)												
	Nutri Sup (Resource) 240 ML (Resource)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Route(s): Orally														
	Advisories:														
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****														
	MLP Requires Cosign														
	Nutritional Supplement (Suplena Oral Liquid)														
	Nutri Sup (Suplena Oral Liquid) (Suplena)	Liq	8120000000900	0	No	Yes	Yes	No	N/A	No	Yes				
	Route(s): Orally														
	Advisories:														
	****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 OTERH MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **MUST CONSUME PRESCRIBED DOSE AT PILL LINE****														
	MLP Requires Cosign														
	Nystatin Cream 100,000 Unit/GM														
	Nystatin Cream 100,000 Unit/GM (30 GM) (Mycostatin Cream)	Cm	90150080003710	0	No	Yes	No	No	N/A	No	Yes				
	Nystatin Cream 100,000 Unit/GM (15 GM) (Mycostatin)	Cm	90150080003710	0	No	Yes	No	No	N/A	No	Yes				
	Route(s): Topically														
	Nystatin Ointment 100,000 Unit/GM														
	Nystatin Ointment (15GM) (Mycostatin)	Oint	90150080004215	0	No	Yes	No	No	N/A	No	Yes				
	Nystatin Ointment (30GM) (Mycostatin)	Oint	90150080004215	0	No	Yes	No	No	N/A	No	Yes				
	Route(s): Topically														
	Nystatin Powder 100000 UNIT/GM														
	Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)	Pwdr	90150080002900	0	No	Yes	No	No	N/A	No	Yes				
	Nystatin Powder 100,000 Unit/GM 30 GM	Pwdr	90150080002950	0	No	Yes	No	No	N/A	No	Yes				
	Route(s): Topically														
	Nystatin Susp 100,000 UNIT/ML														
	Nystatin Susp 100,000 UNIT/ML (480ML) (Mycostatin)	Susp	88100010001805	0	No	Yes	No	No	N/A	No	Yes				
	Nystatin Susp 100,000 UNIT/ML UD (5ml) (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	0	No	No	No	No	N/A	Yes	Yes				
	Route(s): Orally														
	Nystatin Tablet														
	Nystatin 500,000 Unit Tab (Mycostatin)	Tab	11000060000305	0	No	No	No	No	N/A	No	Yes				
	Route(s): Orally														
	Nystatin Vaginal Tablet														
	Nystatin Vaginal Tablet 100,000 Unit (Mycostatin)	Tab	55100050000310	0	No	No	No	No	N/A	No	Yes				
	Route(s): Vaginally														
	Octreotide Acetate Injection														
	Octreotide Acetate Inj 50 MCG/ML (Sandostatin)	Sol	30170070102005	0	No	No	Yes	No	N/A	No	Yes				
	Octreotide Acetate Inj 100 MCG/ML (Sandostatin)	Sol	30170070102010	0	No	No	Yes	No	N/A	No	Yes				
	Octreotide Acetate Inj 200 MCG/ML,5ML (Sandostatin)	Sol	30170070102015	0	No	No	Yes	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Route(s): Intravenously, Subcutaneously											
	Octreotide Acetate LAR Depot Injection											
	Octreotide Acetate LAR Depot 20 MG/2ML Inj (Sandostatin LAR DEPOT 20MG)	Kit	30170070106420	0	No	No	Yes	No	N/A	No	Yes	
	Octreotide Acetate LAR Depot 30 MG Inj	Kit	30170070106430	0	No	No	Yes	No	N/A	No	Yes	
	Octreotide Acetate LAR Depot 10 MG Inj (Sandostatin)	Kit	30170070106410	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Olanzapine IM											
	Olanzapine Intramuscular 10 MG Inj (Zyprexa Intramuscular Soln)	Sol Recon	59157060002120	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	MLP Requires Cosign											
	Olanzapine Tablet											
	Olanzapine 5 MG Tab UD (Zyprexa)	Tab	59157060000310	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 5 MG Tab (Zyprexa)	Tab	59157060000310	0	No	No	Yes	No	N/A	No	Yes	
	Olanzapine 7.5 MG Tab UD (Zyprexa)	Tab	59157060000315	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 7.5 MG Tab (Zyprexa)	Tab	59157060000315	0	No	No	Yes	No	N/A	No	Yes	
	Olanzapine 10 MG Tab UD (Zyprexa)	Tab	59157060000320	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 10 MG Tab (Zyprexa)	Tab	59157060000320	0	No	No	Yes	No	N/A	No	Yes	
	Olanzapine 2.5 MG Tab UD (Zyprexa)	Tab	59157060000305	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 2.5 MG Tab (Zyprexa)	Tab	59157060000305	0	No	No	Yes	No	N/A	No	Yes	
	Olanzapine 15 MG Tab (Zyprexa)	Tab	59157060000330	0	No	No	Yes	No	N/A	No	Yes	
	Olanzapine 15 MG Tab UD (Zyprexa)	Tab	59157060000330	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 20 MG Tab UD (Zyprexa)	Tab	59157060000340	0	No	No	Yes	No	N/A	Yes	Yes	
	Olanzapine 20 MG Tab (Zyprexa)	Tab	59157060000340	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Omeprazole Capsule											
	Omeprazole 20 MG Cap (Prilosec)	Cap DR	49270060006520	0	No	No	No	No	N/A	No	Yes	
	Omeprazole 10 MG Cap (Prilosec)	Cap DR	49270060006510	0	No	No	No	No	N/A	No	Yes	
	Omeprazole 40 MG Cap (Prilosec)	Cap DR	49270060006530	0	No	No	No	No	N/A	No	Yes	
	Omeprazole 20 MG Cap UD (Prilosec)	Cap DR	49270060006520	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories:											
	**Deference is given to the local P&T Committee for appropriate management of the following:											
	1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary.											
	2. GERD: supported by current EGD documentation.											
	3. Documented doses of ranitidine 750 mg per day divided into qid dosing											
	4. Documentation of chronic need for NSAIDS with prior history of GI bleed											
	5. Documented Zollinger-Ellison Syndrome											
	6. BID dosing - GERD via ambulatory pH monitoring or upper endoscopy results or a one time 14 day order when treating H. Pylori. Otherwise, restricted to once daily dosing											
	7. Documented Schatzki's Ring											
	8. Documented Barrett's Esophagus											
	9. Documented Esophageal Stricture**											

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	MLP Requires Cosign											
	Omeprazole-Sodium Bicarb Oral Powder											
	Omeprazole-Sodium Bicarb Oral Packet 20-1680 MG (Zegerid)	Packet	49996002603020	0	No	No	No	No	N/A	No	Yes	
	Omeprazole-Sodium Bicarb Oral Packet 40-1680 MG (Zegerid)	Packet	49996002603040	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories:											
	**Deference is given to the local P&T Committee for appropriate management of the following:											
	1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary.											
	2. GERD: supported by current EGD documentation.											
	3. Documented doses of ranitidine 750 mg per day divided into qid dosing											
	4. Documentation of chronic need for NSAIDS with prior history of GI bleed											
	5. Documented Zollinger-Ellison Syndrome											
	6. BID dosing - GERD via ambulatory pH monitoring or upper endoscopy results or a one time 14 day order when treating H. Pylori. Otherwise, restricted to once daily dosing											
	7. Documented Schatzki's Ring											
	8. Documented Barrett's Esophagus											
	9. Documented Esophageal Stricture**											
	MLP Requires Cosign											
	Ondansetron Injection											
	Ondansetron 2 MG/ML, 2 ML Inj (Zofran Injection)	Sol	50250065052020	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
	Ondansetron Injection premix											
	Ondansetron 32 MG/50ML Inj (Zofran Inj)	Sol	50250065152007	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
	Ondansetron Oral Solution 4 mg/5ml											
	Ondansetron Oral Sol 4MG/5ML (Zofran Oral Solution)	Sol	50250065052070	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
	Medical Referral Center (MRC) Use Only											
	Ondansetron Tablet											
	Ondansetron 4 MG Tab (Zofran)	Tab	50250065050310	0	No	No	No	No	N/A	No	Yes	
	Ondansetron 4 MG Tab UD (Zofran)	Tab	50250065050310	0	No	No	No	No	N/A	Yes	Yes	
	Ondansetron 8 MG Tab (Zofran 8 MG)	Tab	50250065050320	0	No	No	No	No	N/A	No	Yes	
	Ondansetron 8 MG Tab UD (Zofran 8 MG)	Tab	50250065050320	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmly
	Route(s): Orally										
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**										
	Oxaliplatin										
	Oxaliplatin 100 MG INJ (Eloxatin)	Sol Recon	21100028002130	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Advisories: ***Flush Line with Dextrose ONLY*** **Medical Referral Center (MRC) Use Only**										
	Oxcarbazepine Suspension 300 MG/5ML										
	Oxcarbazepine Oral Suspension 300 MG/5ML (Trileptal)	Susp	72600046001820	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
	Oxcarbazepine Tablet										
	Oxcarbazepine 150 MG Tab (Trileptal)	Tab	72600046000310	0	No	No	No	No	N/A	No	Yes
	Oxcarbazepine 300 MG Tab (Trileptal)	Tab	72600046000320	0	No	No	No	No	N/A	No	Yes
	Oxcarbazepine 600 MG Tab (Trileptal)	Tab	72600046000340	0	No	No	No	No	N/A	No	Yes
	Oxcarbazepine 150 MG Tab UD (Trileptal)	Tab	72600046000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
	Oxybutynin Tablet										
	Oxybutynin 5 MG Tab (Ditropan)	Tab	54000030100305	0	No	No	No	No	N/A	No	Yes
	Oxybutynin 5 MG Tab UD (Ditropan)	Tab	54000030100305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Oxycodone HCl Capsule										
	Oxycodone HCl 5 MG Cap	Cap	65100075100110	2	No	No	Yes	Yes	N/A	Yes	Yes
	Route(s): Orally										
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement** **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.** **MLP Requires Cosign**										
	Oxycodone HCl ER Tablet										
	Oxycodone HCl ER 10 MG 12 Hour Tab (OxyContin)	Tab ER 12 Hou	65100075107410	2	No	No	Yes	No	N/A	No	Yes
	Oxycodone HCl ER 15 MG 12 Hour Tab (OxyContin)	Tab ER 12 Hou	65100075107420	2	No	No	Yes	No	N/A	No	Yes
	Oxycodone HCl ER 20 MG 12 Hour Tab UD (OxyContin)	Tab ER 12 Hou	65100075107420	2	No	No	Yes	No	N/A	Yes	Yes
	Oxycodone HCl ER 40 MG 12 Hour Tab (OxyContin)	Tab ER 12 Hou	65100075107440	2	No	No	Yes	No	N/A	No	Yes
	Oxycodone HCl ER 80 MG 12 Hour Tab (OxyContin)	Tab ER 12 Hou	65100075107480	2	No	No	Yes	No	N/A	Yes	Yes
	Oxycodone HCl ER 60 MG 12 Hour Tab (OxyContin)	Tab ER 12 Hou	65100075107460	2	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
Oxycodone HCl Oral Sol 5MG/5ML																
	Oxycodone HCl Oral Sol 5 MG/5 ML (Roxicodone)	Sol	65100075102005	2	No	Yes	Yes	No	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
Oxycodone HCl Tablet																
	Oxycodone HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	2	No	No	Yes	Yes	N/A	No	Yes					
	Oxycodone HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	2	No	No	Yes	Yes	N/A	Yes	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
Oxycodone/Acetaminophen 5/325 MG/5ML Sol																
	Oxycodone/APAP 5/325MG/5ML Soln UD (Percocet)	Sol	65990002202005	2	No	No	Yes	No	N/A	Yes	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
Oxycodone/Acetaminophen 10-325 MG Tablet																
	Oxycodone/Acetaminophen 10/325MG Tab (Percocet)	Tab	65990002200335	2	No	No	Yes	Yes	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
Oxycodone/Acetaminophen 5-325 MG																
	Oxycodone/Acetaminophen 5/325MG Tab (Percocet)	Tab	65990002200310	2	No	No	Yes	Yes	N/A	No	Yes					
	Oxycodone/Acetaminophen 5/325MG Tab UD (Percocet)	Tab	65990002200310	2	No	No	Yes	Yes	N/A	No	Yes					

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
	Oxycodone/Acetaminophen 5-500MG capsule															
	Oxycodone/Acetaminophen 5/500MG Cap (Tylox)	Cap	65990002200120	2	No	No	Yes	No	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
	Oxycodone/Acetaminophen 7.5-500 MG Tab															
	Oxycodone/Acetaminophen 7.5/500MG Tab (Percocet)	Tab	65990002200330	2	No	No	Yes	Yes	N/A	No	Yes					
	Route(s): Orally															
	Advisories:															
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM Statement**															
	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.**															
	MLP Requires Cosign															
	Oxytocin Injection 10 Unit/ML															
	Oxytocin 10 Units/ML, 1 ML Inj (Pitocin)	Sol	29000030002005	0	No	No	Yes	No	N/A	No	Yes					
	Oxytocin 10 Units/ML, 10 ML Inj (Pitocin)	Sol	29000030002005	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intramuscularly, Intravenously															
	Paclitaxel Injection Concentrate 6 MG/ML															
	Paclitaxel 100 MG/16.7ML Inj (Taxol)	Concentrate	21500012001320	0	No	No	Yes	No	N/A	No	Yes					
	Paclitaxel 6 MG/ML Inj (Taxol)	Concentrate	21500012001320	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Palonosetron Injection															
	Palonosetron 0.25MG/5ML Inj (Aloxi)	Sol	50250070102020	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Formulary Restrictions:															
	****RESTRICTED TO SECOND LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFRAN****															
	Medical Referral Center (MRC) Use Only															
	Pamidronate Injection															
	Pamidronate Disodium 90 MG Inj (Aredia)	Sol Recon	30042060102140	0	No	Yes	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Advisories:															
	****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****															
	Pancrelipase Capsule															
	Pancrelipase 8000/30000/30000 (L/P/A) Units Cap (Ku-Zyme HP)	Cap	51990003200130	0	No	No	No	No	N/A	No	Yes					
	Pancrelipase 4500/25000/20000 (L/P/A) Units Cap (Pancrease)	Cap DR Partic	51990003206748	0	No	No	No	No	N/A	No	Yes					
	Pancrelipase 18000/58500/58500 (L/P/A) Units Cap (Ultrase MT 18)	Cap DR Partic	51990003206785	0	No	No	No	No	N/A	No	Yes					

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Pancrelipase 20000/44000/56000 (L/P/A) Units Cap (Pancrease MT 20)	Cap DR Partic	51990003206784	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 5000/18750/16600 (L/P/A) Units Cap (Creon 5)	Cap DR Partic	51990003206735	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 10000/30000/30000 (L/P/A) Units Cap (Pancrease MT 10)	Cap DR Partic	51990003206768	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 4000/12000/12000 (L/P/A) Units Cap (Pancrease MT 4)	Cap DR Partic	51990003206730	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 16000/48000/48000 (L/P/A) Units Cap (Lipram-PN16)	Cap DR Partic	51990003206780	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 12000/39000/39000 (L/P/A) Units Cap (Ultrase MT 12)	Cap DR Partic	51990003206774	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 8000/450000/40000 (L/P/A)Units Cap (Pancrecarb MS-8)	Cap DR Partic	51990003206776	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 20000/75000/66400 (L/P/A) Units Cap (Creon 20)	Cap DR Partic	51990003206786	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Pancrelipase Tablet											
	Pancrelipase 8000/30000/30000 (L/P/A) Units Tab (Viokase)	Tab	51990003200310	0	No	No	No	No	N/A	No	No	Yes
	Pancrelipase 16000/60000/60000 (L/P/A) Tab (Viokase 16 Oral Tablet 60-16-60 MU)	Tab	51990003200344	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Pancuronium Bromide Injection											
	Pancuronium Bromide 1 MG/ML, 10ML INJ (Pavulon)	Sol	74200040102005	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Paroxetine Suspension 10 MG/5ML											
	Paroxetine (250ML) 2 MG/ML Susp (Paxil Suspension)	Susp	58160060001820	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Orally											
	Advisories:											
	Will become non-formulary 12-2-08.FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****											
	MLP Requires Cosign											
	Paroxetine Tablet											
	Paroxetine 20 MG Tab (Paxil 20 MG)	Tab	58160060000320	0	No	No	Yes	No	N/A	No	No	Yes
	Paroxetine 20 MG Tab UD (Paxil 20 MG UD)	Tab	58160060000320	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Paroxetine 30 MG Tab (Paxil)	Tab	58160060000330	0	No	No	Yes	No	N/A	No	No	Yes
	Paroxetine 30 MG Tab UD (Paxil 30)	Tab	58160060000330	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Paroxetine 10 MG Tab (Paxil)	Tab	58160060000310	0	No	No	Yes	No	N/A	No	No	Yes
	Paroxetine 40 MG Tab (Paxil 40 MG)	Tab	58160060000340	0	No	No	Yes	No	N/A	No	No	Yes
	Paroxetine 10 MG Tab UD (Paxil 10MG)	Tab	58160060000310	0	No	No	Yes	No	N/A	No	No	Yes
	Paroxetine 40 MG Tab UD (Paxil 40MG UD)	Tab	58160060000340	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Route(s): Orally											
	Advisories:											
	Will become non-formulary 12-2-08.FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****											
	MLP Requires Cosign											
	Pediatric Electrolyte Solution											
	Pediatric Electrolyte Solution	Sol	79991000002000	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Orally											
	PEG/Electrolyte Solution											
	PEG/Electrolyte Solution 4000 ML - Golytely (Golytely SOLN 4000ML)	Sol Recon	46992005302130	0	No	Yes	No	No	N/A	No	No	Yes
	PEG/Electrolyte Solution 4000 ML - Colyte (COLYTE-FLAVORED)	Sol Recon	46992005302140	0	No	Yes	No	No	N/A	No	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u> <u>Yes</u>
	Route(s): Orally										
	Peginterferon ALFA 2B Injection										
	Peginterferon ALFA 2B 150MCG/0.5ML Inj (Peg-Intron)	Kit	12353060106430	0	No	No	Yes	No	N/A	No	Yes
	Peginterferon ALFA 2B 80MCG/0.5ML Inj (Peg-Intron)	Kit	12353060106416	0	No	No	Yes	No	N/A	No	Yes
	Peginterferon ALFA 2B 120MCG/0.5ML Inj (Peg-Intron)	Kit	12353060106424	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Subcutaneously										
	Advisories:										
	****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****										
	Formulary Restrictions:										
	****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment****										
	Peginterferon ALFA-2A Injection										
	Peginterferon ALFA 2A 180MCG/1ML Inj (Pegasys)	Sol	12353060052020	0	No	Yes	Yes	No	N/A	No	Yes
	Peginterferon ALFA 2A 180MCG/0.5ML Inj (Pegasys)	Kit	12353060056440	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Subcutaneously										
	Advisories:										
	****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****										
	Formulary Restrictions:										
	****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment****										
	Penicillamine Capsule										
	Penicillamine 125 MG Cap (Cuprimine)	Cap	99200030000105	0	No	No	No	No	N/A	No	Yes
	Penicillamine 250 MG Cap (Cuprimine)	Cap	99200030000110	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Penicillin G Benzathine Injection										
	Penicillin G Benzathine 1.2 MU/2ML Inj (Bicillin L-A)	Susp	01100020001810	0	No	No	Yes	No	N/A	No	Yes
	Penicillin G Benzathine 2.4 MU/4ML Inj (Bicillin L-A 2.4MU)	Susp	01100020001810	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Advisories:										
	****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****										
	Penicillin G Potassium										
	Penicillin G Potassium 1000000 unit/ml Inj Solun	Sol Recon	01100010102135	0	No	No	No	No	N/A	No	Yes
	Penicillin G Potassium Injection										
	Penicillin G Potassium 5,000,000 Unit Inj (PFIZERPEN 5 MU)	Sol Recon	01100010102125	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Penicillin G Procaine Injection										
	Penicillin G Procaine 600,000 Unit/1ML Inj (Wycillin)	Susp	01100030001820	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Penicillin G Sodium Injection										
	Penicillin G Sodium 5,000,000 Unit/10ML INJ	Sol Recon	01100010202105	0	No	No	No	No	N/A	No	Yes
	Penicillin G Sodium 5,000,000 Unit Inj	Sol Recon	01100010202105	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Penicillin VK Suspension										
	Penicillin VK 250MG/5ML, 100 ML Susp (Pen VK)	Sol Recon	01100040102110	0	No	Yes	No	No	N/A	No	Yes
	Penicillin VK 250MG/5ML, 200 ML Susp (Pen VK)	Sol Recon	01100040102110	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Route(s): Orally											
	Penicillin VK Tablet											
	Penicillin VK 250 MG Tab UD (Pen VK)	Tab	01100040100310	0	No	No	No	No	N/A	Yes	Yes	
	Penicillin VK 250 MG Tab (Pen VK 250 MG TABLETS)	Tab	01100040100310	0	No	No	No	No	N/A	No	Yes	
	Penicillin VK 500 MG Tab (Pen VK)	Tab	01100040100315	0	No	No	No	No	N/A	No	Yes	
	Penicillin VK 500 MG Tab UD (Pen VK 500 MG UNIT DOSE)	Tab	01100040100315	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Pentamidine Isothionate Inhalation											
	Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)	Sol Recon	16000045002170	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally, Per Nostril											
	Pentamidine Isothionate Injection											
	Pentamidine Isothionate 300 MG Inj (Pentam 300 MG)	Sol Recon	16000045002130	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Permethrin Cream 5%											
	Permethrin 5%, 60 GM Cream (Elimite)	Cm	90900035003720	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Formulary Restrictions:											
	****NOT APPROVED FOR PROPHYLAXIS****											
	Permethrin Lotion 1%											
	Permethrin 1%, 60 ML Lotion	Lotion	90900035004110	0	No	Yes	No	No	N/A	No	Yes	
	Permethrin 1%, 120 ML Lotion	Lotion	90900035004110	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Formulary Restrictions:											
	****NOT APPROVED FOR PROPHYLAXIS****											
	Perphenazine Oral Solution											
	Perphenazine 16 mg/ 5ml, sol (118ML) (Trilafon)	Concentrate	59200045001350	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Perphenazine Tablet											
	Perphenazine 16 MG Tab (Trilafon)	Tab	59200045000320	0	No	No	Yes	No	N/A	No	Yes	
	Perphenazine 2 MG Tab (Trilafon)	Tab	59200045000305	0	No	No	Yes	No	N/A	No	Yes	
	Perphenazine 4 MG Tab UD (Trilafon)	Tab	59200045000310	0	No	No	Yes	No	N/A	Yes	Yes	
	Perphenazine 4 MG Tab (Trilafon)	Tab	59200045000310	0	No	No	Yes	No	N/A	No	Yes	
	Perphenazine 8 MG Tab UD (Trilafon)	Tab	59200045000315	0	No	No	Yes	No	N/A	Yes	Yes	
	Perphenazine 8 MG Tab (Trilafon)	Tab	59200045000315	0	No	No	Yes	No	N/A	No	Yes	
	Perphenazine 16 MG Tab UD (Trilafon)	Tab	59200045000320	0	No	No	Yes	No	N/A	Yes	Yes	
	Perphenazine 2 MG Tab UD (Trilafon)	Tab	59200045000305	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	MLP Requires Cosign											
	Petrolatum, White, Gel											
	Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)	Gel	98600065004000	0	No	Yes	No	No	N/A	No	Yes	
	Petroleum, White, Jelly, 15 GM (Vaseline)	Gel	98600065004050	0	No	Yes	No	No	N/A	No	Yes	
	Petrolatum White Gel (454 gm) (Petrolatum White Gel)	Gel	98600065004000	0	No	Yes	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Route(s): Topically											
	Formulary Restrictions: ****Restricted to diabetics, dialysis, inpatients only****											
	Phenazopyridine Tablet											
	Phenazopyridine HCl 100 MG Tab (Pyridium)	Tab	56300010100305	0	No	No	No	No	N/A	No	Yes	
	Phenazopyridine HCl 200 MG Tab (Pyridium 200 MG)	Tab	56300010100310	0	No	No	No	No	N/A	No	Yes	
	Phenazopyridine HCl 100 MG Tab UD (Pyridium)	Tab	56300010100305	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Phenobarbital Elixir											
	Phenobarbital 4 MG/ML Elixir (Phenobarbital Elixir)	Elixir	60100060001010	4	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **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****											
	Formulary Restrictions: **For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment** **MLP Requires Cosign**											
	Phenobarbital Tablet											
	Phenobarbital 100 MG Tab UD (Phenobarbital 100 MG UD)	Tab	60100060000325	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Phenobarbital 15 MG Tab UD (Phenobarbital 15 MG)	Tab	60100060000305	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Phenobarbital 15 MG Tab (Phenobarbital 15 MG)	Tab	60100060000305	4	No	No	Yes	Yes	N/A	No	Yes	
	Phenobarbital 30 MG Tab UD (Phenobarbital 30 MG UD)	Tab	60100060000315	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Phenobarbital 32.4 MG Tab (Phenobarbital)	Tab	60100060000317	4	No	No	Yes	Yes	N/A	No	Yes	
	Phenobarbital 32.4 MG Tab UD (Phenobarbital)	Tab	60100060000317	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Phenobarbital 30 MG Tab (Phenobarbital 30 MG)	Tab	60100060000317	4	No	No	Yes	Yes	N/A	No	Yes	
	Phenobarbital 60 MG Tab UD (Phenobarbital 60 MG)	Tab	60100060000320	4	No	No	Yes	Yes	N/A	Yes	Yes	
	Phenobarbital 60 MG Tab (Phenobarbital)	Tab	60100060000322	4	No	No	Yes	Yes	N/A	No	Yes	
	Phenobarbital 64.8 MG Tab (Phenobarbital)	Tab	60100060000322	4	No	No	Yes	Yes	N/A	No	Yes	
	Phenobarbital 16.2 MG Tab (Phenobarbital)	Tab	60100060000308	4	No	No	Yes	Yes	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **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****											
	Formulary Restrictions: **For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment** **MLP Requires Cosign**											
	Phenoxybenzamine HCl Capsule											
	Phenoxybenzamine HCl 10 MG Capsule (Dibenzyliline)	Cap	36300010100105	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Phentolamine Mesylate Injection											
	Phentolamine Mesylate 5 MG Inj (Regitine)	Sol Recon	36300020102105	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmly
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Phenylephrine HCl Injection	Sol	38000095102010	0	No	No	Yes	No	N/A	No	Yes	
	Phenylephrine 10MG/ML Inj, 1ML											
	Route(s): Intramuscularly, Intravenously, Subcutaneously											
	Phenylephrine Opth Solution 10%	Sol	86400040102015	0	No	Yes	No	No	N/A	No	Yes	
	Phenylephrine Opth Sol 10%, 5 ML (AK-Dilate 10% Opth)											
	Route(s): In Affected Eye(s)											
	Phenylephrine Opth Solution 2.5%	Sol	86400040102010	0	No	Yes	No	No	N/A	No	Yes	
	Phenylephrine Opth Sol 2.5%, 5 ML (Mydrin)											
	Phenylephrine Opth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86400040102010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)											
	Phenylephrine Opth Solution 2.5% (refrig)	Sol	86400040102010	0	No	Yes	No	No	N/A	Yes	Yes	
	Phenylephrine Opth Sol 2.5%, 2 ML UD (Neo-Synephrine)											
	Route(s): In Affected Eye(s)											
	Phenytoin Chewable Tablet	Tab Chew	72200030000505	0	No	No	No	No	N/A	No	Yes	
	Phenytoin 50 MG Chewable Tab (Dilantin Infatabs)											
	Phenytoin 50 MG Chewable Tab UD (Dilantin Infatabs UD)	Tab Chew	72200030000505	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****NON-SUBSTITUTABLE--USE DILANTIN ORAL Formulation ONLY*** **Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***											
	Phenytoin Injection	Sol	72200030052005	0	No	No	Yes	No	N/A	No	Yes	
	Phenytoin 50 MG/ML, 2ML Inj (Dilantin)											
	Phenytoin 50 MG/ML, 5ML Inj (Dilantin)	Sol	72200030052005	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Formulary Restrictions:											
	****NON-SUBSTITUTABLE--USE DILANTIN ORAL FORMULATON ONLY*** **USE SUSPENSION WITH CAUTION*****											
	Phenytoin Oral Susp 125 MG/5ML	Susp	72200030001810	0	No	Yes	No	No	N/A	No	Yes	
	Phenytoin Oral Susp 125 MG/5ML, 237ML (Dilantin-125 LIQUID)											
	Route(s): Orally											
	Advisories:											
	****NON-SUBSTITUTABLE--USE DILANTIN ORAL Formulation ONLY*** **Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***											
	Phenytoin Sodium ER Capsule	Cap	72200030200110	0	No	No	No	No	N/A	No	Yes	
	Phenytoin ER 100 MG Cap (Dilantin)											
	Phenytoin ER 100 MG Cap UD (Dilantin UNIT DOSE)	Cap	72200030200110	0	No	No	No	No	N/A	Yes	Yes	
	Phenytoin ER 30 MG Cap (Dilantin)	Cap	72200030200105	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****NON-SUBSTITUTABLE--USE DILANTIN ORAL FORMULATON ONLY*****											
	Physostigmine Injection	Sol	93000060102005	0	No	Yes	Yes	No	N/A	No	Yes	
	Physostigmine 1 MG/ML, 2ML Inj (Antilirium)											

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	Route(s): Intramuscularly, Intravenously										
	Phytonadione Injection										
	Phytonadione 10MG/ML, 1ML Inj (Aqua-Mephyton)	Sol	77204030002010	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Phytonadione Tablet										
	Phytonadione 5 MG Tab (Mephyton)	Tab	77204030000305	0	No	No	No	No	N/A	No	Yes
	Phytonadione 5 MG Tab UD	Tab	77204030000305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Pilocarpine HCl Ophthalmic Solution 0.5%										
	Pilocarpine HCl Ophth Sol 0.5%, 15 ML	Sol	86501030102010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Pilocarpine HCl Ophthalmic Solution 1%										
	Pilocarpine HCl Ophth Sol 1%, 15 ML (Pilocarpine 1%)	Sol	86501030102015	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Pilocarpine HCl Ophthalmic Solution 2%										
	Pilocarpine HCl Ophth Sol 2%, 15ML (Pilocarpine HCL Ophthalmic)	Sol	86501030102020	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s), Orally										
	Pilocarpine HCl Ophthalmic Solution 3%										
	Pilocarpine HCl Ophth Sol 3%, 15 ML (Pilocar 3%)	Sol	86501030102025	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Pilocarpine HCl Ophthalmic Solution 4%										
	Pilocarpine HCl Ophth Sol 4%, 15 ML (Isopto-Carpine)	Sol	86501030102030	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Pilocarpine HCl Ophthalmic Solution 6%										
	Pilocarpine HCl Ophth Sol 6%, 15 ML	Sol	86501030102040	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Pindolol Tablet										
	Pindolol 10 MG Tab (Visken)	Tab	33100030000310	0	No	No	No	No	N/A	No	Yes
	Pindolol 5 MG Tab (Visken)	Tab	33100030000305	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Piperacillin/Tazobactam Injec										
	Piperacillin/Tazobac 2 G/ 0.25 G Inj (Zosyn)	Sol Recon	01990002702120	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam 2.25 GM Inj (Zosyn)	Sol Recon	01990002702120	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 3 GM/0.375G Inj (Zosyn)	Sol Recon	01990002702130	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam 4 GM/0.5G Inj (Zosyn)	Sol Recon	01990002702140	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 36 G/4.5G Inj (Zosyn)	Sol Recon	01990002702170	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Medical Referral Center (MRC) Use Only										
	Piperacillin/Tazobactam Injection Premix										
	Piperacillin/Tazobactam Premix 2.25 GM/50ML INJ (Zosyn)	Sol	01990002722020	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam Premix 3.375 GM (Zosyn)	Sol	01990002722030	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam Premix 4.5 GM/100ML INJ (Zosyn)	Sol	01990002722020	0	No	No	Yes	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Intravenously												
	Medical Referral Center (MRC) Use Only												
	Piroxicam Capsule												
	Piroxicam 10 MG Cap (Feldene)	Cap	66100070000105	0	No	No	No	No	N/A	No	Yes		
	Piroxicam 20 MG Cap (Feldene)	Cap	66100070000110	0	No	No	No	No	N/A	No	Yes		
	Piroxicam 20 MG Cap UD (Feldene)	Cap	66100070000110	0	No	No	No	No	N/A	Yes	Yes		
	Piroxicam 10 MG Cap UD (Feldene)	Cap	66100070000105	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Plasma Protein Fraction												
	Plasma Protein Fraction 5%, 50 ML Inj (Plasmanate)	Sol	85400020002005	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Pneumococcal Vac 23 Polyvalent Injection												
	Pneumococcal Vac 23 Polyvalent Inj 25 MCG/0.5ML (Pneumovax 23)	Injectable	17200065002205	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly, Intravenously, Subcutaneously												
	Podofilox Topical Gel												
	Podofilox Topical Gel 0.5%, 3.5 GM (Condylox)	Gel	90750015004020	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Podofilox Topical solution												
	Podofilox Topical Solution 0.5%, 3.5 ML (Condylox)	Sol	90750015002020	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Podophyllum Resin External Solution												
	Podophyllum Resin External Solution 25 %	Sol	90750020002025	0	No	No	No	No	N/A	No	Yes		
	Route(s): Topically												
	Polysaccharide Iron Complex												
	Polysaccharide Iron Complex 150 MG Cap (Niferex 150)	Cap	82300050000110	0	No	No	No	No	N/A	No	Yes		
	Polysaccharide Iron Complex 150 MG UD Caps (Niferex)	Cap	82300050000110	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****RESTRICTED TO DIALYSIS PATIENTS****												
	Polysaccharide Iron Complex Elixir												
	Polysaccharide Iron Complex 100MG/5ML Elixir (Niferex)	Elixir	82300050001015	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****RESTRICTED TO DIALYSIS PATIENTS****												
	Potassium Acetate Inj												
	Potassium Acetate 2 mEq/ML, 20 ML Inj	Sol	79700010002020	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Intravenously												
	Potassium Chloride ER Capsule												
	Potassium Chloride 10 mEq ER Cap (Micro-K)	Cap ER	79700030000210	0	No	No	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Orally										
	Potassium Chloride ER Tablet										
	Potassium Chloride 10 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000430	0	No	No	No	No	N/A	Yes	Yes
	Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	0	No	No	No	No	N/A	No	Yes
	Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Potassium Chloride ER Tablet (K-Dur)										
	Potassium Chloride 20 mEq ER Tab (K-Dur)	Tab ER	79700030100440	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Potassium Chloride Inj										
	Potassium Chloride/0.9% NAACL 1000ML 20 mEq INJ	Sol	79992002102020	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Potassium Chloride Injection										
	Potassium Chloride Inj 2 mEq/ML, 10ML	Sol	79700030002005	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	79700030002005	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 10 mEq/100ML	Sol	79700030002050	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 20 mEq/100ml	Sol	79700030002060	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 10 mEq/50ML	Sol	79700030002055	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 20 mEq/50ML	Sol	79700030002070	0	No	No	Yes	No	N/A	No	Yes
	Potassium Chloride Inj 40 mEq/100ML	Sol	79700030002075	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Potassium Chloride Oral packet										
	Potassium Chloride Powder 20 mEq Pak (Kay Ciel)	Packet	79700030003015	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Potassium Chloride Oral Solution										
	Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Liq	79700030000910	0	No	Yes	No	No	N/A	No	Yes
	Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD	Liq	79700030000910	0	No	Yes	No	No	N/A	Yes	Yes
	Potassium Chlor Oral Sol 10%, 473ML	Liq	79700030000910	0	No	Yes	No	No	N/A	No	Yes
	Potassium Chlor Oral Sol 20%, 480ML (POTASSIUM CHLORIDE ORAL SOLUTION)	Liq	79700030000920	0	No	Yes	No	No	N/A	No	Yes
	Potassium Chlor Oral Sol 20% (40mEq), 15ML UD	Liq	79700030000920	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Potassium Citrate Tablet										
	Potassium Citrate 1080 MG ER Tab (10 MEQ) (Urocit-K 10 MEQ)	Tab ER	56202010200440	0	No	No	No	No	N/A	No	Yes
	Potassium Citrate 540 MG ER Tab (5 MEQ) (Urocit-K 5 MEQ)	Tab ER	56202010200420	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Potassium Citrate/Citric Acid Oral Solution										
	Potassium Citrate/Citric Acid SOL 2 mEq/ML (Polycitra-K)	Sol	56202022002025	0	No	Yes	No	No	N/A	No	Yes
	Pot Citrate/Citric Acid Oral Soln1100-334 MG/5ML (Cytra-K)	Sol	56202022002025	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Potassium Iodide Oral Solution 1 GM/ML										
	Potassium Iodide Oral Solution 1 GM/ML (SSKI)	Sol	79350010002020	0	No	No	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Orally										
	Potassium Phosphate IV										
	Potassium Phosphate 3 MM/ML 4.4 MEQ/ML INJ	Sol	79600010012005	0	No	No	Yes	No	N/A	No	Yes
	Potassium Phosphate 4.4 MEQ/ml IV Soln (Potassium Phosphate)	Sol	79600010012005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Povidone-Iodine External Ointment 10%										
	Povidone-Iodine External Oint 10% (Betadine Ointment)	Oint	92200040004210	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Topically										
	Povidone-Iodine External Solution 10%										
	Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10% ,118 ML (Betadine Solution)	Sol	92200040002015	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)	Sol	92200040002015	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Povidone-Iodine Scrub 7.5%										
	Povidone-Iodine Scrub 7.5%, ML (Betadine Surgical Scrub)	Sol	92200040002010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Povidone-Iodine Swab 10%										
	Povidone-Iodine Swab 10% (Betadine Swabsticks)	Swab	92200040009420	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	PrednisoLONE Ace. ophth susp 0.12%										
	PrednisoLONE Ace. Ophth Susp 0.12%, 5ml (Pred Mild)	Susp	86300050101809	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	MLP Requires Cosign										
	PrednisoLONE Ace. ophth susp 1%										
	PrednisoLONE Ace. Ophth Susp 1%, 5 ml (Pred Forte)	Susp	86300050101815	0	No	Yes	No	No	N/A	No	Yes
	PrednisoLONE Ace. Ophth Susp 1%, 10 ml (Pred Forte)	Susp	86300050101815	0	No	Yes	No	No	N/A	No	Yes
	PrednisoLONE Ace. Ophth Susp 1%, 15 ml (Pred Forte)	Susp	86300050101815	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	MLP Requires Cosign										
	PrednisoLONE Sod Phos ophth Solution 0.125%										
	PrednisoLONE Sod Phos ophth 1/8%, 5ml (Inflamase Mild)	Sol	86300050202005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Formulary Restrictions:										
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON										
	(BLEPHAMIDE) NOT APPROVED****										
	MLP Requires Cosign										
	PrednisoLONE Sod Phos ophth Solution 1%										
	PrednisoLONE Sod Phos ophth 1%, 10ml (AK-Pred Ophthalmic Solution)	Sol	86300050202015	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Route(s): In Affected Eye(s)											
	Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED**** **MLP Requires Cosign**											
	PredniSONE Dosepack #21											
	PredniSONE 5 MG Tab Dosepack #21 (Deltasone)	Tab	22100045006405	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	PredniSONE Dosepak (21)											
	PredniSONE 10 MG Tab Dosepak #21 (Sterapred DS)	Tab	22100045006410	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	PredniSONE Dosepak (48)											
	PredniSONE 10 MG Tab Dosepak #48 (Sterapred DS)	Tab	22100045006410	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	PredniSONE Solution 1 MG/ML											
	PredniSONE Solution 1 MG/ML, 5ML UD	Sol	22100045002005	0	No	Yes	No	No	N/A	Yes	Yes	
	PredniSONE Solution 1 MG/ML	Sol	22100045002005	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	PredniSONE Solution 5 MG/ML											
	PredniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)	Concentrate	22100045001310	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	PredniSONE Tablet											
	PredniSONE 1 MG Tab (Deltasone)	Tab	22100045000305	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 1 MG Tab UD (Deltasone)	Tab	22100045000305	0	No	No	No	No	N/A	Yes	Yes	
	PredniSONE 10 MG Tab (Deltasone)	Tab	22100045000320	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 2.5 MG Tab (Deltasone)	Tab	22100045000310	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 2.5 MG Tab UD (Deltasone)	Tab	22100045000310	0	No	No	No	No	N/A	Yes	Yes	
	PredniSONE 20 MG Tab (Deltasone)	Tab	22100045000325	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 20 MG Tab UD (Deltasone)	Tab	22100045000325	0	No	No	No	No	N/A	Yes	Yes	
	PredniSONE 5 MG Tab UD (Deltasone)	Tab	22100045000315	0	No	No	No	No	N/A	Yes	Yes	
	PredniSONE 5 MG Tab (Deltasone)	Tab	22100045000315	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 50 MG Tab (Deltasone)	Tab	22100045000335	0	No	No	No	No	N/A	No	Yes	
	PredniSONE 50 MG Tab UD (Deltasone)	Tab	22100045000335	0	No	No	No	No	N/A	Yes	Yes	
	PredniSONE 10 MG Tab UD (Deltasone)	Tab	22100045000320	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Primidone Tablet											
	Primidone 250 MG Tab UD (Mysoline 250 MG Unit Dose)	Tab	72600060000310	0	No	No	Yes	No	N/A	Yes	Yes	
	Primidone 250 MG Tab (Mysoline)	Tab	72600060000310	0	No	No	Yes	No	N/A	No	Yes	
	Primidone 50 MG Tab (Mysoline 50 MG)	Tab	72600060000305	0	No	No	Yes	No	N/A	No	Yes	
	Primidone 50 MG Tab UD (Mysoline)	Tab	72600060000305	0	No	No	Yes	No	N/A	Yes	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Orally **MLP Requires Cosign**										
	Probenecid Tablet										
	Probenecid 500 MG Tab (Benemid)	Tab	68100010000310	0	No	No	No	No	N/A	No	Yes
	Probenecid 500 MG Tab UD (Benemid)	Tab	68100010000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Procainamide ER Tablet										
	Procainamide ER Tab 750 MG (Procainamide SR)	Tab ER	35100020100415	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Procainamide Injection										
	Procainamide HCl 100 MG/ML Inj (Pronestyl Inj)	Sol	35100020102010	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Procarbazine HCL										
	Procarbazine HCL 50 MG Cap (Matulane)	Cap	21700050100105	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Prochlorperazine Injection										
	Prochlorperazine Edisylate Inj 5 MG/ML, 2ML (Compazine Injection)	Sol	59200055202005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Prochlorperazine Oral Syrup 5 MG/5ML										
	Prochlorperazine Edisylate Syrup 5MG/5ML,(120ML) (Compazine)	Syrup	59200055201205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**										
	Prochlorperazine Oral Tablet										
	Prochlorperazine Maleate 10 MG Tab (Compazine)	Tab	59200055100310	0	No	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 10 MG Tab UD (Compazine 10 MG Unit Dose)	Tab	59200055100310	0	No	No	No	No	N/A	Yes	Yes
	Prochlorperazine Maleate 5 MG Tab (Compazine)	Tab	59200055100305	0	No	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 5 MG Tab UD (Compazine 5 MG UNIT DOSE)	Tab	59200055100305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**										
	Prochlorperazine Suppository										
	Prochlorperazine Maleate Suppository 25 MG, 12PK (Compazine Suppository)	Supp	59200055005215	0	No	Yes	No	No	N/A	Yes	Yes
	Prochlorperazine Maleate Suppository 5 MG, 12 PK (Compazine 5 MG Suppository)	Supp	59200055005210	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Rectally										
	Progesterone Capsule										
	Progesterone Micronized Cap 100 MG (Prometrium)	Cap	26000040100120	0	No	No	No	No	N/A	No	Yes
	Progesterone Micronized Cap 200 MG (Prometrium)	Cap	26000040100130	0	No	No	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Route(s): Orally											
	Formulary Restrictions: ****NOTE: USE OF POGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****											
	Progesterone Injection											
	Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Formulary Restrictions: ****NOTE: USE OF POGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****											
	Progesterone Vaginal Gel 8%											
	Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone 8%)	Gel	55370060004020	0	No	Yes	No	No	N/A	Yes	Yes	
	Route(s): Vaginally											
	Promethazine Injection											
	Promethazine Inj 25 MG/ML, 1ML (Phenergan)	Sol	41400020102005	0	No	No	No	No	N/A	No	Yes	
	Promethazine Inj 50 MG/ML, 1ML (Phenergan)	Sol	41400020102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly, Intravenously											
	Promethazine Oral Syrup 6.25 MG/5ML											
	Promethazine Oral Syrup 6.25MG/5ML (Phenergan)	Syrup	41400020101210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**											
	Promethazine Suppository											
	Promethazine Suppository 50 MG (Phenadoz)	Supp	41400020105215	0	No	Yes	No	No	N/A	No	Yes	
	Promethazine Suppository 25 MG (Phenadoz)	Supp	41400020105210	0	No	Yes	No	No	N/A	No	Yes	
	Promethazine Suppository 12.5 MG (Phenadoz)	Supp	41400020105205	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Rectally											
	Promethazine Tablet											
	Promethazine 25 MG Tab UD (Phenergan)	Tab	41400020100310	0	No	No	No	No	N/A	Yes	Yes	
	Promethazine 25 MG Tab (Phenergan)	Tab	41400020100310	0	No	No	No	No	N/A	No	Yes	
	Promethazine 50 MG Tab (Phenergan)	Tab	41400020100315	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**											
	Propafenone ER 12 Hour Cap											
	Propafenone ER 12 Hour Cap 325 MG (Rythmol)	Cap ER 12 Ho	35300050006930	0	No	No	No	No	N/A	No	Yes	
	Propafenone ER 12 Hour Cap 225 MG (Rythmol)	Cap ER 12 Ho	35300050006920	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Formulary Restrictions: ****CARDIOLOGIST INITATED THERAPY ONLY****											
	Propafenone Tablet											
	Propafenone 150 MG Tab UD (Rythmol)	Tab	35300050000320	0	No	No	No	No	N/A	Yes	Yes	
	Propafenone 150 MG Tab (Rythmol)	Tab	35300050000320	0	No	No	No	No	N/A	No	Yes	
	Propafenone 225 MG Tab UD (Rythmol)	Tab	35300050000325	0	No	No	No	No	N/A	Yes	Yes	
	Propafenone 225 MG Tab (Rythmol)	Tab	35300050000325	0	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Yes	Yes	Fmly	
	Propafenone 300 MG Tab UD (Rythmol)	Tab	35300050000330	0	No	No	No	No	No	N/A	Yes	Yes	Yes			
	Propafenone 300 MG Tab (Rythmol)	Tab	35300050000330	0	No	No	No	No	No	N/A	No	Yes	Yes			
	Route(s): Orally															
	Formulary Restrictions: *****CARDIOLOGIST INITATED THERAPY ONLY*****															
	Proparacaine Opth Solution 0.5%															
	Proparacaine HCl Opth Soln 0.5%, 15ML (Ophthetic 0.5%)	Sol	86750020102005	0	No	Yes	Yes	No	N/A	No	Yes	Yes				
	Route(s): In Affected Eye(s)															
	Propofol Injection 10 MG/ML															
	Propofol 10 MG/ML, 20ML Inj (Diprivan)	Emul	70400050001620	0	No	No	Yes	No	N/A	No	Yes	Yes				
	Route(s): Intravenously															
	Propranolol HCl Oral Solution 20 MG/5ML															
	Propranolol Oral Solution 4 MG/ML, 500ML (INDERAL SOLUTION)	Sol	33100040102050	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Route(s): Orally															
	Propranolol Injection															
	Propranolol 1 MG/ML, 1 ML Inj (Inderal Injection)	Sol	33100040102005	0	No	No	Yes	No	N/A	No	Yes	Yes				
	Route(s): Intravenously															
	Propranolol LA 24 Hour Capsule															
	Propranolol LA 24 Hour 120 MG Cap (Inderal LA 120 MG)	Cap ER 24 Ho	33100040107035	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol LA 24 Hour 160 MG Cap (Inderal LA 160 MG)	Cap ER 24 Ho	33100040107040	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol LA 24 Hour 60 MG Cap (Inderal LA 60 MG)	Cap ER 24 Ho	33100040107025	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24 Ho	33100040107030	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol LA 24 Hour 60 MG Cap UD (Inderal LA)	Cap ER 24 Ho	33100040107025	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Propranolol LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24 Ho	33100040107030	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Route(s): Orally															
	Propranolol Oral Tablet															
	Propranolol 10 MG Tab UD (Inderal 10 MG Unit Dose)	Tab	33100040100305	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Propranolol 10 MG Tab (Inderal)	Tab	33100040100305	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol 20 MG Tab UD (Inderal 20 MG Unit Dose)	Tab	33100040100310	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Propranolol 20 MG Tab (Inderal)	Tab	33100040100310	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol 40 MG Tab UD (Inderal 40 MG Unit Dose)	Tab	33100040100315	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Propranolol 40 MG Tab (Inderal)	Tab	33100040100315	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol 60 MG Tab (Inderal)	Tab	33100040100320	0	No	No	No	No	N/A	No	Yes	Yes				
	Propranolol 80 MG Tab UD (Inderal 80 MG Unit Dose)	Tab	33100040100325	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Propranolol 80 MG Tab (Inderal 80 MG)	Tab	33100040100325	0	No	No	No	No	N/A	No	Yes	Yes				
	Route(s): Orally															
	Propylthiouracil Oral Tablet															
	Propylthiouracil 50 MG Tab (PTU)	Tab	28300020000310	0	No	No	No	No	N/A	No	Yes	Yes				
	Route(s): Orally															
	Protamine Sulfate Inj 10 MG/ML															
	Protamine Sulfate 10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	0	No	No	Yes	No	N/A	No	Yes	Yes				
	Protamine Sulfate 10 MG/ML, 25ML Inj (Protamine Sulfate)	Sol	85500010102005	0	No	No	Yes	No	N/A	No	Yes	Yes				

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	Route(s): Intravenously										
	Purified Protein Derivative Injection										
	Purified Protein Derivative 5 Units/0.1ML INJ (Tubersol)	Sol	94300070002010	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intradermally										
	Advisories:										
	****Non-substitutable use Tubersol Brand Only****										
	Pyrazinamide Tablet										
	Pyrazinamide 500 MG Tab UD (PZA)	Tab	09000070000310	0	No	No	Yes	No	N/A	Yes	Yes
	Pyrazinamide 500 MG Tab (PZA)	Tab	09000070000310	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	Pyridostigmine Injection										
	Pyridostigmine 5MG/ML, 2ML Inj (Mestinon)	Sol	76000050102005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Pyridostigmine LA Tablet										
	Pyridostigmine LA 180 MG Tab (Mestinon)	Tab ER	76000050100405	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Pyridostigmine Tablet										
	Pyridostigmine 60 MG Tab (Mestinon)	Tab	76000050100305	0	No	No	No	No	N/A	No	Yes
	Pyridostigmine 60 MG Tab UD	Tab	76000050100305	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Pyridoxine Tablet										
	Pyridoxine HCl 100 MG Tab (Vitamin B6)	Tab	77105010000315	0	No	No	No	No	N/A	No	Yes
	Pyridoxine HCl 25 MG Tab (Vitamin B6)	Tab	77105010000305	0	No	No	No	No	N/A	No	Yes
	Pyridoxine HCl 50 MG Tab (B6)	Tab	77105010000310	0	No	No	No	No	N/A	No	Yes
	Pyridoxine HCl 50 MG Tab UD (vitamin B-6)	Tab	77105010000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Advisories:										
	****May be written for 270 day order in conjunction with Isoniazid for TB preventive therapy****										
	Pyrimethamine Tablet										
	Pyrimethamine 25 MG Tab (Daraprim)	Tab	13000040000310	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Quinidine Gluconate ER Tablet										
	Quinidine Gluconate ER Tab 324 MG (Quinaglute)	Tab ER	35100030100403	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Quinidine Gluconate Injection										
	Quinidine Gluconate Inj 80 MG/ML, 10ML	Sol	35100030102005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Ranitidine Injection										
	Ranitidine 25 MG/ML, 2 ML INJ (Zantac Injection)	Sol	49200020102005	0	No	No	Yes	No	N/A	No	Yes
	Ranitidine 25 MG/ML, 6 ML INJ (Zantac)	Sol	49200020102005	0	No	No	Yes	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Route(s): Intravenously												
	Ranitidine Premix Injection												
	Ranitidine in 0.45% NaCl Premix 50 MG/50 ML IV (Zantac PREMIX)	Sol	49200020112020	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Ranitidine Syrup 150 MG/10ML												
	Ranitidine HCL Syrup 15 MG/ML, 480ML (Zantac Syrup)	Syrup	49200020101210	0	No	Yes	No	No	N/A	No	Yes		
	Ranitidine HCl Syrup 15 MG/ML (10 ML Cup) (Zantac)	Syrup	49200020101210	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Ranitidine Tablet												
	Ranitidine 150 MG TAB (Zantac)	Tab	49200020100305	0	No	No	No	No	N/A	No	Yes		
	Ranitidine 150 MG TAB UD (Zantac 150 MG UD)	Tab	49200020100305	0	No	No	No	No	N/A	Yes	Yes		
	Ranitidine 300 MG TAB (Zantac)	Tab	49200020100310	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Reserpine Tablet												
	Reserpine 100 MCG TAB (Serpasil)	Tab	36203040000305	0	No	No	No	No	N/A	No	Yes		
	Reserpine 250 MCG TAB (Serpasil)	Tab	36203040000310	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****PHYSICIAN INITATION ONLY** **FOR HYPERTENSION ONLY****												
	Rho(D) Immune Globulin (Human) Injection												
	Rho(D) Immune Globulin (Human) 1500 Unit (WinRho SDF)	Sol Recon	19100050002140	0	No	No	Yes	No	N/A	No	Yes		
	Rho(D) Immune Globulin (Human) 5000 Unit Inj (WinRho SDF)	Sol Recon	19100050002170	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Ribavirin Capsule												
	Ribavirin 200 MG CAP (Ribasphere)	Cap	12353070000120	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****												
	Formulary Restrictions:												
	****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****												
	Ribavirin Tablet												
	Ribavirin 200 MG TAB (Copegus)	Tab	12353070000320	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****												
	Formulary Restrictions:												
	****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****												
	Ribavirin/Interferon Alfa-2B												
	Ribavirin/Interferon Alfa-2B 1200MG MDV Combo (Rebetron Combo Kit)	Kit	12995002606430	0	No	No	Yes	No	N/A	No	Yes		
	Ribavirin/Interferon Alfa-2B 1000MG MDV Combo (Rebetron Combo Kit)	Kit	12995002606420	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Route(s): Orally, Subcutaneously															
	Advisories: ****MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**															
	USE DRUG ENTRY "HEPATITIS C TREATMENT ALGORITHM REQUEST" FOR ALL HEP C REQUEST VIA BEMR RX*															
	Rifabutin Capsule															
	Rifabutin 150 MG CAP (Mycobutin)	Cap	09000075000120	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Orally															
	Rifampin Capsule															
	Rifampin 300 MG CAP (Rifadin)	Cap	09000080000110	0	No	No	Yes	No	N/A	No	Yes					
	Rifampin 150 MG CAP (Rifadin)	Cap	09000080000105	0	No	No	Yes	No	N/A	No	Yes					
	Rifampin 300 MG CAP UD (Rifadin UNIT DOSE)	Cap	09000080000110	0	No	No	Yes	No	N/A	Yes	Yes					
	Route(s): Orally															
	Advisories: ***Do Not Use as Single Agent for MRSA***															
	Rifampin Injection															
	Rifampin 600 MG INJ (Rifadin)	Sol Recon	09000080002120	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Advisories: ***Do Not Use as Single Agent for MRSA***															
	Risperidone Long-Acting Inj															
	Risperidone Long-Acting Inj 37.5 MG (Risperdal CONSTA)	Susp Recon	59070070101930	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone Long-Acting Inj 50 MG (Risperdal CONSTA)	Susp Recon	59070070101940	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone Long-Acting Inj 25 MG (Risperdal CONSTA)	Susp Recon	59070070101920	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intramuscularly															
	MLP Requires Cosign															
	Risperidone Oral Solution 1 MG/ML															
	Risperidone (30ML) 1MG/ML SOLN (Risperdal)	Sol	59070070002010	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Orally															
	MLP Requires Cosign															
	Risperidone Oral Tablet															
	Risperidone 1 MG Tab UD (Risperdal 1 MG UNIT DOSE)	Tab	59070070000310	0	No	No	Yes	No	N/A	Yes	Yes					
	Risperidone 1 MG Tab (Risperdal)	Tab	59070070000310	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 2 MG Tab UD (Risperdal 2 MG UNIT DOSE)	Tab	59070070000320	0	No	No	Yes	No	N/A	Yes	Yes					
	Risperidone 2 MG Tab (Risperdal)	Tab	59070070000320	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 3 MG Tab UD (Risperdal 3 MG UNIT DOSE)	Tab	59070070000330	0	No	No	Yes	No	N/A	Yes	Yes					
	Risperidone 3 MG Tab (Risperdal)	Tab	59070070000330	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 4 MG Tab UD (Risperdal 4 MG UNIT DOSE)	Tab	59070070000340	0	No	No	Yes	No	N/A	Yes	Yes					
	Risperidone 4 MG Tab (Risperdal)	Tab	59070070000340	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 0.25 MG Tab (Risperdal)	Tab	59070070000303	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 0.5 MG Tab UD (Risperdal)	Tab	59070070000306	0	No	No	Yes	No	N/A	Yes	Yes					
	Risperidone 0.5 MG Tab (Risperdal)	Tab	59070070000306	0	No	No	Yes	No	N/A	No	Yes					
	Risperidone 0.25 MG Tab UD (Risperdal)	Tab	59070070000303	0	No	No	Yes	No	N/A	Yes	Yes					

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally **MLP Requires Cosign**											
Ritonavir Capsule	Ritonavir 100 MG CAP (Norvir) Route(s): Orally Advisories: ***PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*****	Cap	12104560000120	0	No	No	No	No	N/A	No	No	Yes
Ritonavir Solution 80 MG/ML	Ritonavir 80 MG/ML solution (Norvir) Route(s): Orally Advisories: ***PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*****	Sol	12104560002020	0	No	Yes	No	No	N/A	No	No	Yes
Rituximab Injection	Rituximab 10 MG/ML INJ (Rituxan) Route(s): Intravenously **Medical Referral Center (MRC) Use Only**	Concentrate	21353060001310	0	No	No	Yes	No	N/A	No	No	Yes
Ropivacaine Injection 2 Mg/MI	Ropivacaine INJ 2 MG/ML (Naropin) Route(s): Intravenously **Medical Referral Center (MRC) Use Only**	Sol	69100070102008	0	No	No	Yes	No	N/A	No	No	Yes
Salicylic Acid Gel 3%	Salicylic Acid External Gel 3 % (Keralyt) Route(s): Topically	Gel	90750030004080	0	No	Yes	No	No	N/A	No	No	Yes
Salicylic Acid Gel 6%	Salicylic Acid External Gel 6% (Keralyt) Route(s): Topically	Gel	90750030004005	0	No	Yes	No	No	N/A	No	No	Yes
Salicylic Acid Patch 15%	Salicylic Acid Patch 15%, 12MM (Trans-Ver-Sal) Route(s): Topically, Transdermally Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Patch	90750030005915	0	No	Yes	No	No	N/A	No	No	Yes
Salicylic Acid Patch 40%	Salicylic Acid Pad 40 % (Mediplast) Route(s): Topically Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Pad	90750030004340	0	No	Yes	No	No	N/A	No	No	Yes
Salicylic Acid Solution 17%	Salicylic Acid Solution 17%, 14.8ML (Maximum Strength Wart Remover)	Sol	90750030002005	0	No	Yes	No	No	N/A	No	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u>
	Route(s): Topically										
	Saliva Substitute Solution 0.15 %										
	Saliva Substitute, 120 ML	Sol	88501000002000	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Salsalate Tablet										
	Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	0	No	No	No	No	N/A	No	Yes
	Salsalate 500 MG Tab UD (Disalcid Unit Dose)	Tab	64100075000305	0	No	No	No	No	N/A	Yes	Yes
	Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	0	No	No	No	No	N/A	No	Yes
	Salsalate 750 MG Tab UD (Disalcid Unit Dose)	Tab	64100075000310	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Saquinavir Mesylate 500 MG Tablet										
	Saquinavir Mesylate 500 MG Tab (Invirase)	Tab	12104580200320	0	No	No	No	No	N/A	No	Yes
	Saquinavir Mesylate 500 MG Tab UD (Invirase)	Tab	12104580200320	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Advisories:										
	****PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****										
	Sargramostim Injection										
	Sargramostim INJ 500 MCG/ML (Leukine)	Sol	82402050002030	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Medical Referral Center (MRC) Use Only										
	Scopolamine HBr Injection 0.4 MG/ML										
	Scopolamine HBr Inj 0.4 MG/ML, 1ML	Sol	49101040102015	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Subcutaneously										
	Advisories:										
	For Subcutaneous use										
	Scopolamine Patch 1.5 MG										
	Scopolamine Patch 1.5 MG/72HR, (Transderm-Scop)	Patch 72 Hour	50200060008610	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Transdermally										
	Secretin Acetate IV 16 Mcg										
	Secretin Acetate IV Soln Reconstituted 16 MCG (SecreFlo)	Sol Recon	94200080102120	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Selegiline Capsule/Tablet										
	Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	0	No	No	Yes	No	N/A	No	Yes
	Selegiline 5 MG Cap UD (Eldedpryl 5 MG Unit Dose)	Cap	73300030100120	0	No	No	Yes	No	N/A	Yes	Yes
	Route(s): Orally										
	Non-Formulary Use Criteria:										
	1. For narcolepsy: Documented verification of the inmate's report, to include polysomnography obtained and provided										
	2. For narcolepsy: Patient has failed non-pharmacologic management strategies										
	3. For narcolepsy: Functional impairment with work assignment, institution security, academic needs										
	4. For narcolepsy: Failed treatment with modafinil and fluoxetine (for cataplexy)										
	Formulary Restrictions:										
	****Not for use in Narcolepsy (See NFR Use Criteria)****										
	Selenium Sulfide Lotion										
	Selenium Sulfide Lotion 2.5%, 120ML (Selsun)	Lotion	90300050004120	0	No	Yes	No	No	N/A	No	Yes
	Selenium Sulfide Lotion 1%, 120ML (Selsun)	Lotion	90300050004110	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Selenium Sulfide Lotion 1%, 207ML (Selsun)	Lotion	90300050004110	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Topically												
	Advisories:												
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	Senna Tablet												
	Senna 8.6 MG Tab (Sennakot)	Tab	46200060200303	0	No	No	No	No	N/A	No	Yes		
	Senna 8.6 MG Tab UD (Sennakot)	Tab	46200060200303	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Sertraline Oral Concentrate												
	Sertraline SOL 20 MG/ML, 60 ML (Zoloft)	Concentrate	58160070101320	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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****												
	MLP Requires Cosign												
	Sertraline Tablet												
	Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	0	No	No	No	No	N/A	Yes	Yes		
	Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	0	No	No	No	No	N/A	No	Yes		
	Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	0	No	No	No	No	N/A	Yes	Yes		
	Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	0	No	No	No	No	N/A	No	Yes		
	Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	****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****												
	MLP Requires Cosign												
	Sevelamer Tablet												
	Sevelamer HCl 400 MG Tab (Renagel)	Tab	52800070100320	0	No	No	No	No	N/A	No	Yes		
	Sevelamer HCl 800 MG Tab (Renagel)	Tab	52800070100340	0	No	No	No	No	N/A	No	Yes		
	Sevelamer HCl 800 MG Tab UD (Renagel)	Tab	52800070100340	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Sevoflurane Inhalation Solution												
	Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	0	No	No	No	No	N/A	No	Yes		
	Route(s): Per Nostril												
	Silver & Potassium Nitrate Applicator 75-25%												
	Silver & Potassium Nitrate App 75%/25% EA (Silver Nitrate Applicators)	Miscellaneous	90509902406340	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Silver Sulfadiazine Cream 1%												
	Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	90450030003710	0	No	Yes	No	No	N/A	No	Yes		
	Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	90450030003710	0	No	Yes	No	No	N/A	No	Yes		
	Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	90450030003710	0	No	Yes	No	No	N/A	No	Yes		
	Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	90450030003710	0	No	Yes	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
	Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	90450030003710	0	No	Yes	No	No	N/A	No	Yes	Yes	
	Route(s): Topically												
	Simethicone Chewable Tablet												
	Simethicone 80 MG Chew Tab UD (Mytab)	Tab Chew	52200020000510	0	No	No	No	No	N/A	Yes	Yes		
	Simethicone 80 MG Chew Tab (Mytab)	Tab Chew	52200020000510	0	No	No	No	No	N/A	No	Yes		
	Route(s): Orally												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Simvastatin Tablet												
	Simvastatin 10 MG Tab UD (Zocor)	Tab	39400075000320	0	No	No	No	No	N/A	Yes	Yes		
	Simvastatin 10 MG Tab (Zocor)	Tab	39400075000320	0	No	No	No	No	N/A	No	Yes		
	Simvastatin 20 MG Tab UD (Zocor)	Tab	39400075000330	0	No	No	No	No	N/A	Yes	Yes		
	Simvastatin 20 MG Tab (Zocor)	Tab	39400075000330	0	No	No	No	No	N/A	No	Yes		
	Simvastatin 40 MG Tab (Zocor)	Tab	39400075000340	0	No	No	No	No	N/A	No	Yes		
	Simvastatin 40 MG Tab UD (Zocor)	Tab	39400075000340	0	No	No	No	No	N/A	Yes	Yes		
	Simvastatin 5 MG Tab UD (Zocor)	Tab	39400075000310	0	No	No	No	No	N/A	Yes	Yes		
	Simvastatin 5 MG Tab (Zocor)	Tab	39400075000310	0	No	No	No	No	N/A	No	Yes		
	Simvastatin 80 MG Tab (Zocor)	Tab	39400075000360	0	No	No	No	No	N/A	No	Yes		
	Simvastatin 80 MG Tab UD (Zocor)	Tab	39400075000360	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Formulary Restrictions:												
	****NOT APPROVED FOR TWICE DAILY DOSING****												
	Sincalide Injection												
	Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intramuscularly, Intravenously												
	Sodium Acetate IV Solution												
	Sodium Acetate Inj 2MEQ/ML, 50 ML	Sol	79050010002005	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Sodium Bicarbonate Injection												
	Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML (Sodium Bicarbonate Injection)	Sol	79050020002025	0	No	No	Yes	No	N/A	No	Yes		
	Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML PFS (Sodium Bicarbonate Injection)	Sol	79050020002025	0	No	No	No	No	N/A	No	Yes		
	Sodium Bicarbonate Inj 4%, 5 ML (Neut)	Sol	79050020002005	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Sodium Bicarbonate Tablet												
	Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)	Tab	48200010000310	0	No	No	No	No	N/A	No	Yes		
	Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate Tablet 650 MG)	Tab	48200010000325	0	No	No	No	No	N/A	No	Yes		
	Sodium Bicarbonate 650 MG (10GR) Tab UD (Sodium Bicarbonate Tablet)	Tab	48200010000325	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Sodium Chloride												
	Sodium Chloride Flush Syringe (10 ml) 0.9 % (Flush Sodium Chloride)	Sol	79750010002020	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose Unit</u>	<u>Fmly</u>
	Route(s): Intravenously										
	Sodium Chloride 2% Ophth Solution										
	Sodium Chloride Ophth 2% Soln (15 ml) (Muro 128 2% Ophth)	Sol	86804030102003	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Sodium Chloride Injection 0.45%										
	Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	0	No	No	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.45% Inj 500 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	0	No	No	No	No	N/A	No	Yes
	Route(s): Intravenously										
	Sodium Chloride Injection 0.9%										
	Sodium CHLORIDE 0.9% Inj 10 ML SDV (Sodium Chloride 0.9%)	Sol	79750010002020	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 20 ML SDV (Sodium Chloride Injection)	Sol	79750010002020	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 50 ML (ADD-Vant) (Sodium Chloride)	Sol	79750010002020	0	No	No	No	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 100 ML (ADD-VANT) (Sodium Chloride 0.9% 100 ML ADD-Vantage)	Sol	79750010002021	0	No	No	No	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 1000 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	0	No	No	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 500 ML (Sodium Chloride Injection 0.9%)	Sol	79750010002021	0	No	No	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 250 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	0	No	No	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 50 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	0	No	No	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 100 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	0	No	No	No	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant)	Sol	79750010002021	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Sodium Chloride Injection 2.5 MEQ/ML										
	Sodium CHLORIDE Conc 2.5MEQ/ML Inj	Sol	79750010002050	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Sodium Chloride Injection 23.4%										
	Sodium CHLORIDE 23.4 % Inj 250 ML	Sol	79750010002045	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Advisories:										
	****Must be diluted prior to administration****										
	Sodium Chloride Injection 4 MEQ/ML										
	Sodium CHLORIDE Conc 4MEQ/ML,30ML INJ (Sodium Chloride 23.4%)	Sol	79750010002045	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Sodium Chloride Injection Bacteriostatic										
	Sodium CHLORIDE 0.9% Inj Bacterio 30 ML MDV (Sodium Chloride Injection Bacteriostatic)	Sol	98401040102010	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Sodium Chloride Irrigation 0.9%										
	Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sol	56700060002010	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Irrigation Bottle (Sodium Chloride Irrigation)	Sol	56700060002010	0	No	Yes	No	No	N/A	No	Yes
	Sodium CHLORIDE 0.9% Irrigation 500 ML	Sol	56700060002010	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Topically										
	Sodium Chloride Nebulization Solution										
	Sodium CHLORIDE 0.9% Inhalation 3ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	0	No	Yes	No	No	N/A	Yes	Yes
	Sodium CHLORIDE 0.9% Inhalation 5ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	0	No	Yes	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally, Per Nostril												
	Sodium Chloride Opth Ointment 5%												
	Sodium CHLORIDE Opth oint 5% (3.5 gm) (Muro 128 5% Ointment)	Oint	86804030104205	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): In Affected Eye(s)												
	Sodium Chloride Opth Solution 5%												
	Sodium CHLORIDE Opth Soln 5% (15 ml) (Muro 128 Ophthalmic Solution 5%)	Sol	86804030102005	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): In Affected Eye(s)												
	Sodium Citrate/Citric Acid Sol												
	Sodium Citrate/Citric Acid Sol, 480ML (Shohls Solution)	Sol	56202020002010	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Orally												
	Formulary Restrictions:												
	****RESTRICTED TO CHRONIC RENAL DISEASE****												
	Sodium CITRATE/Citric Acid Sol												
	Sodium CITRATE/Citric Acid Sol (Cytra-2)	Sol	56202020002010	0	No	No	No	No	N/A	No	No	Yes	
	Route(s): Orally												
	Formulary Restrictions:												
	****RESTRICTED TO CHRONIC RENAL DISEASE****												
	Sodium Phosphate & Biphosphate Enema												
	Sodium Phosphate & Biphosphate Enema (Fleet Enema)	Enema	46109902105100	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Rectally												
	Sodium Phosphate & Biphosphate Oral Solution												
	Sodium Phosphate & Biphosphate Oral Sol, 100ML (Fleet Phospho-Soda)	Sol	46109902102000	0	No	Yes	No	No	N/A	No	No	Yes	
	Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)	Sol	46109902102000	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Orally												
	Sodium Phosphate IV Solution												
	Sodium Phosphate IV Sol 3 MMOLE/ML (4MEQ/ML) (Sodium Phosphate)	Sol	79600020002005	0	No	Yes	Yes	No	N/A	No	No	Yes	
	Sodium Phosphate IV Sol 3 MMOLE/ML (Sodium Phosphate)	Sol	79600020002005	0	No	Yes	Yes	No	N/A	No	No	Yes	
	Route(s): Intravenously												
	Sodium Polystyrene Sulfonate Enema 30GM/120ML												
	Sodium Polystyrene Sulfonate Enema 30G/120ML (Kayexalate)	Susp	99450010001870	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Rectally												
	Sodium Polystyrene Sulfonate Susp 15 GM/60ML												
	Sodium Polystyrene Sulfonate Susp 15 GM/60 ML UD (Kayexalate)	Susp	99450010001840	0	No	Yes	No	No	N/A	No	No	Yes	
	Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)	Susp	99450010001840	0	No	Yes	No	No	N/A	No	No	Yes	
	Route(s): Orally, Rectally												
	Sorafenib Tosylate Tablet												
	Sorafenib Tosylate 200 MG Tab (Nexavar)	Tab	21533060400320	0	No	No	No	No	N/A	No	No	Yes	
	Sorafenib Tosylate 200 MG Tab UD (Nexavar)	Tab	21533060400320	0	No	No	No	No	N/A	Yes	Yes		
	Route(s): Orally												
	Medical Referral Center (MRC) Use Only												
	Sorbitol Oral Solution 70%												
	Sorbitol Oral Solution 70%, 480 ML (Sorbitol Solution)	Sol	46600070002040	0	No	Yes	No	No	N/A	No	No	Yes	
	Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol Solution)	Sol	46600070002040	0	No	Yes	No	No	N/A	Yes	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmily</u>
	Route(s): Orally												
Sotalol	AF Tablet												
	Sotalol AF 120 MG Tab (Betapace AF 120MG)	Tab	33100045120315	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Formulary Restrictions: ****CARDIOLOGIST INITATED THERAPY ONLY****												
Sotalol	Tablet												
	Sotalol 240 MG Tab (Betapace)	Tab	33100045100330	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 120 MG Tab (Betapace 120 MG)	Tab	33100045100315	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 120 MG Tab UD (Betapace 120 MG Unit Dose)	Tab	33100045100315	0	No	No	No	No	No	N/A	Yes	Yes	
	Sotalol 160 MG Tab (Betapace)	Tab	33100045100320	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 80 MG Tab (Betapace)	Tab	33100045100310	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 80 MG Tab UD (Betapace 80 MG UNIT DOSE)	Tab	33100045100310	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Formulary Restrictions: ****CARDIOLOGIST INITATED THERAPY ONLY****												
Spiro	lactone Oral Tablet												
	Spiro lactone 25 MG Tab (Aldactone)	Tab	37500020000305	0	No	No	No	No	No	N/A	No	Yes	
	Spiro lactone 25 MG Tab UD (Aldactone)	Tab	37500020000305	0	No	No	No	No	No	N/A	Yes	Yes	
	Spiro lactone 100 MG Tab (Aldactone)	Tab	37500020000315	0	No	No	No	No	No	N/A	No	Yes	
	Spiro lactone 50 MG Tab (Aldactone)	Tab	37500020000310	0	No	No	No	No	No	N/A	No	Yes	
	Spiro lactone 50 MG Tab UD (Aldactone)	Tab	37500020000310	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
Stavudine	Capsule												
	Stavudine 15 MG Cap (Zerit)	Cap	12108070000115	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine 20 MG Cap (Zerit)	Cap	12108070000120	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine 30 MG Cap (Zerit)	Cap	12108070000130	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine 40 MG Cap (Zerit)	Cap	12108070000140	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine 40 MG Cap UD (Zerit)	Cap	12108070000140	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICAITON DISTRIBUTION RESTRICTION****												
Stavudine	Oral Solution												
	Stavudine Oral Sol 1MG/ML, 200 ML (Zerit)	Sol Recon	12108070002120	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICAITON DISTRIBUTION RESTRICTION****												
Sterile	Water for Injection												
	Sterile Water for Injection, 20 ML	Sol	98401010002000	0	No	Yes	No	No	No	N/A	No	Yes	
	Sterile Water for Injection	Sol	98401010002050	0	No	No	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Crush.</u> <u>Req.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Intravenously										
	Sterile Water for Irrigation USP	Sol	99750005002000	0	No	Yes	No	No	N/A	No	Yes
	Sterile Water for Irrigation USP (Sterile Water for Irrigation)										
	Route(s): Topically										
	Streptomycin Sulfate IM Injection	Sol Recon	07000060102105	0	No	No	Yes	No	N/A	No	Yes
	Streptomycin Sulfate IM Inj 1GM										
	Route(s): Intramuscularly										
	Streptozocin IV Solution	Sol Recon	21102030002105	0	No	No	No	No	N/A	No	Yes
	Streptozocin IV Sol Reconstituted 1 GM (Zanosar)										
	Route(s): Intravenously										
	Advisories:										
	Protect From Light										
	Medical Referral Center (MRC) Use Only										
	Succinylcholine Chloride Injection	Sol	74100010102005	0	No	No	Yes	No	N/A	No	Yes
	Succinylcholine Chloride 20 MG/ML, 10ML INJ (ANECTINE)										
	Route(s): Intramuscularly, Intravenously										
	Sucralfate Suspension 100 MG/1ML	Susp	49300010001820	0	No	Yes	No	No	N/A	Yes	Yes
	Sucralfate Suspension 100 MG/ML, 10ML UD (Carafate)	Susp	49300010001820	0	No	Yes	No	No	N/A	No	Yes
	Sucralfate Suspension 100 MG/ML, 420ML (Carafate)										
	Route(s): Orally										
	Sucralfate Tablet	Tab	49300010000305	0	No	No	No	No	N/A	No	Yes
	Sucralfate Tablet 1 GM (Carafate)	Tab	49300010000305	0	No	No	No	No	N/A	Yes	Yes
	Sucralfate Tablet 1 GM UD (Carafate 1 GM UNIT DOSE)										
	Route(s): Orally										
	Sulfacetamide Sod ophth Ointment 10%	Oint	86102010104205	0	No	Yes	No	No	N/A	No	Yes
	Sulfacetamide Sod ophth Oint 10% (3.5gm) (Bleph-10)										
	Route(s): In Affected Eye(s)										
	Sulfacetamide Sod ophth Solution 10%	Sol	86102010102010	0	No	Yes	No	No	N/A	No	Yes
	Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)	Sol	86102010102010	0	No	Yes	No	No	N/A	No	Yes
	Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)										
	Route(s): In Affected Eye(s)										
	sulfADIAZINE Tablet	Tab	08000020000305	0	No	No	No	No	N/A	No	Yes
	sulfADIAZINE 500 MG Tab (SulfaDIAZINE)										
	Route(s): Orally										
	Sulfamethoxazole/Trimeth 400-80 Mg Tablet	Tab	16990002300310	0	No	No	No	No	N/A	Yes	Yes
	Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)	Tab	16990002300310	0	No	No	No	No	N/A	No	Yes
	Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)										
	Route(s): Orally										
	Advisories:										
	****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****										
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	Tab	16990002300320	0	No	No	No	No	N/A	No	Yes
	Sulfamethoxazole/Trimeth 800mg/160mg tab (Bactrim DS)	Tab	16990002300320	0	No	No	No	No	N/A	Yes	Yes
	Sulfamethoxazole/Trimeth 800mg/160mg UD (Bactrim DS)										

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmly
	Route(s): Orally											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Sulfamethoxazole/Trimeth Injection											
	Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)	Sol	16990002302010	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Sulfamethoxazole/Trimeth Susp 200-40 MG/5ML											
	Sulfamethox/Trimeth 200mg/40mg/5 susp, 473ML (Bactrim Suspension)	Susp	16990002301810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PILL LINE ONLY FOR MRSA INFECTION TREATMENT****											
	Sulfasalazine Enteric Coated Tablet											
	Sulfasalazine, EC Tab 500 MG (Azulfidine)	Tab DR	52500060000610	0	No	No	No	No	N/A	No	Yes	
	Sulfasalazine, EC Tab 500 MG UD (Azulfadine)	Tab DR	52500060000610	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Sulfasalazine Oral Tablet											
	Sulfasalazine 500 MG Tab (Azulfidine)	Tab	52500060000310	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Sulindac Tablet											
	Sulindac 150 MG Tab (Clinoril)	Tab	66100080000305	0	No	No	No	No	N/A	No	Yes	
	Sulindac 150 MG Tab UD (Clinoril)	Tab	66100080000305	0	No	No	No	No	N/A	Yes	Yes	
	Sulindac 200 MG Tab (Clinoril)	Tab	66100080000310	0	No	No	No	No	N/A	No	Yes	
	Sulindac 200 MG Tab UD (Clinoril Unit Dose)	Tab	66100080000310	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Sumatriptan Injection											
	Sumatriptan 6 MG/0.5 ML Inj (Imitrex)	Sol	67406070102010	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Subcutaneously											
	Advisories: ****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****											
	MLP Requires Cosign											
	Sunitinib Malate Capsule											
	Sunitinib Malate 50 MG Cap (Sutent)	Cap	21533070300140	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Medical Referral Center (MRC) Use Only											
	Sunscreen (Coppertone Protect/Tan SPF15											
	Sunscreen (Coppertone Protect/Tan) SPF15 Lotion (Coppertone)	Lotion	90920000004100	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Formulary Restrictions: ****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****											

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlly
	Sunscreen SPF28 Cream												
	Sunscreen (PreSun) SPF-28 Cream (PreSun SPF28 Cream)	Cm	90920000003700	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Formulary Restrictions:												
	****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****												
	Sunscreen SPF29												
	Sunscreen (PreSun) SPF-29 Lotion, 118ML (Presun Sensitive Skin spf29 Lotion)	Lotion	90920000004100	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Formulary Restrictions:												
	****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****												
	Sunscreen SPF30												
	Sunscreen (PreSun) SPF-30 Cream (Presun Ultra SPF30)	Cm	90920000003700	0	No	Yes	No	No	N/A	No	Yes		
	Sunscreen (Coppertone Sunblock) SPF30 Ext Lotion (Coppertone Sunblock SPF30)	Lotion	90920000004100	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Formulary Restrictions:												
	****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****												
	Sunscreen SPF30 Gel												
	Sunscreen (PreSun) SPF-30 Gel, 113GM (PreSun SPF30 Gel)	Gel	90920000004000	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Formulary Restrictions:												
	****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****												
	Tacrolimus Capsule												
	Tacrolimus Cap 5 mg UD (Prograf)	Cap	99404080000120	0	No	No	No	No	N/A	Yes	Yes		
	Tacrolimus Cap 5 mg (Prograf)	Cap	99404080000120	0	No	No	No	No	N/A	No	Yes		
	Tacrolimus Cap 0.5 mg (PROGRAF)	Cap	99404080000105	0	No	No	No	No	N/A	No	Yes		
	Tacrolimus Cap 1 mg (Prograf)	Cap	99404080000110	0	No	No	No	No	N/A	No	Yes		
	Tacrolimus Cap 1 MG UD (Prograf)	Cap	99404080000110	0	No	No	No	No	N/A	Yes	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally												
	Formulary Restrictions: **** FOR ORGAN REJECTION PROPHYLAXIS****												
Tamoxifen Tablet	Tamoxifen 10 MG Tab (Nolvadex)	Tab	21402680100310	0	No	No	No	No	No	N/A	No	Yes	
	Tamoxifen 20 MG Tab (Nolvadex 20 MG)	Tab	21402680100320	0	No	No	No	No	No	N/A	No	Yes	
	Tamoxifen 10 MG Tab UD (Nolvadex)	Tab	21402680100310	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
Tear Solution 1.4%	Tear Solution 1.4%, 15 ML (Artificial Tears)	Sol	86200050002030	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
Tears (Lacri-Lube)	Tears (Lacri-Lube) Ophth Oint 3.5 GM (Lacri-Lube S.O.P. Ophth)	Oint	86202000004200	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
Tears (Major) 0.01-0.1-0.3%	Tears, Artificial (Major) 15 ML (Natural Balance Opth)	Sol	86201000002000	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
Tears (Preservative Free) Soln 0.1-0.3%	Tears, Art. (Naturale, Preservative Free) 28 UD (Tears Naturale Free)	Sol	86201000002000	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Route(s): In Affected Eye(s)												
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
Tears Naturale Free Soln 0.1-0.3%	Tears, Art. (Naturale, Preservative Free) 36 UD (Tears Naturale Free)	Sol	86201000002000	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): In Affected Eye(s)												
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
Tears Naturale II Opth Solution	Tears, Artificial (Naturale II) 30 ML (Tears Naturale II)	Sol	86201000002000	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
Tears Opth Ointment 0.5%	Tears, Artificial 3.5GM Ophth Ointment (Artificial)	Oint	86202000004200	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): In Affected Eye(s)												
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Tears Renewed Opth. Oint Tears, Artificial (Renewed) 3.5 GM Opth Oint Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Oint	86202000004200	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Artificial (Teargen) Soln 1.4% Tears, Artificial (Teargen) 15 ML (Teargen Lubricating Eye Drops) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86200050002030	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Artificial (Isopto) 0.5% Tears, Artificial (Isopto) 15 ML (Isopto Tears Opth Soln) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86200025002020	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Artificial (Tearisol) Soln 0.5% Tears, Artificial (Tearisol) 15 ML (Tearisol) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86200025002020	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Artificial (TRS Renewd) Tears, Artificial (TRS Renewd) 15 ML (Tears Renewed Opth) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86201000002000	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Artificial (Akwa Tears) 1.4% Tears, Artificial (Akwa Tears) 15 ML (Akwa Tears Ophthalmic Drops) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86200050002030	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Liquigel Opth Sol, 1% 30 ML (Refresh) Tears, Liquigel Opth Sol, 30 ML (Refresh) (Refresh LIQUIGEL EYE DROPS) Route(s): In Affected Eye(s) Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**	Sol	86200010102030	0	No	Yes	No	No	N/A	No	Yes		
	Tears, Opth Sol, 30 ML (Refresh) 1.4-0.6% Tears, Opth Sol, 30 ML (Refresh) (Refresh Ophthalmic Solution)	Sol	86209902502020	0	No	Yes	No	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): In Affected Eye(s)												
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Temozolomide Capsule												
	Temozolomide 20 MG Cap (Temodar)	Cap	21104070000120	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 100 MG Cap (Temodar)	Cap	21104070000140	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 250 MG Cap (Temodar)	Cap	21104070000150	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 5 MG Cap (Temodar)	Cap	21104070000110	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 100 MG Cap UD (Temodar)	Cap	21104070000140	0	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 20 MG Cap UD (Temodar)	Cap	21104070000120	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Medical Referral Center (MRC) Use Only												
	Tenofovir Tablet												
	Tenofovir 300 MG Tab (Viread)	Tab	12108570100320	0	No	No	No	No	No	N/A	No	Yes	
	Tenofovir 300 MG Tab UD (Viread)	Tab	12108570100320	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	****PHYSICIAN INITATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Terazosin Capsule												
	Terazosin 1 MG Cap (Hytrin)	Cap	36202040100105	0	No	No	No	No	No	N/A	No	Yes	
	Terazosin 2 MG Cap (Hytrin)	Cap	36202040100110	0	No	No	No	No	No	N/A	No	Yes	
	Terazosin 10 MG Cap (Hytrin)	Cap	36202040100120	0	No	No	No	No	No	N/A	No	Yes	
	Terazosin 5 MG Cap (Hytrin)	Cap	36202040100115	0	No	No	No	No	No	N/A	No	Yes	
	Route(s): Orally												
	Terbutaline Inj												
	Terbutaline 1 MG/ML, 1ML Inj (Brethine Injection)	Sol	44201060202005	0	No	No	Yes	No	No	N/A	No	Yes	
	Route(s): Intravenously, Subcutaneously												
	Terbutaline Tablet												
	Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	0	No	No	No	No	No	N/A	No	Yes	
	Terbutaline 5 MG Tab (Brethine 5 MG)	Tab	44201060200310	0	No	No	No	No	No	N/A	No	Yes	
	Terbutaline 5 MG Tab UD (Brethine 5 MG UD)	Tab	44201060200310	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Terconazole Vaginal Cream 0.4%												
	Terconazole Vaginal Cream 0.4% (45 GM) GM (Terazol 7 Vaginal Cream)	Cm	55104070003710	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Topically, Vaginally												
	Terconazole Vaginal Cream 0.8%												
	Terconazole Vaginal Cream 0.8% (20 GM) GM (Terazol 3 Vaginal Cream)	Cm	55104070003720	0	No	Yes	No	No	No	N/A	No	Yes	
	Route(s): Topically, Vaginally												
	Terconazole Vaginal Suppository 80 MG												
	Terconazole Vaginal Suppository (3) 80 MG (Terazol 3)	Supp	55104070005210	0	No	Yes	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmlly</u>
	Route(s): Vaginally										
	Tetanus Immune Globulin 250 Unit/ml										
	Tetanus Immune Globulin IM Injec 250 UNIT/ML (Tetanus Immune Globulin)	Injectable	19100060002205	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Tetanus Toxoid Adsorbed										
	Tetanus Toxoid Adsorbed 5 ML MDV Inj (Tetanus Toxoid Adsorbed)	Sol	18000020202005	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus Toxoid Adsorbed IM PF 0.5ml SD Vial (Tetanus Toxoid Adsorbed)	Sol	18000020202005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Tetanus-Diphtheria Toxoids										
	Tetanus-Diphtheria Toxoids 0.5 ML TBX (Tetanus & Diphtheria Toxoids PREFILLED S)	Injectable	18990002202210	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)	Injectable	18990002202210	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria Toxoids Td Susp 2-2 LF/0.5 ML	Susp	18990002201805	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Tetanus/Diph/Pertus (Adacel)										
	Tetanus/Diph/Pertus Toxoid IM Susp 5-2-15.5 (Adacel Intramuscular Suspension)	Susp	18990003221815	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly										
	Tetracaine HCl Injection										
	Tetracaine HCl Injection Solution 1 % (Pontocaine)	Sol	69200080102015	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Tetracaine HCL Ophth solution 0.5%										
	Tetracaine HCL Ophth Soln 0.5%, 1 ML UD (Pontocaine)	Sol	86750030102005	0	No	Yes	No	No	N/A	Yes	Yes
	Tetracaine HCL Ophth Soln 0.5%, 15 ML (Pontocaine HCL)	Sol	86750030102005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	Tetracycline HCL Capsule										
	Tetracycline 250 MG Cap UD (Tetracycline HCL)	Cap	04000060100105	0	No	No	No	No	N/A	No	Yes
	Tetracycline 250 MG Cap (Achromycin V)	Cap	04000060100105	0	No	No	No	No	N/A	No	Yes
	Tetracycline 500 MG Cap (Sumycin)	Cap	04000060100110	0	No	No	No	No	N/A	No	Yes
	Tetracycline 500 MG Cap UD (Tetracycline HCL)	Cap	04000060100110	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Tetracycline Syrup 125 MG/5 ML										
	Tetracycline Syrup 125MG/5ML (473ML) (Sumycin)	Syrup	04000060101205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Thalidomide Capsule										
	Thalidomide Cap 100 MG (Thalomid)	Cap	99392070000130	0	No	No	Yes	No	N/A	No	Yes
	Thalidomide Cap 200 mg (Thalomid)	Cap	99392070000140	0	No	No	Yes	No	N/A	No	Yes
	Thalidomide Cap 50 MG (Thalomid)	Cap	99392070000120	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	Advisories:										
	***** Must be registered in the STEPS program *****										
	Formulary Restrictions:										
	*****RESTRICTED TO ONCOLOGY USE ONLY*****										
	Medical Referral Center (MRC) Use Only										
	MLP Requires Cosign										
	Theophylline ER Tablet										

Doctor Name	Item Name	Dosage Form	GPI Code	DEA Schd.	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Theophylline 12 Hour ER 200 MG Tab UD (Theochron Unit Dose)	Tab ER 12 Hou	44300040007430	0	No	No	No	No	N/A	Yes	Yes	
	Theophylline 12 Hour ER 200 MG Tab (Theochron)	Tab ER 12 Hou	44300040007430	0	No	No	No	No	N/A	No	Yes	
	Theophylline 12 Hour ER 300 MG Tab (Theochron)	Tab ER 12 Hou	44300040007440	0	No	No	No	No	N/A	No	Yes	
	Theophylline 12 Hour ER 100 MG Tab (Theochron)	Tab ER 12 Hou	44300040007420	0	No	No	No	No	N/A	No	Yes	
	Theophylline 12 Hour ER 300 MG Tab UD (Theochron)	Tab ER 12 Hou	44300040007440	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Formulary Restrictions:											
	****non substitutable use theochron brand only****											
	Thiabendazole Chewable Tablet											
	Thiabendazole 500 MG Chewable Tab (Mintezol Tablet)	Tab Chew	15000090000510	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Thiabendazole Suspension 500 MG/5ML											
	Thiabendazole Susp 100MG/ML(120ML) (Mintezol Suspension)	Susp	15000090001810	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Thiamine HCL Tablet											
	Thiamine HCL 100 MG Tab (vitamin B-1)	Tab	77101010100330	0	No	No	No	No	N/A	No	Yes	
	Thiamine HCL 100 MG Tab UD (Vitamin B-1)	Tab	77101010100330	0	No	No	No	No	N/A	Yes	Yes	
	Thiamine HCL 50 MG Tab UD (Vitamin B-1 Oral Tablet)	Tab	77101010100320	0	No	No	No	No	N/A	Yes	Yes	
	Thiamine HCL 50 MG Tab (Vitamin B-1 Tablet)	Tab	77101010100320	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Thiamine HCL100 Mg/ML Inj											
	Thiamine HCL 100 MG/ML,1 ML Inj (Vitamin B-1 Injection)	Sol	77101010102005	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intramuscularly											
	Thioguanine Tablet											
	Thioguanine 40 MG Tab (Tabloid)	Tab	21300060000305	0	No	No	No	No	N/A	No	Yes	
	Route(s): Orally											
	Thiopental Sodium IV Soln											
	Thiopental Sodium Intravenous Soln 500 MG (Pentothal Intravenous)	Sol Recon	70100030102110	3	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Formulary Restrictions:											
	****For Surgery/ Anesthesia use only****											
	MLP Requires Cosign											
	Thiotepa Injection											
	Thiotepa Inj 15 MG (Thiotepa)	Sol Recon	21100040002105	0	No	No	Yes	No	N/A	No	Yes	
	Route(s): Intravenously											
	Thrombin 2000 Unit External Kit											
	Thrombin External Kit 20000 Unit	Kit	84200050006420	0	No	No	No	No	N/A	No	Yes	
	Route(s): Topically											
	Thrombin 5000 Unit External Solution											
	Thrombin 5000 Unit External Soln (Thrombin- JMI)	Sol Recon	84200050002110	0	No	No	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u>
	Route(s): Topically										
Thyrotropin Alfa	Thyrotropin Alfa IM Sol 1.1 MG (Thyrogen)	Sol Recon	94200090102120	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
Timolol Maleate Ophth GFS 0.5%	Timolol Mal.(XE) Gel Forming Soln 0.5%(2.5ml) (Timoptic-XE)	Gel Forming	86250030107630	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate GFS 0.5% (5ML) (Timoptic GFS)	Gel Forming	86250030107630	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Timolol Maleate Ophth Solution 0.25%	Timolol Maleate Ophth Sol 0.25% (5 ML) (Timoptic Ophth Soln)	Sol	86250030102005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Timolol Maleate Ophth Solution 0.5%	Timolol Maleate Ophth Soln 0.5% (15 ML) (Timoptic 0.5% soln)	Sol	86250030102010	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth Soln 0.5% (10 ML) (Timoptic)	Sol	86250030102010	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth Soln 0.5% (5 ML) (Timoptic)	Sol	86250030102010	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Tiotropium Bromide 30 Inhalation Cap	Tiotropium Bromide 30 Cap 18 MCG Inh (Spiriva handiHaler Inhalation capsule)	Cap	44100080100120	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
Tobramycin Inhalation Sol 300 MG/5MI	Tobramycin Inhalation Sol 300 MG/ 5 ML AMP (Tobi)	Nebulization	07000070002520	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally, Per Nostril										
Tobramycin Sulfate Inj	Tobramycin Sulfate 40MG/ML, 2ML Inj (Nebcin)	Sol	07000070102030	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Intravenously										
	Formulary Restrictions: ****USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE****										
Tobramycin Sulfate Ophth Oint 0.3%	Tobramycin Sulfate Ophth 0.3%, 3.5 GM oint (Tobrex)	Oint	86101070004205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Tobramycin Sulfate Ophth Solution 0.3%	Tobramycin Sulfate Ophth 0.3%, 5 ML Soln (Tobrex)	Sol	86101070002005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
Topiramate Tablet	Topiramate 25 MG Tab (Topamax)	Tab	72600075000310	0	No	No	Yes	No	N/A	No	Yes
	Topiramate 100 MG Tab (Topamax)	Tab	72600075000330	0	No	No	Yes	No	N/A	No	Yes
	Topiramate 200 MG Tab (Topamax)	Tab	72600075000340	0	No	No	Yes	No	N/A	No	Yes
	Topiramate 50 MG Tab (Topamax)	Tab	72600075000320	0	No	No	Yes	No	N/A	No	Yes
	Topiramate 200 MG Tab UD (Topamax)	Tab	72600075000340	0	No	No	Yes	No	N/A	Yes	Yes
	Topiramate 100 MG Tab UD (Topamax)	Tab	72600075000330	0	No	No	Yes	No	N/A	Yes	Yes
	Topiramate 25 MG Tab UD (Topamax)	Tab	72600075000310	0	No	No	Yes	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmly
	Route(s): Orally												
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****												
	MLP Requires Cosign												
Topotecan Inj	Topetcan 1 MG/ML (Hycamtin)	Sol Recon	21550080102120	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Medical Referral Center (MRC) Use Only												
TPN Electrolytes Inj	TPN Electrolytes Inj (TPN Electrolytes II)	Sol	79992000002000	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
Trace Elements Inj	Trace Elements Inj 4 (Trace Elements)	Sol	79909904102020	0	No	No	No	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
Trace Elements Inj.	Trace Elements (M.T.E.)1 ML (MTE-5)	Sol	79909905202020	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
Trastuzumab Intravenous	Trastuzumab 440 MG Inj (Herceptin)	Sol Recon	21353070002120	0	No	No	Yes	No	N/A	No	Yes		Yes
	Route(s): Intravenously												
	Medical Referral Center (MRC) Use Only												
Travoprost Opth Solution 0.004%	Travoprost Opth Soln (2.5 ML) 0.004% (Travatan)	Sol	86330070002020	0	No	Yes	No	No	N/A	No	Yes		Yes
	Travoprost Opth Soln (5 ML) 0.004 % (Travatan)	Sol	86330070002020	0	No	Yes	No	No	N/A	No	Yes		Yes
	Route(s): In Affected Eye(s)												
	Advisories: ****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY****												
Trazodone Tablet	Trazodone 100 MG Tab UD (Desyrel)	Tab	58120080100310	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Trazodone 100 MG Tab (Desyrel)	Tab	58120080100310	0	No	No	Yes	No	N/A	No	Yes		Yes
	Trazodone 150 MG Tab (Desyrel)	Tab	58120080100315	0	No	No	Yes	No	N/A	No	Yes		Yes
	Trazodone 50 MG Tab (Desyrel)	Tab	58120080100305	0	No	No	Yes	No	N/A	No	Yes		Yes
	Trazodone 50 MG Tab UD (Desyrel)	Tab	58120080100305	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Trazodone 150 MG Tab UD (Desyrel)	Tab	58120080100315	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Route(s): Orally												
	Advisories: ****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****												
	MLP Requires Cosign												
Triamcinolone 0.1% Cream	Triamcinolone 0.1%, 30g Cream (Aristocort / Kenalog)	Cm	90550085103710	0	No	Yes	No	No	N/A	No	Yes		Yes
	Triamcinolone 0.1%, 454g Cream (KENALOG)	Cm	90550085103710	0	No	Yes	No	No	N/A	No	Yes		Yes
	Triamcinolone 0.1%, 80gm Cream (Kenalog/ Aristocort)	Cm	90550085103710	0	No	Yes	No	No	N/A	No	Yes		Yes
	Triamcinolone 0.1%, 15gm Cream	Cm	90550085103710	0	No	Yes	No	No	N/A	No	Yes		Yes

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	Route(s): Topically											
Triamcinolone	0.5% Ointment											
	Triamcinolone 0.5%, 15gm Ointment (Aristocort / Kenalog)	Oint	90550085104215	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.025% cream											
	Triamcinolone 0.025%, 15 GM Cream (Aristocort/Kenalog)	Cm	90550085103705	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.025% 80 GM Cream (kenalog)	Cm	90550085103705	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.025% 454 GM Cream (Aristocort)	Cm	90550085103705	0	No	No	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.025% Lotion											
	Triamcinolone 0.025%, 60 ml Lotion (Aristocort Lotion)	Lotion	90550085104105	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.025% Ointment											
	Triamcinolone 0.025%, 80 GM Oint (ARISTOCORT / KENALOG)	Oint	90550085104205	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.025% 15 GM Oint (ARISTOCORT / KENALOG)	Oint	90550085104205	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.1% Lotion											
	Triamcinolone 0.1%, 60 ml Lotion (Aristocort/Kenalog)	Lotion	90550085104110	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.1% Ointment											
	Triamcinolone 0.1%, 15 gm Ointment (Kenalog / Aristocort)	Oint	90550085104210	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.1%, 80gm Ointment (Kenalog / Aristocort)	Oint	90550085104210	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.1%, 454gm Ointment (Kenalog / Aristocort)	Oint	90550085104210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	0.5% Cream											
	Triamcinolone 0.5%, 15gm Cream (Aristocort / Kenalog)	Cm	90550085103720	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
Triamcinolone	Acetonide Inhaler 75 MCG/ACT											
	Triamcinolone 75 MCG/inh, 20 gm MDI (Azmacort)	Aero Sol	44400040203405	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Triamcinolone	Acetonide Inj											
	Triamcinolone Acetonide 10 mg/ml inj (Kenalog-10 5ML)	Susp	22100050101805	0	No	No	Yes	No	N/A	No	Yes	
	Triamcinolone Acetamide 40 mg/ml inj (Kenalog-40)	Susp	22100050101810	0	No	Yes	Yes	No	N/A	No	Yes	
	Route(s): Intra Articularly, Intramuscularly											
Triamcinolone	Dental Paste											
	Triamcinolone Dental Paste 0.1%, 5gm (Kenalog In Orabase)	Paste	88250020104410	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
Triamterene	Capsule											
	Triamterene 100 MG Cap (Dyrenium)	Cap	37500030000110	0	No	No	No	No	N/A	No	Yes	
	Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	0	No	No	No	No	N/A	No	Yes	

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	Route(s): Orally										
	Triamterene/ HCTZ Capsule										
	Triamterene/ HCTZ 50mg/25mg Cap (Maxzide)	Cap	37990002300110	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 37.5mg/25mg Cap (Dyazide)	Cap	37990002300105	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 37.5mg/25mg Cap UD (Dyazide)	Cap	37990002300105	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Triamterene/ HCTZ Tablet										
	Triamterene/ HCTZ 37.5mg/25mg Tab UD (Maxzide-25)	Tab	37990002300315	0	No	No	No	No	N/A	Yes	Yes
	Triamterene/ HCTZ 37.5mg/25mg Tab (Maxzide-25)	Tab	37990002300315	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 75mg/50mg Tab (Maxzide)	Tab	37990002300330	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 75mg/50mg Tab UD (Maxzide, UD)	Tab	37990002300330	0	No	No	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Trichloroacetic Acid External Liquid										
	Trichloroacetic Acid 80% (Tri-Chlor Liquid)	Liq	90500050000980	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Topically										
	Trifluoperazine HCL Tablet										
	Trifluoperazine HCL 1 MG Tab (Stelazine 1 MG)	Tab	59200085100305	0	No	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 1 MG Tab UD (Stelazine 1 MG, UD)	Tab	59200085100305	0	No	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 10 MG Tab (Stelazine 10 MG)	Tab	59200085100320	0	No	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 10 MG Tab UD (Stelazine 10 MG, UD)	Tab	59200085100320	0	No	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 2 MG Tab (Stelazine 2 MG)	Tab	59200085100310	0	No	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 2 MG Tab UD (Stelazine 2 MG, UD)	Tab	59200085100310	0	No	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 5 MG Tab UD (Stelazine 5 MG UD)	Tab	59200085100315	0	No	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 5 MG Tab (Stelazine 5 MG)	Tab	59200085100315	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	MLP Requires Cosign										
	Trifluridine Ophth Solution 1%										
	Trifluridine Ophth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution)	Sol	86103020002005	0	No	Yes	No	No	N/A	No	Yes
	Route(s): In Affected Eye(s)										
	MLP Requires Cosign										
	Trihexyphenidyl Elixir										
	Trihexyphenidyl 2MG/5ML Elixir, 473ML (Artane ELIXIR)	Elixir	73100070101005	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Orally										
	MLP Requires Cosign										
	Trihexyphenidyl HCl Tablet										
	Trihexyphenidyl 2 MG Tab (Artane 2 MG)	Tab	73100070100310	0	No	No	Yes	No	N/A	No	Yes
	Trihexyphenidyl 5 MG Tab (Artane)	Tab	73100070100320	0	No	No	Yes	No	N/A	No	Yes
	Trihexyphenidyl 2 MG Tab UD (Artane)	Tab	73100070100310	0	No	No	Yes	No	N/A	Yes	Yes
	Trihexyphenidyl 5 MG Tab UD (Artane)	Tab	73100070100320	0	No	No	Yes	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Route(s): Orally **MLP Requires Cosign**											
	Trimethobenzamide Capsule Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Orally											
	Trimethobenzamide HCL Injection Trimethobenzamide HCL 100 MG / ML Inj (Tigan 100 MG / ML, 2 ML Injection)	Sol	50200070102005	0	No	No	Yes	No	N/A	No	No	Yes
	Trimethobenzamide HCL 100 MG / ML Syringe (Tigan 100 MG / ML, 2 ML SYRINGE)	Sol	50200070102005	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): Intramuscularly											
	Trimethobenzamide HCL Suppository Trimethobenzamide HCL 100 MG Suppository (Tigan 100 MG Suppository)	Supp	50309902855210	0	No	No	No	No	N/A	No	No	Yes
	Trimethobenzamide HCL 200 MG Suppository (Tigan 200 MG Suppository)	Supp	50309902855220	0	No	No	No	No	N/A	No	No	Yes
	Route(s): Rectally											
	Tropicamide Ophth Solution 0.5% Tropicamide Ophth Soln 0.5 %,15 ML - Mydracyl (Mydracyl 0.5% Ophth Soln)	Sol	86350050002005	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): In Affected Eye(s)											
	Tropicamide Ophth Solution 1% Tropicamide Oph Soln 1 %, 15 ML (Mydracyl)	Sol	86350050002010	0	No	Yes	No	No	N/A	No	No	Yes
	Tropicamide Ophth Solution 1 %, 3 ML (Mydracyl 1 %, 3 ML Ophth Soln)	Sol	86350050002010	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): In Affected Eye(s)											
	Trypsin / Balsam / Castor Oil (Granulex) Trypsin/Balsam/Castor oil(Granulex) (Granulex Spray, 4 OZ)	Aero Sol	90700050003400	0	No	Yes	Yes	No	N/A	No	No	Yes
	Route(s): Topically											
	Advisories: ****Clinic or Pill Line use only****											
	Twinrix Intramuscular Hepatitis A & Hepatitis B (Twinrix) Susp 720-20 (Twinrix)	Susp	17109902051820	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intramuscularly											
	Tyloxapol Ophth Solution 0.25% Tyloxapol Ophth Solution 0.25 % ,15ML (Enuclene Opht Solution)	Sol	86807035002010	0	No	Yes	No	No	N/A	No	No	Yes
	Route(s): In Affected Eye(s)											
	Advisories: ****NOTE: FOR ARTIFICIAL EYES****											
	Valproate Sodium Injection 100 MG/ML Valproate Sodium Inj 500MG/5ML (Depacon)	Sol	72500020102020	0	No	No	Yes	No	N/A	No	No	Yes
	Route(s): Intravenously											
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
	Valproic Acid Capsule Valproic Acid 250 MG Cap UD (Depakene)	Cap	72500030000105	0	No	No	No	No	N/A	Yes	Yes	Yes
	Valproic Acid 250 MG Cap (Depakene)	Cap	72500030000105	0	No	No	No	No	N/A	No	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln</u> <u>Only</u>	<u>Req.</u> <u>Crush.</u>	<u>Loc.</u> <u>Active</u>	<u>Unit</u> <u>Dose</u>	<u>Fmly</u> <u>Yes</u>
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
	Valproic Acid Liquid 250 MG/5ML										
	Valproic Acid Liquid 250MG/5ML, UD (Depakene)	Liq	96844236000900	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
	Valproic Acid Syrup 250MG/5ML										
	Valproic Acid Syrup 50 MG/ML, 480 ML (Depakene Syrup)	Syrup	72500020101205	0	No	Yes	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****										
	Vancomycin HCL Capsule										
	Vancomycin HCL 125 MG Cap (Vancocin HCL)	Cap	16000060100110	0	No	No	No	No	N/A	No	Yes
	Vancomycin HCL 250 MG Cap (Vancocin HCL)	Cap	16000060100120	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Vancomycin HCL Injection										
	Vancomycin HCL 1 GM/20 ML Inj (Vancocin)	Sol Recon	16000060102108	0	No	No	Yes	No	N/A	No	Yes
	Vancomycin HCL Inj ADVantage 1 GM (vancocin)	Sol Recon	16000060102108	0	No	No	Yes	No	N/A	No	Yes
	Vancomycin HCL 500 MG Inj (Vancocin)	Sol Recon	16000060102105	0	No	No	Yes	No	N/A	No	Yes
	Vancomycin HCL Inj ADVantage 500 MG (Vancocin)	Sol Recon	16000060102105	0	No	No	Yes	No	N/A	No	Yes
	Vancomycin HCL 5 GM Inj (Vancocin)	Sol Recon	16000060102109	0	No	Yes	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Vancomycin HCL Injection Premix										
	Vancomycin Premix 500 MG/100ML Inj (vancocin)	Sol	16000060112020	0	No	No	Yes	No	N/A	No	Yes
	Vancomycin Premix 1 G/200ML Inj (Vancocin)	Sol	16000060112020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Vasopressin Injection										
	Vasopressin 20 Units/ML Inj (Pitressin)	Sol	30201030002010	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intramuscularly, Subcutaneously										
	Venlafaxine Oral 24 Hour Capsule										
	Venlafaxine XR 24 Hour Cap 37.5 MG (Effexor XR)	Cap ER 24 Ho	58180090107020	0	No	No	Yes	No	N/A	No	Yes
	Venlafaxine XR 24 Hour Cap 37.5 MG UD (Effexor XR)	Cap ER 24 Ho	58180090107020	0	No	No	Yes	No	N/A	Yes	Yes
	Venlafaxine XR 24 Hour Cap 75 MG (Effexor XR)	Cap ER 24 Ho	58180090107030	0	No	No	Yes	No	N/A	No	Yes
	Venlafaxine XR 24 Hour Cap 75 MG UD (Effexor XR)	Cap ER 24 Ho	58180090107030	0	No	No	Yes	No	N/A	Yes	Yes
	Venlafaxine XR 24 Hour Cap 150 MG (Effexor XR)	Cap ER 24 Ho	58180090107050	0	No	No	Yes	No	N/A	No	Yes
	Venlafaxine XR 24 Hour Cap 150 MG UD (Effexor XR)	Cap ER 24 Ho	58180090107050	0	No	No	Yes	No	N/A	Yes	Yes
	Route(s): Orally										
	MLP Requires Cosign										
	Venlafaxine Oral Tablet										
	Venlafaxine HCl 25 MG Tab (Effexor 25MG)	Tab	58180090100320	0	No	No	Yes	No	N/A	No	Yes
	Venlafaxine HCl 50 MG Tab (Effexor)	Tab	58180090100350	0	No	No	Yes	No	N/A	No	Yes
	Venlafaxine HCl 100 MG Tab (Effexor)	Tab	58180090100370	0	No	No	Yes	No	N/A	No	Yes

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	Venlafaxine HCl 100 MG Tab UD (Effexor)	Tab	58180090100370	0	No	No	Yes	No	N/A	No	Yes	Yes		
	Venlafaxine HCl 75 MG Tab (Effexor)	Tab	58180090100360	0	No	No	Yes	No	N/A	No	No	Yes		
	Venlafaxine HCl 75 MG Tab UD (Effexor)	Tab	58180090100360	0	No	No	Yes	No	N/A	No	Yes	Yes		
	Venlafaxine HCl 37.5 MG Tab (Effexor)	Tab	58180090100340	0	No	No	Yes	No	N/A	No	No	Yes		
	Venlafaxine HCl 50 MG Tab UD (Effexor)	Tab	58180090100350	0	No	No	Yes	No	N/A	No	Yes	Yes		
	Route(s): Orally													
	MLP Requires Cosign													
	Verapamil ER 24 Hour Oral Capsule													
	Verapamil HCL ER 180 MG 24 Hour Cap	Cap ER 24 Ho	34000030107025	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 100 MG 24 Hour Cap (Verlan PM)	Cap ER 24 Ho	34000030107015	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 360 MG 24 Hour Cap	Cap ER 24 Ho	34000030107045	0	No	No	No	No	N/A	No	No	Yes		
	Route(s): Orally													
	Verapamil ER Oral Tab													
	Verapamil HCL ER 240 MG Tab (Calan SR 240)	Tab ER	34000030100420	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 120 MG Tab (Calan)	Tab ER	34000030100410	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 180 MG Tab	Tab ER	34000030100415	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 120 MG Tab (Calan) (Calan SR)	Tab ER	34000030100410	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 120 MG Tab UD (Calan SR 120 MG, UD)	Tab ER	34000030100410	0	No	No	No	No	N/A	Yes	Yes			
	Verapamil HCL ER 180 MG Tab (Calan) (Calan / Isoptin SR 180 MG)	Tab ER	34000030100415	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 180 MG Tab UD (Calan SR 180 MG, UD)	Tab ER	34000030100415	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 240 MG Tab (Calan) (Calan SR 240 MG)	Tab ER	34000030100420	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL ER 240 MG Tab UD (Calan)	Tab ER	34000030100420	0	No	No	No	No	N/A	Yes	Yes			
	Route(s): Orally													
	Verapamil Inj													
	Verapamil HCL 2.5 MG/ML Inj (Calan / Isoptin 2.5 MG / ML)	Sol	34000030102005	0	No	No	Yes	No	N/A	No	No	Yes		
	Verapamil HCL 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)	Sol	34000030102005	0	No	Yes	Yes	No	N/A	No	No	Yes		
	Route(s): Intravenously													
	Verapamil Oral Tab													
	Verapamil HCL 80 MG Tab UD (Calan 80 MG, UD)	Tab	34000030100305	0	No	No	No	No	N/A	Yes	Yes			
	Verapamil HCL 120 MG Tab (Calan / Isoptin 120 MG)	Tab	34000030100310	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL 40 MG Tab (Calan / Isoptin)	Tab	34000030100303	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL 80 MG Tab (Calan / Isoptin)	Tab	34000030100305	0	No	No	No	No	N/A	No	No	Yes		
	Verapamil HCL 120 MG Tab UD (Calan / Isoptin 120 MG)	Tab	34000030100310	0	No	No	No	No	N/A	Yes	Yes			
	Route(s): Orally													
	vinBLASTine Sulfate Inj													
	vinBLASTine Sulfate 10 MG Inj (Velban)	Sol Recon	21500030102105	0	No	No	Yes	No	N/A	No	No	Yes		
	Route(s): Intravenously													
	vinCRISTine Sulfate Inj													
	vinCRISTine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	0	No	No	Yes	No	N/A	No	No	Yes		
	vinCRISTine Sulfate 1 MG/ML, 2ML Inj (Oncovin)	Sol	21500020102005	0	No	No	Yes	No	N/A	No	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA</u> <u>Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill</u> <u>Ln</u> <u>Only</u>	<u>Crush.</u> <u>Req.</u>	<u>Loc.</u> <u>Active</u>	<u>Dose</u> <u>Unit</u>	<u>Fmlry</u>
	Route(s): Intravenously										
Vinorelbine Tartrate	Vinorelbine Tartrate 10 MG/ML Inj (Navelbine)	Sol	21500050802020	0	No	No	Yes	No	N/A	No	Yes
	Route(s): Intravenously										
	Medical Referral Center (MRC) Use Only										
Vitamin A & D Oint Packets	Vitamin A & D Oint Packets (Vit A&D Ointment Packet)	Oint	90650040004200	0	No	Yes	No	No	N/A	Yes	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Formulary Restrictions:										
	****RESTRICTED TO DIABETIC, DIALYSIS, INPATIENTS ONLY*****										
Vitamin A & D Ointment	Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)	Oint	90650040004200	0	No	Yes	No	No	N/A	No	Yes
	Vitamin A & D Ointment 120 GM (Vitamin A & D Ointment)	Oint	90650040004200	0	No	Yes	No	No	N/A	No	Yes
	Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	0	No	No	No	No	N/A	No	Yes
	Route(s): Topically										
	Advisories:										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Formulary Restrictions:										
	****RESTRICTED TO DIABETIC, DIALYSIS, INPATIENTS ONLY*****										
Vitamin B Complex	Vitamin B Complex Cap	Cap	78110000000100	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Advisories:										
	**Limited to Dialysis patient use only. All other patient's orders require a non-formulary approval request.										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Non-Formulary Use Criteria:										
	1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)										
	2. Patient undergoing active detoxification for substance abuse										
	3. Patient has a malnutrition/malabsorption disorder										
	4. Pregnant patient (prenatal vitamins										
	Medical Referral Center (MRC) Use Only										
Vitamin B complex (Diallyvite Tablet)	Vitamin B complex (Diallyvite) Tab U.D.	Tab	78133000000330	0	No	No	No	No	N/A	No	Yes
	Route(s): Orally										
	Formulary Restrictions:										
	**Limited to Dialysis patient use only. All other patient's orders require a non-formulary approval request.										
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.										
	Medical Referral Center (MRC) Use Only										
Vitamin B complex (Diallyvite Tablet)	Vitamin B complex (Diallyvite) Tab	Tab	78133000000330	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Sched.	DEA	Cpnd	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
	Route(s): Orally															
	Formulary Restrictions:															
	**Limited to Dialysis patient use only. All other patient's orders require a non-formulary approval request.															
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.															
	Medical Referral Center (MRC) Use Only															
Vitamin B with C Tab	Vitamin B with C Tab (Nephplex) (Nephplex Rx)	Tab	78136000000330	0	No	No	No	No	No	N/A	No	Yes				
	Route(s): Orally															
	Advisories:															
	**Limited to Dialysis patient use only. All other patient's orders require a non-formulary approval request.															
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.															
	Non-Formulary Use Criteria:															
	1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)															
	2. Patient undergoing active detoxification for substance abuse															
	3. Patient has a malnutrition/malabsorption disorder															
	4. Pregnant patient (prenatal vitamins															
	Medical Referral Center (MRC) Use Only															
Vitamin B with C Tablet	Vitamin B Complex with C Tab (Nephro-vite) (Nephro-Vite)	Tab	78133000000325	0	No	No	No	No	No	N/A	No	Yes				
	Vitamin B Complex with C & FA Cap(Nephrocap) (Nephrocaps)	Cap	78133000000130	0	No	No	No	No	No	N/A	No	Yes				
	Vitamin B with C 300 MG Tab (Total B WITH C)	Tab	78133000000300	0	No	No	No	No	No	N/A	No	Yes				
	Vitamin B with C Tab UD (Nephro-Vite) (Nephro-Vite)	Tab	78133000000330	0	No	No	No	No	No	N/A	No	Yes				
	Route(s): Orally															
	Advisories:															
	**Limited to Dialysis patient use only. All other patient's orders require a non-formulary approval request.															
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.															
	Non-Formulary Use Criteria:															
	1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)															
	2. Patient undergoing active detoxification for substance abuse															
	3. Patient has a malnutrition/malabsorption disorder															
	4. Pregnant patient (prenatal vitamins															
	Medical Referral Center (MRC) Use Only															
Voriconazole inj	Voriconazole 200 MG Inj (Vfend IV)	Sol Recon	11407080002120	0	No	No	Yes	No	N/A	No	Yes					
	Route(s): Intravenously															
	Medical Referral Center (MRC) Initiation Only															
Voriconazole Oral Tab	Voriconazole 200 MG Tab (Vfend)	Tab	11407080000340	0	No	No	No	No	N/A	No	Yes					
	Route(s): Orally															
	Medical Referral Center (MRC) Initiation Only															
Warfarin Tablet	Warfarin 4 MG Tab UD (Coumadin)	Tab	83200030200313	0	No	No	No	No	N/A	Yes	Yes					
	Warfarin 4 MG Tab (Coumadin)	Tab	83200030200313	0	No	No	No	No	N/A	No	Yes					
	Warfarin 2 MG Tab UD (Coumadin)	Tab	83200030200305	0	No	No	No	No	N/A	Yes	Yes					

Doctor Name	Item Name	Dosage Form	GPI Code	Schd.	DEA	Cpnd	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Warfarin 2 MG Tab (Coumadin)	Tab	83200030200305	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 3 MG Tab UD (Coumadin)	Tab	83200030200311	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 3 MG Tab (Coumadin)	Tab	83200030200311	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 6 MG Tab (Coumadin)	Tab	83200030200317	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 6 MG Tab UD (Coumadin)	Tab	83200030200317	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 1 MG Tab UD (Coumadin)	Tab	83200030200303	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 1 MG Tab (Coumadin)	Tab	83200030200303	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 10 MG Tab (Coumadin)	Tab	83200030200325	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 10 MG Tab UD (Coumadin)	Tab	83200030200325	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 2.5 MG Tab (Coumadin)	Tab	83200030200310	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 2.5 MG Tab UD (Coumadin)	Tab	83200030200310	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 5 MG Tab UD (Coumadin)	Tab	83200030200315	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 5 MG Tab (Coumadin)	Tab	83200030200315	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 7.5 MG Tab (Coumadin)	Tab	83200030200320	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 7.5 MG Tab UD (Coumadin)	Tab	83200030200320	0	No	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally												
	Advisories:												
	*****NON-SUBSTITUTABLE -USE COUMADIN ONLY****												
	Water For Irrigation, Sterile												
	Water For Irrigation, Sterile 1000 ML (Water For Irrigation, STERILE)	Sol	99750005002000	0	No	Yes	No	No	N/A	No	Yes		
	Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	0	No	Yes	Yes	No	N/A	No	Yes		
	Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	0	No	Yes	Yes	No	N/A	No	Yes		
	Route(s): Intravenously, Topically												
	Water, Sterile Injection												
	Water, Sterile Injection 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	0	No	Yes	Yes	No	N/A	No	Yes		
	Water, Sterile Injection 20 ML Vial (Water For Injection, STERILE)	Sol	98401010002000	0	No	No	Yes	No	N/A	No	Yes		
	Route(s): Intravenously												
	Witch Hazel & Glycerin (tucks)												
	Witch Hazel & Glycerin 50%/10% (40 Pads) (Tucks Pads)	Pad	90971040004300	0	No	Yes	No	No	N/A	No	Yes		
	Witch Hazel & Glycerin 50%/10% (100 Pads) (Tucks External Pad 50 %)	Pad	90971040004300	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Advisories:												
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	Xylose Powder												
	Xylose Powder GM (D-XYLOSE)	Pwdr	94200040002900	0	No	Yes	No	No	N/A	No	Yes		
	Route(s): Topically												
	Zidovudine Capsule												
	Zidovudine 100 MG Cap (Retrovir)	Cap	12108085000110	0	No	No	No	No	N/A	No	Yes		
	Zidovudine 100 MG Cap UD (Retrovir)	Cap	12108085000110	0	No	No	No	No	N/A	Yes	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>DEA Schd.</u>	<u>Cpnd</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Route(s): Orally											
	Advisories: ****PHYSICIAN Initiation ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Zidovudine Oral Syrup 10 MG/ML											
	Zidovudine Oral Syrup 10 MG/ML, 240ML (Retrovir)	Syrup	12108085001210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN Initiation ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Zidovudine Tablet											
	Zidovudine 300 MG Tab (Retrovir)	Tab	12108085000330	0	No	No	No	No	N/A	No	Yes	
	Zidovudine 300 MG Tab UD (Retrovir)	Tab	12108085000330	0	No	No	No	No	N/A	Yes	Yes	
	Route(s): Orally											
	Advisories: ****PHYSICIAN Initiation ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
	Zinc Oxide Ointment 20%											
	Zinc Oxide Ointment 20%, 454 GM (Dr Talbots)	Oint	90971020004210	0	No	Yes	No	No	N/A	No	Yes	
	Zinc Oxide Ointment 20%, 30 GM (Zinc Oxide Ointment)	Oint	90971020004210	0	No	Yes	No	No	N/A	No	Yes	
	Zinc Oxide Ointment 20%, 60 GM	Oint	90971020004210	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Zinc Oxide Ointment 40%											
	Zinc Oxide Ointment 40% 4 oz (Zinc Oxide)	Oint	90971020004240	0	No	Yes	No	No	N/A	No	Yes	
	Route(s): Topically											
	Zinc Sulfate											
	Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	0	No	No	No	No	N/A	No	Yes	
	Route(s): Intravenously											
	Ziprasidone Oral Capsule											
	Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	0	No	No	Yes	No	N/A	No	Yes	
	Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	0	No	No	Yes	No	N/A	No	Yes	
	Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	0	No	No	Yes	No	N/A	No	Yes	
	Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	0	No	No	Yes	No	N/A	No	Yes	
	Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	0	No	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	0	No	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	0	No	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 80 MG Cap UD (Geodon)	Cap	59400085100150	0	No	No	Yes	No	N/A	Yes	Yes	
	Route(s): Orally											
	MLP Requires Cosign											