

ADDENDUM 2, ATTACHMENT A-3

**REQUEST FOR PROPOSALS 2018-138
KITSAP COUNTY SHERIFF
INMATE HEALTH CARE SERVICE**

**WASHINGTON STATE DEPARTMENT OF CORRECTIONS
PHARMACEUTICAL MANAGEMENT AND
FORMULARY MANUAL**



PHARMACEUTICAL MANAGEMENT and FORMULARY MANUAL

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



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

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Definitions

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“STAT” Order: A prescription order to be administered immediately.

Section I

Purpose

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

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

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

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

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

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

Section II

Promulgation of Policy

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

Section III

Voting Members

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

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

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

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

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

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

Section IV

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

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

Section V

Meeting Operations

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

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

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

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

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

Section VI – Medication Categories

Formulary

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

Restricted Formulary

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

Procedure:

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

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

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

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

- Upon admission of a patient to a DOC facility from outside DOC, a Non-Formulary medication may be continued up to 30 days for medical and 60 days for mental health without authorization if:
 - A) the patient arrived on this medication,
AND
 - B) Immediate discontinuation of the medication may be dangerous. The practitioners may use this window to wean, replace or submit a Non-Formulary (NFR) request form for prior approval.

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

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

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Section VI – Medication Categories, Continued

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

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

Optimizing Consistency in Response to NFRs:

1. Newly assigned pharmacists must be oriented and trained by the Director of Pharmacy/designee for at least 3 months. During training, any response from a new pharmacist to NFRs must be evaluated and approved by the Director of Pharmacy/designee prior to sending the response.
2. Pharmacists shall submit a response to NFRs within 2 business days using one of the following responses:
 - a. Approved (may have a limited duration).
 - b. Pending (more information needed, incomplete request, or if the research may take more than 2 business days, etc.).
 - c. Denied (responder shall provide alternative management options or explanation if the therapy is not considered Medically Necessary per the Offender Health Plan).

Pharmacists shall take the following steps while evaluating NFRs:

1. Verify if the therapy is medically necessary per the Offender Health Plan (OHP)
 - a. If medical necessity is unclear, the pharmacist may consult with the FMD, who may recommend CRC review if needed.
 - b. If treatment diagnosis is known to be Level 2, the NFR is referred to CRC.
 - c. The NFR will be resubmitted by the requesting practitioner after CRC authorization to treat the condition.
 - d. See the WA DOC Pharmaceutical Management and Formulary Manual for emergency use guidelines.
2. Conduct a case evaluation by reviewing:
 - a. Patient compliance while on formulary medications
 - b. Patient utilization patterns (refill requests, history of medication profile, and past NFRs)
 - c. Other underlying medical conditions
 - d. Patient safety (risk vs. benefit)

- e. Prison security (i.e., would patient be bullied by his/her cellmates to give up or trade non-formulary medication)
3. Check the patient medication profile to confirm compliance with DOC protocols/guidelines as appropriate.
4. Verify appropriateness and completeness of clinical evidence that may have been submitted with the NFR
5. Research alternative medication therapies from the various resources available to pharmacists
6. Review cost of alternative medication therapy against the requested non-formulary medication.
7. Confirm specialist recommendation on non-formulary medication.
 - a. Specialist shall be contacted and advised of suggested formulary or cost-effective alternative medication therapy unless therapeutic interchange is directed by the WA DOC Pharmaceutical Management and Formulary Manual. Any continued disagreement between NFR recommendation and consulting specialist recommendation will be resolved by the FMD with option to refer question to DOC Pharmacy Director and CMO.
8. Save all NFR responses in the authorized NFR folder as:
 - a. NFR, Medication name (in generic), Diagnosis, Facility abbreviation, Pt. last name, Pt. DOC number, Date of decision, then approved (a), denied (d), or pending (p)
 - b. Example: "NFR gabapentin back pain WCC Doe 123456 10.2.15 (d)"
 - c. Access to the NFR folder will be granted by the Director of Pharmacy
9. A copy of the response to the NFR must be placed in the legal section of the patient's chart.

**Appeal of a
Non-
Formulary
Decision**

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

Special Criteria on Therapeutic Class of Medication

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

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

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

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

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

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

Violator Pharmaceutical Requests

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

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

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

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

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Section VI – Medication Categories, Continued

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

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

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

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

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

OTC Medications All previous formulary OTC medications that are listed in the OTC policy and are now available in the store will be moved to *Restricted Formulary* status effective June 15th 2009. They can be ordered only if medically necessary AND approved by the facility medical director.

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

Section VII

**Generic
Substitution**

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

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

Substitution may be made without notification to the prescriber.

Section VIII

Therapeutic Interchange

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

If a prescriber does not wish to allow an automatic Interchange to occur with the prescription order, the prescriber must add “Do Not Sub” at the end of the sig. Such request may require submitting a Non-Formulary request (NFR).

The pharmacist will document the Interchange on a PER or Inpatient Order form stating:

- Therapeutic Interchange per formulary
- Discontinue (drug, dose, schedule, duration)
- Start (drug, dose, schedule, duration)
- Pharmacist signature and title and
- Prescriber name and title

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

Section IX

Medication Sources

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

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

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

Section X

Pharmaceutical Representatives

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

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

Section XI

Formulary Addition Requests

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

Section XII

Refusal to Fill or discontinue an order

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

- a) An order may cause physical harm.
- b) An order does not meet DOC formulary criteria and/or does not have a Non-Formulary approval.
- c) An order contains a significant therapeutic duplication or drug interaction
- d) Other specific situations must be discussed and approved with P&T Committee or CMO/designee.
- e) In the event of shortage or extreme price fluctuation the Director of Pharmacy, in consultation with the CMO, has the authority to suspend formulary status with suggestion of alternative clinical management until the P&T committee can formally address the issue. The Director of Pharmacy will notify HS staff via email of the interim change of formulary status.

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

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

Section XIII

Prescription discontinuation, renewal and refill

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

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

A licensed prescriber must renew a prescription before the prescription term has expired to ensure an uninterrupted supply for the patient.

Psychotropic medication prescriptions are limited to a maximum duration of six months and will be dispensed in up to a one-month supply. All other medications are limited to a 12- month maximum duration and will be dispensed in up to a one-month supply. Medications categorized as Controlled Substances C3-C5 are only permitted to be written for up to 6 months and with no more than 5 refills.

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

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

Section XIV

Telephone and Verbal orders

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

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

Section XV

Written Prescription Guidelines

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

- All pharmacy prescriptive authority protocols must be reviewed and approved by P&T committee prior to implementation.
- Only DOC prescribers with active DEA registrations shall have authorization to write prescriptions for controlled substances. DOC pharmacist shall not dispense controlled substances pursuant to an order written by a DOC prescriber without an active DEA registration.
- Trainees with prescriptive authority shall have all medication orders co-signed by a DOC prescriber.
- If the prescriber does not specify one of these terms on the prescription order:
 - a) STAT – immediately or
 - b) Now – within 1-2 hours or
 - c) Start today – by the end of the day

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

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

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

Each order shall include:

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

Section XVI

Issuable and medline medications

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

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

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

DOC administers medications at a medline for the following reasons:

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

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

Continued on next page

Section XVII, Continued

**Issuable and
medline
medications**
(continued)

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

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

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

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

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

Continued on next page

Section XVII, Continued

**Issuable and
medline
medications**
(continued)

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

- Controlled substances (no exceptions)
 - Injectable meds including Insulin (possible exception in some minor facility under custody direct supervision)
 - Muscle relaxants (up to 14 days unless otherwise approved to continue for more than 14 days). Muscle relaxants may be overridden to issuable at facilities without a medline.
 - Any PLN psychotropic meds for the treatment of acute psychotic disorder
 - Antimicrobial agents including HIV meds if they are prescribed as PLN
 - For those who are working during normal pill line times
 - Other exceptions require facility medical director OR pharmacist supervisor's approval.
-

Section XVII

Urgent stock medication

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

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

Section XVIII

Crushing of medications

The following dosage forms must NOT be crushed:

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

Specific prescriber order is required to crush any other medication.

Section XIX

Labeling

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

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

Section XX

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

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

Section XXI

Medication Incidents

All medication incidents shall, upon discovery:

- be immediately reported verbally to the prescribing practitioner
- be recorded via the online Medication Incident Report Form on the CQIP DOCShare site –

<http://wadoc/sites/healthsvcs/cqip/Lists/MIR%20Version%202021/My%20Submissions.aspx>

Near misses shall also be reported.

Section XXII

**Transfer and
release
medications**

Refer to DOC Policy 650.035.

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

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

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

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

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

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

Section XXIII

Drug recalls

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

Specific guidelines for each type of recall appear below:

Class I Recall: Emergency and life threatening.

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

Class II Recall: Priority situation may be life threatening.

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

Class III Recall: Remote or nonexistent threat to life.

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

Appendices

Overview

Introduction This section includes the appendices pertinent to this document.

Contents This section contains the following topics:

Topic	See Page
A – Commonly Mistaken Abbreviations	39
B – Formulary Drug Listing	42
C – AHFS Pharmacological-Therapeutic Drug Classification	129
D – Possible Alternatives to Non-Formulary Medications	150
E – Approved Medications for Therapeutic Interchange	154
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A – Commonly Mistaken Abbreviations

Mistaken Abbreviations

The table below covers the common abbreviation mistakes.

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

Continued on next page

A – Commonly Mistaken Abbreviations, Continued

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken for “55”	Spell out “sliding scale” Use “one-half” or use “1/2”
> and <	Greater than and less than	Mistakenly used opposite of intended	“greater than” or “less than”
/ (slash mark)	Separates two doses or indicates “per”	Misunderstood as the number 1 (“25 unit/10 units” read as “110” units)	Do not use a slash mark to separate doses. Use “per”
Names letters and dose numbers run together (e.g. Inderal40mg)	Inderal 40 mg	Misread as Inderal 140 mg	Always space between drug name, dose and unit of measure.
Zero after decimal point (1.0)	1mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit.
ARA-A	Vidarabine	Cytarabine (ARA-C)	complete spelling for drug names
AZT	Zidovudine (Retrovir)	Azathioprine	complete spelling for drug names
CPZ	Prochlorperazine (Compazine)	Chlorpromazine	complete spelling for drug names
DPT	Demerol Phenergan Thorazine	Diphtheria-pertussis-tetanus	complete spelling for drug names.
HCl	Hydrochloric acid	Potassium chloride (The “H” is misinterpreted as “K.” i.e. HCl vs. KCl)	complete spelling for drug names.
HCT	Hydrocortisone	Hydrochlorothiazide	complete spelling for drug names
HCTZ	Hydrochlorothiazide	Hydrocortisone (seen as HCT 250 mg)	complete spelling for drug names.
MgSO4	Magnesium sulfate	Morphine sulfate	complete spelling for drug names

Continued on next page

A – Commonly Mistaken Abbreviations, Continued

Mistaken Abbreviations (continued)

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

B – Formulary Drug Listing

Notes:

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

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

Exchange of aerosol inhalers is required. If a patient is unable to retrieve the previous inhaler, an additional inhaler will be provided to prevent adverse clinical outcomes.

Table

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

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Activase	Alteplase	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	medline
Actos	Pioglitazone	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 68:20.28 Thiazolidinediones	issue
Acyclovir	Zovirax	Formulary: Oral dosage form Non-Formulary: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	issue
Adacel	Tetanus & diphtheria & pertussis toxoid adsorbed (adult)	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Adalat (including Extended Release)	Nifedipine (including Extended Release)	<i>Restricted Formulary</i>	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	issue
Adalimumab	Humira	<i>Restricted Formulary</i>	Requires recommendation from a specialist.	AHFS 92:00 MISC	medline
Aerochamber	Inhaler spacer	Formulary			issue
Afrin	Oxymetazoline	<i>Restricted Formulary</i>	Approved for acute epistaxis.	AHFS 52:36 Miscellaneous EENT drugs	issue
Akwa Tears	Tears Artificial	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to diagnosed autoimmune etiology or connective tissue disease.	AHFS 52:36 Miscellaneous EENT drugs	issue
Albumin Human	Plasbumin	Formulary		AHFS 16:00 Blood Derivatives	medline
Albuterol HFA	Ventolin HFA	Formulary: Neb, MDI Non-Formulary: Extended release, other HFA Brands	One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	issue
Alcohol isopropyl	Isopropyl Alcohol	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Aldactone	Spironolactone	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	
Alendronate	Fosamax	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Allopurinol	Zyloprim	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Alphagan-P	Brimonidine	Formulary (0.2% only) Non-Formulary: all other strengths		AHFS 52:36 Miscellaneous EENT Drugs	issue
Alteplase	Activase	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	medline
Aluminum acetate	Burow's solution	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Aluminum acetate/ Acetic acid	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti- infective	issue
Aluminum hydroxide gel	Alu-Tab, Alu-Cap, Amphojel	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	issue
Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid	Gaviscon	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue
Aluminum & Magnesium hydroxide	Maalox	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue
Alu-Tab, Alu-Cap, Amphojel	Aluminum hydroxide gel	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	issue
Amantadine	Symmetrel	Formulary		AHFS: 8:18.04 Adamantanes	issue
Amiodarone	Cordarone	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	issue
Amitriptyline	Elavil	Formulary	No more than 2 anti- depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Amlodipine	Norvasc	Formulary		AHFS 24:28 Calcium- Channel Blocking Agents	issue
Ammonia	Ammonia Inhalant	Formulary		AHFS 96:00 Pharmaceutical Aids	Medline only
Ammonia Inhalant	Ammonia	Formulary		AHFS 96:00 Pharmaceutical Aids	Medline only
Amoxicillin	Amoxil, Polymox	Formulary		AHFS 8:12.16 Penicillins	issue
Amoxicillin & clavulanate	Augmentin	Formulary	Extended Release (XR) approved for 2 nd line use in acute rhinosinusitis per protocol.	AHFS 8:12.16 Penicillins	issue

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Apresoline	Hydralazine	Formulary		AHFS 24:08.20 Direct Vasodilators	issue
Aptivus	Tipranavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Aqua Care	Urea lotion	<i>Restricted Formulary</i>	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic Agents	issue
Aqua-Mephyton, Mephyton	Phytonadione (Vitamin K-1)	Formulary		AHFS 88:24 Vitamin K activity	medline
Aquaphor	Hydrophilic Ointment	<i>Restricted Formulary</i> Non-Formulary: Dry skin	OTC item, requires approval by facility medical director.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Aranesp	Darbepoetin	<i>Restricted Formulary</i>	Approved for severe anemia in the setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	medline
Aricept	Donepezil	<i>Restricted Formulary</i>	Requires psych CRC approval for the treatment of condition. Require a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	medline
Aripiprazole	Abilify	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Aristospan, Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase	Triamcinolone	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection Non-Formulary: other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Artane	Trihexyphenidyl	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Asacol, Lialda Rowasa	Mesalamine	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	issue
Ascorbic Acid	Vitamin C	<i>Restricted Formulary</i>	Approved for iron absorption aid	AHFS 88:12	issue
Asenapine (sublingual tablet)	Saphris (sublingual tablet)	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Preferred Brand agent Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Aspirin	Aspirin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for acute pain (up to 14 days after the initial injury), cardiac prophylaxis, high fever ($\geq 101^{\circ}\text{F}$), niacin therapy, or TIA prevention.	AHFS 28:08.04.24 Salicylates	issue
Atazanavir	Reyataz	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08.20 Antiretrovirals	issue
Atenolol	Tenormin	Formulary		AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Ativan	Lorazepam	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Atomoxetine	Strattera	Non-Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	Medline Only
Atorvastatin	Lipitor	<i>Restricted Formulary</i>	Approved per the 2013 ACC/AHA Guidelines.	AHFS 24:06 Antilipemic agents	issue
Atripla	Efavirenz/ Emtricitabine/ Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Atropine sulfate	Isopto-Atropine	Formulary		AHFS 52:24 Mydriatics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Atropine/ benzoic acid/ hyoscyamine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Atrovent	Ipratropium	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Augmentin	Amoxicillin & clavulanate	Formulary <i>Restricted Formulary:</i> Extended Release (XR)	Extended Release (XR) approved for 2 nd line use in acute rhinosinusitis per protocol.	AHFS 8:12.16 Penicillins	issue
Auranofin	Ridaura	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	issue
Avonex	Interferon Beta 1a	<i>Restricted Formulary</i> Non-Formulary: Rebif	Requires approval of a specialist with assessment and recommendation for the treatment of MS before or after admission to DOC Other immunomodulators or immunosuppressants may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.	AHFS 8:18:20 Interferons	medline
Azathioprine	Imuran	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	issue
Azithromycin	Zithromax	Formulary		AHFS 8:12.06 Macrolides	issue
Azulfidine	Sulfasalazine	Formulary		AHFS 8:24.20 Sulfonamides	issue
Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan, Nasacort	Triamcinolone	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection Non-Formulary: other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Bacitracin	Bacitracin	Formulary		AHFS 84:04.04 Topical Antibacterials	issue
Bacitracin/ polymyxin B/ neomycin	Triple Antibiotic, Neosporin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	issue
Baclofen	Lioresal	<i>Restricted Formulary</i> Non-Formulary: Treatment of any acute condition	Approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis.	AHFS 12:20 Skeletal Muscle Relaxants	medline

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Dental use requires approval of Dental CRC.	
Bactrim DS, Cotrim DS, Septra DS	Trimethoprim/ sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides issue
Bactroban	Mupirocin	<i>Restricted Formulary</i> Non-Formulary: Nasal specific product	Approved for treatment of staph-related active nasal infections; for nasal decolonization at the recommendation of a surgeon or per the DOC MRSA protocol; or for other topical treatment if alternative therapies fail or are contraindicated.	AHFS 84:04.04 Topical Antibacterials issue
Baraclude	Entecavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.32 Nucleosides and nucleotides issue
Baros	Sodium Bicarbonate	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 40:08 Alkalizing agent issue
BayTet	Tetanus immune globulin	Formulary		AHFS 80:04 Serums medline
BD Glucose	Dextrose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents issue
Beclomethasone inhaler	QVAR	Formulary: Inhalers Non-Formulary: Nasal Spray		AHFS 52:08 EENT anti-inflammatory agents issue
Benadryl	Diphenhydramine	<i>Restricted Formulary</i> Non-Formulary: Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs medline
Benazepril	Lotensin	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors issue
Benemid	Probenecid	Formulary		AHFS 40:40 Uricosuric agents issue
Benoxinate/ Fluorescein	Fluress	<i>Restricted Formulary</i>	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Bentyl	Dicyclomine	Formulary		AHFS 12:08.08 Antimuscarinic/ anti- spasmodics	medline
Benzocaine	Orabase	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:16 EENT Local Anesthetics	issue
Benzoic acid / Atropine / hyoscyamine / methenamine / methylene blue / phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Benzonatate	Tessalon	Formulary		AHFS 48:08 Antitussives	issue
Benztropine mesylate	Cogentin	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	medline
Betadine	Povidone iodine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Betamethasone valerate 0.1%	Valisone	Formulary		AHFS 84:06 Topical anti-inflammatory agents	issue
Betapace	Sotalol	Formulary <i>Restricted Formulary:</i> AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	issue
Betaxolol HCl	Betoptic, Betoptic-S	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Bethanechol	Urecholine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Betoptic, Betoptic-S	Betaxolol HCl	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Biaxin	Clarithromycin	<i>Restricted Formulary</i>	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	issue
Bicitra, Shohl's solution	Sodium citrate/ Citric acid	<i>Restricted Formulary</i>	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Bicillin LA	Penicillin G, benzathine	Formulary		AHFS 8:12.16 Penicillins	medline
Biotene	Fluoride/Calcium/ Enzyme Guard	<i>Restricted Formulary</i>	Must be prescribed by DOC Dentists only for patients diagnosed with xerostomia.	AHFS 34:00 Dental Agents	issue
Bisacodyl	Dulcolax	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Bismuth subsalicylate	Pepto-Bismol	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	issue
Brethine	Terbutaline sulfate	<i>Restricted Formulary</i>	Approved for pregnant patients or patients with priapism only.	AHFS 12:12 Sympathomimetic agents	issue
Brimonidine	Alphagan P	Formulary (0.2% only)		AHFS 52:36 Miscellaneous EENT Drugs	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: all other strengths			
Budesonide	Pulmicort	Formulary: Nebs only Non-Formulary: other dosage form		52:08 EENT Anti-inflammatory agents	issue
Bupivacaine	Marcaine with & without epi	Formulary		AHFS 72:00 Local Anesthetics	medline
Buprenorphine	Subutex	<i>Restricted Formulary</i>	Approved for prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist	Medline Only
Buprenorphine/ Naloxone	Suboxone	<i>Restricted Formulary</i>	Approved for prevention of withdrawal; to be prescribed by an appropriately licensed and qualified prescriber. Prescriber must complete certification and be licensed by the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist AHFS 28:10 Opiate antagonist	Medline Only
Burow's solution	Aluminum acetate	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Buspar	Buspirone	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Buspirone	Buspar	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Calan, Calan SR	Verapamil	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Calcitriol	Rocaltrol	<i>Restricted Formulary</i>	For dialysis patients and patients with Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism	AHFS 88:16 Vitamin D	issue
Calcium acetate	PhosLo	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Calcium carbonate	Tums	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for hypocalcaemia, hyperphosphatemia, H.	AHFS 40:12 Replacement preparations	issue

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
			pylori or end stage renal disease.	
Calcium polycarbophil	Fibercon	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives issue
Calcium with Vit D	Vitamin D with Calcium	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients	AHFS 88:16 Vitamin D issue
Campho-Phenique	Camphor/ phenol/ eucalyptus in light mineral oil	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	Issue
Camphor/phenol/ eucalyptus in light mineral oil	Campho-Phenique	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	Issue
Capoten	Captopril	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors issue
Capsaicin	Zostrix	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents issue
Captopril	Capoten	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors issue
Carafate	Sucralfate	Formulary		AHFS 56:28.32 Protectants issue
Carbamazepine	Tegretol	Formulary Non-Formulary: Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants medline
Carbamide Peroxide	Debrox Otic	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives issue
Carbidopa/ Levodopa & Extended Release	Sinemet & Extended Release	Formulary: Parkinson's disease <i>Restricted Formulary:</i> Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents issue
Cardizem, Cardizem CD	Diltiazem HCl	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Cardizem SR			
Cardura	Doxazosin	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Carvedilol	Coreg	<i>Restricted Formulary</i>	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Catapres	Clonidine	Formulary: Oral Non-Formulary: TTS		AHFS 24:08.16 Central Alpha Agonists	medline
Cefazolin sodium	Ancef	Formulary		AHFS 8:12.06 Cephalosporins	medline
Cefepime	Maxipime	Formulary		AHFS 8:12.06 Cephalosporins	medline
Cefotan	Cefotetan	Formulary		AHFS 8:12.06 Cephalosporins	issue
Cefotetan	Cefotan	Formulary		AHFS 8:12.06 Cephalosporins	issue
Cefoxitin sodium	Mefoxin	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Ceftazidime	Fortaz, Tazidime	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Ceftin	Cefuroxime	Formulary		AHFS 8:12.06 Cephalosporins	issue
Ceftriaxone	Rocephin	Formulary		AHFS 8:12.06 Cephalosporins	medline
Cefuroxime	Ceftin	Formulary		AHFS 8:12.06 Cephalosporins	issue
Celexa	Citalopram	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Cephalexin	Keflex	Formulary		AHFS 8:12.06 Cephalosporins	issue
Cephulac	Lactulose	<i>Restricted Formulary</i>	Approved for use in patients with hepatic encephalopathy only.	AHFS 40:10 Ammonia Detoxicants	issue
CharcoAid	Charcoal	Formulary		AHFS 56:04 Antacids and adsorbents	medline
Charcoal	CharcoAid	Formulary		AHFS 56:04 Antacids and adsorbents	medline
Chlordiazepoxide	Librium	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines	Medline Only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				Controlled Substance C-IV	
Chlorhexidine gluconate	Peridex, Hibistat, Hibiclens	<i>Restricted Formulary</i> Non-Formulary: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmiry practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Chlorpheniramine	Chlor-Trimeton	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 4:04 Antihistamine Drugs	issue
Chlorpromazine	Thorazine	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	medline
Chlorthalidone	Thalitone	<i>Restricted Formulary</i>	Approved for the treatment of hypertension. 12.5mg is the preferred starting dose.	AHFS 40:28 Diuretics	issue
Chlor-Trimeton	Chlorpheniramine	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 4:04 Antihistamine Drugs	issue
Cholecalciferol	Vitamin D3	<i>Restricted Formulary</i>	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis.	AHFS 88:16 Vitamin D	medline
Cholestyramine	Prevalite, Questran	Formulary		AHFS 24:06 Antilipemic Agents	issue
Choline magnesium trisalicylate	Trilisate	Formulary		AHFS 28:08.04.24 Salicylates	issue
Cinacalcet	Sensipar	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 92:00 Misc.	issue
Cipro, Ciloxin	Ciprofloxacin	Formulary: Oral <i>Restricted Formulary:</i> Ophthalmic and Otic solutions (must fail first line agent) Non-Formulary: Intravenous solutions		AHFS 8:12.18 Quinolones	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Ciprofloxacin	Cipro, Ciloxin	Formulary: Oral <i>Restricted Formulary:</i> Ophthalmic and Otic solutions (must fail first line agent) Non-Formulary: Intravenous solutions		AHFS 8:12.18 Quinolones	Issue
Citalopram	Celexa	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Clarithromycin	Biaxin	<i>Restricted Formulary</i>	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	issue
Claritin	Loratadine	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 4:08 Antihistamine Drugs	issue
Clear-Eyes	Naphazoline	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	issue
Cleocin	Clindamycin	Formulary Non-Formulary: Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	issue
Clindamycin	Cleocin	Formulary Non-Formulary: Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	issue
Clobetasol 0.05%	Temovate	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	issue
Clomipramine	Anafranil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Clonazepam	Klonopin	<i>Restricted Formulary</i> Non-Formulary: Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances (CIV)	Medline Only
Clonidine	Catapres	Formulary: Oral Non-Formulary: TTS		AHFS 24:08.16 Central Alpha Agonists	medline
Clopidogrel	Plavix	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Clotrimazole	Mycelex	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	issue
Clotrimazole Troche	Mycelex Troche	Formulary		AHFS 8:14 Antifungals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Clozapine	Clozaril	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the manufacturer Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). (\$)	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Clozaril	Clozapine	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the manufacturer. Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). (\$)	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Coal Tar	Estar 7.5% Gel, Terra-gel Shampoo	<i>Restricted Formulary</i>	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	issue
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir	Stribild	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir alafenamide	Genvoya	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Codeine/ Acetaminophen	Tylenol #3	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	Medline Only
Cogentin	Benzotropine mesylate	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	medline
Colace	Docusate sodium	Formulary		AHFS 56:12 Cathartics and laxatives	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Colchicine	Colchicine	<i>Restricted Formulary</i>	Approved for up to 14 days of treatment for acute gout flares	AHFS 92:00 Miscellaneous therapeutic agents	issue
Combivent; Duoneb	Ipratropium/Albuterol	Formulary: Nebulizing Solution Non-Formulary: MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Combivir	Lamivudine/ Zidovudine	<i>Restricted Formulary:</i>	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Compazine	Prochlorperazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	issue
Complera	Emtricitabine/ Rilpivirine/Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Comtan	Entacapone	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Copegus	Ribavirin	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	issue
Cordarone	Amiodarone	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	issue
Coreg	Carvedilol	<i>Restricted Formulary</i>	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Corgard	Nadolol	<i>Restricted Formulary</i>	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Cortenema, Anusol-HC, Cotril	Hydrocortisone HCL	Formulary: Prescription strength <i>Restricted Formulary:</i> OTC items require approval by facility medical director. Non-Formulary: Suppositories for hemorrhoid use.		AHFS 84:06 Topical anti-inflammatory agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cortisporin	Neomycin/ Polymyxin B/ Hydrocortisone	Formulary: Otic Non-Formulary: Other dosage forms		AHFS 52:04.04 Antibacterials	issue
Cotrim DS, Bactrim DS, DS	Septa Trimethoprim/ sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides	issue
Coumadin	Warfarin sodium	Formulary		AHFS 20:12.04 Anticoagulants	medline
Cozaar	Losartan	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	issue
Crixivan	Indinavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	issue
Cromolyn sodium	Intal	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	issue
Cyanocobalamin	Vitamin B12	Formulary: Injectable Non-Formulary: Other dose form		AHFS 88:08 Vitamin B complex	Medline Only
Cyclobenzaprine	Flexeril	<i>Restricted Formulary</i>	Must fail methocarbamol first. Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval.	AHFS 12:20 Skeletal Muscle Relaxants	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Cyclogyl	Cyclopentolate	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	issue
Cyclopentolate	Cyclogyl	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	issue
Cyclosporine	Neoral, Sandimmune	Formulary Non-Formulary: Ophthalmic		AHFS 92:00 Unclassified therapeutic	issue
Cymbalta	Duloxetine	<i>Restricted Formulary</i>	Approved for contraindication to or failure of Formulary agents.	AHFS 28:16.04 Antidepressants	medline
Cytomel	Liothyronine	<i>Restricted Formulary</i>	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	issue
Daclatasvir	Daklinza	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
					monitoring for camps without Pill Lines.)
Daklinza	Daclatasvir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Dapsone	Dapsone	Formulary		AHFS 8:16.92 Miscellaneous Antimycobacterials	issue
Darbepoetin	Aranesp	<i>Restricted Formulary</i>	Approved for severe anemia in setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	medline
Darunavir	Prezista	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	issue
DDAVP	Desmopressin	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	issue
Debrox Otic	Carbamide peroxide	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	issue
Decadron	Dexamethasone	Formulary		AHFS 68:04 Adrenals	issue
Delavirdine	Rescriptor	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Deltasone	Prednisone	Formulary		AHFS 68:04 Adrenals	issue
Depakene	Valproic acid	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Depakote	Divalproex	Formulary: DR Non-Formulary: ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	medline
Depo-Medrol, Solu-Medrol, Medrol dose pack	Methylprednisolone	Formulary		AHFS 68:04 Adrenals	issue
Depo-Testosterone	Testosterone Cypionate	<i>Restricted Formulary</i>	Requires approval of therapy by GD CRC or DOC CMO.	AHFS 68:08 Androgens	Medline Only
Dermarest	Salicylic acid (topical)	<i>Restricted Formulary</i>	Approved for psoriasis only.	AHFS 84:28 Keratolytic Agents	issue
Descovy	Emtricitabine/ Tenofovir alafenamide	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Desipramine	Norpramin	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic	AHFS 28:16.04 Antidepressants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			class or indication) may be prescribed at one time without Psychiatric CRC approval.		
Desitin	Zinc oxide	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:80 Sunscreen agents	issue
Desmopressin	DDAVP	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	issue
Desyrel	Trazodone	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval	AHFS 28:16.04 Anti-depressants	medline
Dexamethasone	Decadron	Formulary		AHFS 68:04 Adrenals	issue
Dexamethasone / Tobramycin	Tobradex	Formulary		AHFS 52:04 Antibacterials	issue
Dextran	Gentran	Formulary		AHFS 40:12 Replacement preparations	medline
Dextrose	BD Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	issue
Dextrose & Sodium chloride	Dextrose & Sodium chloride	Formulary		AHFS 40:20 Caloric agents	medline
Dialyte	Peritoneal Dialysis Solutions	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	medline
Diamox	Acetazolamide	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	issue
Diazepam	Valium	<i>Restricted Formulary</i> Non-Formulary: Hypnotic use	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Dicloxacillin	Dynapen	Formulary		AHFS 8:12.16 Penicillins	issue
Dicyclomine	Bentyl	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	medline
Didanosine	Videx	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Diflucan	Fluconazole	Formulary		AHFS 8:14 Antifungals	issue
Digoxin	Lanoxin	Formulary		AHFS 24:04.08 Cardiotonic Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Dilantin	Phenytoin	Formulary: Caps and tabs <i>Restricted Formulary:</i> Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	medline
Dilaudid	Hydromorphone	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Medline Only
Diltiazem HCl	Cardizem, Cardizem CD	Formulary Non-Formulary: Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Dimethyl fumarate	Tecfidera	<i>Restricted Formulary</i>	Approved when recommended by a specialist for the treatment of multiple sclerosis.	AHFS 92:20 Biologic Response Modifiers	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Dipentum	Olsalazine	<i>Restricted Formulary</i>	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	issue
Diphenhydramine	Benadryl	<i>Restricted Formulary</i> Non-Formulary: Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs	medline
Disalcid	Salsalate	Formulary		ASHP 28:08.04.24 Salicylates	issue
Ditropan	Oxybutynin	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	medline
Divalproex	Depakote	Formulary: DR Non-Formulary: ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	medline
Docosate sodium	Colace	Formulary		AHFS 56:12 Cathartics and laxatives	Issue
Dolophine	Methadone	<i>Restricted Formulary</i>	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Dolutegravir	Tivicay	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	issue
Dolutegravir/ Abacavir/ Lamivudine	Triumeq	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	
Domeboro Otic	Acetic acid / Aluminum acetate	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	issue
Donepezil	Aricept	<i>Restricted Formulary</i>	Requires psych CRC approval for the treatment of condition. Requires a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	medline
Dorzolamide	Trusopt	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	issue
Doxazosin	Cardura	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Doxepin	Sinequan	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Doxycycline	Vibramycin, Periostat	Formulary		AHFS 8:12.24 Tetracyclines	issue
Dulcolax	Bisacodyl	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Dulera	Formoterol/ mometasone	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	issue
Duloxetine	Cymbalta	<i>Restricted Formulary</i>	Approved for contraindication to or failure of Formulary agents.	AHFS 28:16.04 Antidepressants	medline
Duoderm	Flexible hydroactive dressing/ granules	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	medline
Duoneb; Combivent	Ipratropium/ Albuterol	Formulary: Nebulizing Solution Non-Formulary: MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Duragesic	Fentanyl	<i>Restricted Formulary:</i> Patches and injectable	Patches are approved only for palliative care Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Inpatient use only
Duramorph, MS Contin	Morphine sulfate	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Dyazide, Maxzide	Hydrochlorothiazide\ Triamterene	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Dynapen	Dicloxacillin	Formulary		AHFS 8:12.16 Penicillins	issue
Edurant	Rilpivirine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Diarylpyrimidine, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Efavirenz	Sustiva	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Efavirenz/ Emtricitabine/ Tenofovir	Atripla	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Effexor, Effexor XR	Venlafaxine	Formulary: IR, ER, XR	Therapeutic Interchange 1:1 XR or ER to IR. No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Efudex	Fluorouracil	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	issue
Elavil	Amitriptyline	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Elbasvir/ Grazoprevir	Zepatier	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir	Stribild	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Elvitegravir/ Cobicistat/ Emtricitabine/ <u>Tenofovir</u> <u>alafenamide</u>	Genvoya	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
EMLA	Lidocaine/Prilocaine	<i>Restricted Formulary</i>	Approved at Medline for dialysis patients only.	AHFS 72:00 Local anesthetics	Medline Only
Emtricitabine	Emtriva	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Emtricitabine/ Cobicistat/ Elvitegravir/ Tenofovir	Stribild	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Emtricitabine/ Cobicistat/ Elvitegravir/ Tenofovir <u>alafenamide</u>	Genvoya	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Emtricitabine/ Efavirenz/ Tenofovir	Atripla	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Emtricitabine/ Rilpivirine/ Tenofovir	Complera	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Emtricitabine/ Rilpivirine/ Tenofovir <u>alafenamide</u>	Odefsey	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Emtricitabine/ Tenofovir	Truvada	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Emtricitabine/ Tenofovir alafenamide	Descovy	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Emtriva	Emtricitabine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
E-Mycin, Erytab, Erythrocin	Erythromycin	Formulary Non-Formulary: Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	Issue
Enalapril	Vasotec	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Enbrel	Etanercept	<i>Restricted Formulary</i>	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	medline
Enfuvirtide (injection)	Fuzeon (injection)	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.04 HIV Fusion Inhibitors	Medline Only
Engerix-B, Recombivax-HB	Hepatitis B virus vaccine recombinant	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Enoxaparin	Lovenox	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	medline
Entacapone	Comtan	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Entecavir	Baraclude	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease	AHFS 8:18.32 Nucleosides and nucleotides	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			specialist, Chief Medical Officer, or Pharmacy Director is required.		
Epclusa	Sofosbuvir/ Velpatasvir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Epinephrine	EpiPen	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	medline
EpiPen	Epinephrine	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	medline
Epivir	Lamivudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	issue
Epoetin Alfa	Epogen, Procrit	<i>Restricted Formulary</i>	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	medline
Epogen, Procrit	Epoetin Alfa	<i>Restricted Formulary</i>	Approved for end stage renal disease, severe anemia, and HepC C Protocol	AHFS 20:16 Hematopoietic Agents	medline
Epzicom	Abacavir/ Lamivudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Erythromycin	E-Mycin, Erytab, Erythrocin	Formulary Non-Formulary: Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	issue
Escitalopram	Lexapro	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Eskalith, Lithobid	Lithium carbonate	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	medline
Estar 7.5% Gel, Terra-gel Shampoo	Coal Tar	Formulary	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Estrace	Estradiol	<i>Restricted Formulary</i>	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years, per OBGYN recommendation or for GD CRC authorized hormone therapy.	AHFS 68:16 Estrogens	issue
Estradiol	Estrace	<i>Restricted Formulary</i>	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years, per OBGYN recommendation or for GD CRC authorized hormone therapy.	AHFS 68:16 Estrogens	Issue
Etanercept	Enbrel	<i>Restricted Formulary</i>	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	medline
Ethambutol	Myambutol	Formulary		AHFS 8:16 Antituberculosis agents	medline
Ethinyl Estradiol/ Norethindrone	Ortho-Novum 1/35, 7/7/7	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	issue
Ethinyl Estradiol/ Norgestimate	Ortho-Tri-Cyclen	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and	AHFS 68:12 Contraceptives	issue

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
			post release for contraception per policy.	
Etodolac	Lodine	<i>Restricted Formulary</i> Non-Formulary: Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti- Inflammatory Agents issue
Etravirine	Intelece	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non- Nucleoside Reverse Transcriptase Inhibitors (NNRTs) issue
Eucerin	Hydrophilic cream	<i>Restricted Formulary</i> Non-Formulary: Dry skin	OTC item, requires approval by facility medical director.	AHFS 84:24 Emollients, demulcents, and protectant issue
Excedrin Migraine	Acetaminophen/ ASA/Caffeine	<i>Restricted Formulary</i>	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. Limit fills to 20 tablets per 30 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics issue
Ezetimibe/ Simvastatin	Vytorin	Non-Formulary		AHFS 24:06 Antilipemic agents medline
Feiba VH	Anti-inhibitor coagulant complex	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics medline
Fentanyl	Duragesic	<i>Restricted Formulary:</i> Patches and injectable	Patches are approved for palliative care only Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II Inpatient use only
Feosol	Ferrous sulfate	Formulary		AHFS 20:04.04 Iron Preparations issue
Fergon	Ferrous gluconate	Formulary		AHFS 20:04.04 Iron Preparations issue
Ferrlecit	Sodium ferric gluconate complex	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS Iron Preparations medline
Ferrous gluconate	Fergon	Formulary		AHFS 20:04.04 Iron Preparations issue
Ferrous sulfate	Feosol	Formulary		AHFS 20:04.04 Iron Preparations issue
Fibercon	Calcium polycarbophil	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives Issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Filgrastim	Neupogen	Formulary		AHFS 20:16 Hematopoietic Agents	medline
Finasteride	Proscar	<i>Restricted Formulary</i>	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	issue
Flagyl, MetroGel Vaginal	Metronidazole	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Fleets enema	Sodium phosphate/ sodium biphosphate	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Flexeril	Cyclobenzaprine	<i>Restricted Formulary</i>	Must fail methocarbamol first. Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval.	AHFS 12:20 Skeletal Muscle Relaxants	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Flexible hydroactive dressing/ granules	Duoderm	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	medline
Flomax	Tamsulosin	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Flovent	Fluticasone	Formulary: Oral Inhaler Non-Formulary: Nasal Spray		AHFS 52:08 EENT Anti-inflammatory agents	issue
Floxin	Ofloxacin ophthalmic 0.3% solution	Formulary: Ophthalmic Non-Formulary: Otic		AHFS 52:04 Anti-infectives	issue
Fluconazole	Diflucan	Formulary		AHFS 8:14 Antifungals	issue
Flumazenil	Romazicon	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	medline
Fluocinonide 0.05%	Lidex	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Fluogen, Fluzone	Influenza virus vaccine	<i>Restricted Formulary</i>	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	medline
Fluorescein ophthalmic strip	Fluorets	Formulary			medline
Fluorescein/Benoxinate	Fluress	<i>Restricted Formulary</i>	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	medline
Fluorets	Fluorescein ophthalmic strip	Formulary			medline
Fluoride topical	PreviDent	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Fluorouracil	Efudex	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	issue
Fluoxetine	Prozac	Formulary Non-Formulary: solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Fluphenazine and Decanoate	Prolixin and Decanoate	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	medline
Flurbiprofen	Ansaid	<i>Restricted Formulary</i>	Dental procedure only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Fluress	Benoxinate/Fluorescein	<i>Restricted Formulary</i>	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	medline
Fluticasone	Flovent	Formulary: Oral Inhaler Non-Formulary: Nasal Spray	Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	issue
Fluvoxamine	Luvox	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic	AHFS 28:16.04 Antidepressants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			class or indication) may be prescribed at one time without Psychiatric CRC approval.		
Folic Acid	Folvite	Formulary		AHFS 88:08 Vitamin B Complex	issue
Folvite	Folic Acid	Formulary		AHFS 88:08 Vitamin B Complex	issue
Formoterol/ mometasone	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	issue
Fortaz, Tazidime	Ceftazidime	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Fosamax	Alendronate	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Fosamprenavir	Lexiva	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Fungizone	Amphotericin B	Formulary Non-Formulary: Oral		AHFS 8:14 Antifungals	medline
Furosemide	Lasix	Formulary		AHFS 40:28 Diuretics	issue
Fuzeon (injection)	Enfuvirtide (injection)	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.04 HIV Fusion Inhibitors	Medline Only
Gabapentin	Neurontin	Non-Formulary <i>(maximum of 1 year NFR approval)</i>	Refer to Gabapentinoid Protocol for specific criteria. Patients may not receive doses greater than 2400mg/day without specific approval.	AHFS 28:12.92 Anticonvulsants Misc.	Medline Only
Garamycin	Gentamicin sulfate	Formulary		AHFS 8:12.02 Aminoglycosides	issue topical
Gaviscon	Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Gemfibrozil	Lopid	<i>Restricted Formulary</i>	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents	issue
Gentamicin sulfate	Garamycin	Formulary		AHFS 8:12.02 Aminoglycosides	issue topical
Gentran	Dextran	Formulary		AHFS 40:12 Replacement preparations	medline
Genvoya	Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir alafenamide	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Geodon	Ziprasidone	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	issue
Glecaprevir/ pibrentasvir	Mavyret	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Glipizide	Glucotrol	Formulary Non-Formulary: XL		AHFS 68:20.20 Sulfonylureas	issue
GlucaGen	Glucagon	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	medline
Glucagon	GlucaGen	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	medline
Glucophage	Metformin	Formulary		AHFS 68:20.04 Biguanides	issue
Glucose tablets	Insta-Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescribe if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets	AHFS 40:20 Caloric agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			per month require FMD or Pharmacist Supervisor approval.		
Glucotrol	Glipizide	Formulary Non-Formulary: XL		AHFS 68:20.20 Sulfonylureas	issue
Glyburide	Micronase	Formulary		AHFS 68:20.20 Sulfonylureas	issue
Golytely	Polyethylene glycol electrolyte solution	<i>Restricted Formulary</i>	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	issue
Grafco	Silver Nitrate	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	medline
Grazoprevir/ Elbasvir	Zepatier	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Guanfacine ER	Intuniv	<i>Restricted Formulary</i>	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Haldol	Haloperidol and Decanoate	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.08 Butyrophenones	medline
Haloperidol and Decanoate	Haldol	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.08 Butyrophenones	medline
Harvoni	Ledipasvir/Sofosbuvir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Havrix	Hepatitis A virus vaccine	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC	AHFS 80:12 Vaccines	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			protocol supersedes ACIP guidelines. Hep C infected or high-risk job		
H-BIG	Hepatitis B Immune Globulin	Formulary		AHFS 80:04 Serums	medline
Heparin	Heparin	Formulary		AHFS 20:12.04 Anticoagulants	medline
Hepatitis A inactivated/ Hepatitis B recombinant vaccine	Twinrix	<i>Restricted Formulary</i>	Follow Hepatitis Vaccine Public Health Order (InsideDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Hepatitis A virus vaccine	Havrix	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. Hep C infected or high-risk job	AHFS 80:12 Vaccines	medline
Hepatitis B Immune Globulin	H-BIG	Formulary		AHFS 80:04 Serums	medline
Hepatitis B virus vaccine recombinant	Engerix-B, Recombivax-HB	<i>Restricted Formulary</i>	per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Hibiclens, Hibistat, Peridex	Chlorhexidine gluconate	<i>Restricted Formulary</i> Non-Formulary: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Homatropine ophthalmic	Isopto- Homatropine	Formulary		AHFS 52:24 Mydriatics	issue
Humalog	Insulin Lispro	<i>Restricted Formulary</i>	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and	AHFS 68:20.08 Insulins	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1		
Humira	Adalimumab	<i>Restricted Formulary</i>	Requires approval of specialist assessment and recommendation before or after admission to DOC	AHFS 92:00 MISC	medline
Hydralazine	Apresoline	Formulary		AHFS 24:08.20 Direct Vasodilators	issue
Hydrea	Hydroxyurea	Formulary		AHFS 10:00 Antineoplastic agents	issue
Hydrochlorothiazide	HydroDiuril	Formulary		AHFS 40:28 Diuretics	issue
Hydrochlorothiazide \ triamterene	Maxzide, Dyazide	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue
Hydrocortisone HCL	Anusol-HC, Cortenema, Cortril	Formulary: Prescription strength <i>Restricted Formulary:</i> OTC items require approval by facility medical director. Non-Formulary: Suppositories for hemorrhoid use.		AHFS 84:06 Topical anti-inflammatory agents	issue
HydroDiuril	Hydrochlorothiazide	Formulary		AHFS 40:28 Diuretics	issue
Hydromorphone	Dilaudid	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Medline Only
Hydrophilic cream	Eucerin	<i>Restricted Formulary:</i> Non-Formulary: Dry skin	OTC item, requires approval by facility medical director.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Hydrophilic Ointment	Aquaphor	<i>Restricted Formulary:</i> Non-Formulary: Dry skin	OTC item, requires approval by facility medical director.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Hydroxychloroquine	Plaquenil	<i>Restricted Formulary</i>	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	issue
Hydroxyurea	Hydrea	Formulary		AHFS 10:00 Antineoplastic agents	issue
Hydroxyzine	Vistaril or Atarax	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Hyoscyamine / benzoic acid / atropine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Hyoscyamine sulfate	Levsin	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	medline
Ibuprofen	Motrin	<i>Restricted Formulary</i>	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever ($\geq 101^{\circ}\text{F}$), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti- Inflammatory Agents	issue
Imdur	Isosorbide Mononitrate Isosorbide Mononitrate ER	Formulary		AHFS 24:12 Vasodilating agents	issue
Imipramine	Tofranil	Formulary	No more than 2 anti- depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Imitrex	Sumatriptan	<i>Restricted Formulary:</i> oral tablets Non-Formulary: other dosage forms and use beyond current quantity limitations.	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Immune globulin	Venoglobulin	Formulary		AHFS 80:04 Serums	medline
Imodium	Loperamide	Formulary		AHFS 56:08 Anti-diarrhea agents	issue
Imuran	Azathioprine	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	issue
Incruse Ellipta	Umeclidinium	Formulary		12:08.08 - Antimuscarinics/ Antispasmodics	issue
Inderal	Propranolol	Formulary <i>Restricted Formulary:</i> LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta- Adrenergic Blocking Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Indinavir	Crixivan	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	issue
Indocin	Indomethacin	<i>Restricted Formulary</i>	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Indomethacin	Indocin	<i>Restricted Formulary</i>	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Infliximab	Remicade	<i>Restricted Formulary</i>	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	medline
Influenza virus vaccine	Fluogen or Fluzone	<i>Restricted Formulary</i>	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	medline
INH, Nydrazid	Isoniazid	Formulary		AHFS 8:16 Antituberculosis agents	medline
Inhaler spacer	Aerochamber	Formulary			issue
Insta-Glucose	Glucose tablets	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	issue
Insulin Aspart	NovoLog	<i>Restricted Formulary</i>	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and	AHFS 68:20.08 Insulins	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1		
Insulin Glargine	Lantus	<i>Restricted Formulary</i> Non-Formulary: More than once a day for Type 2 Diabetics	Approved for: Continuation of therapy or failure of NPH in Type 1 Diabetics or Type 2 Diabetics with frequent hypoglycemic episodes while on intensive insulin therapy. Twice daily dosing is approved for Type 1 Diabetics if once daily dosing is proven ineffective.	AHFS 68:20.08 Insulins	medline
Insulin Lispro	Humalog	<i>Restricted Formulary</i>	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Intherchage 1:1	AHFS 68:20.08 Insulins	medline
Insulin NPH	Insulin NPH	Formulary		AHFS 68:20.08 Insulins	medline
Insulin Regular	Insulin Regular	Formulary		AHFS 68:20.08 Insulins	medline
Intal	Cromolyn sodium	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	issue
Intelence	Etravirine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Interferon Alfa 2b	Intron A	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Interferon Beta 1a	Avonex	<i>Restricted Formulary</i>	Requires approval of specialist assessment and	AHFS 8:18:20 Interferons	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Rebif	recommendation for the treatment of MS before or after admission to DOC Other Immunomodulators or immunosuppressant may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.		
Intron A	Interferon Alfa 2b	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Intuniv	Guanfacine ER	<i>Restricted Formulary</i>	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Invirase	Saquinavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Ipecac Syrup	Ipecac Syrup	Formulary	Use only with recommendation from Poison Control Center.	AHFS 56:20 Emetics	issue
Ipratropium	Atrovent	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Ipratropium/ Albuterol	Combivent; Duoneb	Formulary: Nebulizing Solution Non-Formulary: MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Iron Sucrose	Venofer	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS 20:04.04 Iron Preparations	medline
Isentress	Raltegravir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	issue
Isoniazid	INH, Nydrazid	Formulary		AHFS 8:16 Antituberculosis agents	medline
Isopropyl Alcohol	Alcohol, isopropyl	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Isopto- Homatropine	Homatropine ophthalmic	Formulary		AHFS 52:24 Mydriatics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Isopto-Atropine	Atropine sulfate	Formulary		AHFS 52:24 Mydriatics	issue
Isopto-Carpine, Pilocar, Salagen	Pilocarpine ophthalmic solution	Formulary		AHFS 52:20 Miotics	issue
Isordil, Sorbitrate	Isosorbide dinitrate Isosorbide dinitrate ER	Formulary		AHFS 24:12 Vasodilating agents	issue
Isosorbide dinitrate, Isosorbide dinitrate ER	Isordil, Sorbitrate	Formulary		AHFS 24:12 Vasodilating agents	issue
Isosorbide Mononitrate, Isosorbide Mononitrate ER	Imdur	Formulary		AHFS 24:12 Vasodilating agents	issue
Ivermectin	Stromectol	<i>Restricted Formulary</i>	Approved after failure of or contraindication to permethrin.	AHFS 84:04.12 Scabicides and pediculicides	medline
Kaletra	Lopinavir/Ritonavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	issue
Kayexalate	Sodium polystyrene sulfonate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	medline
K-Dur	Potassium chloride	Formulary		AHFS 40:12 Replacement preparations	issue
Keflex	Cephalexin	Formulary		AHFS 8:12.06 Cephalosporins	issue
Kenalog, Kenalog in Orabase, Aristospan, Nasacort, Azmacort, Aristocort ,	Triamcinolone	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection Non-Formulary: other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti- inflammatory agents AHFS 84:06 Topical anti- inflammatory agents AHFS 68:04 Adrenals	issue
Keppra	Levetiracetam	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	issue
Ketoconazole	Nizoral	<i>Restricted Formulary</i> Non-Formulary: Dandruff Treatment and Oral products	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	issue
Ketorolac	Toradol	Formulary: Injection <i>Restricted Formulary:</i> Ophthalmic & Tablet dosage forms	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation	AHFS 28:08.04 Nonsteroidal Anti- Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Use of injectable form in Chronic Pain or Outpatient PRN orders.	Tablets approved for: treatment of renal or biliary colic		
Klonopin	Clonazepam	<i>Restricted Formulary</i> Non-Formulary: Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances C-IV	Medline Only
Lacri-Lube	Ophthalmic lubricant	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	issue
Lactaid	Lactase enzyme	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 44:00 Enzymes	issue
Lactase enzyme	Lactaid	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 44:00 Enzymes	issue
Lactated Ringer's	Lactated Ringer's	Formulary		AHFS 40:36 Irrigating solutions	medline
Lactulose	Cephulac	<i>Restricted Formulary</i>	Approved for use in patients with hepatic encephalopathy only	AHFS 40:10 Ammonia Detoxicants	issue
Labetalol	Trandate	<i>Restricted Formulary</i>	Approved for pregnant women with HTN	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Lamictal	Lamotrigine	<i>Restricted Formulary</i> Non-Formulary: Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications.	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Lamisil	Terbinafine	<i>Restricted Formulary:</i> 1) Oral 2) Topical	1) Approved for treatment of complicated onychomycosis as specified in the Offender Health Plan. 2) Approved for patients with HIV and diabetics only	AFSH 8:14 Antifungals	issue
Lamivudine	Epivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Lamivudine/ Abacavir	Epzicom	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Lamivudine/ Abacavir/ Dolutegravir	Triumeq	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	issue
Lamivudine/ Abacavir/ Zidovudine	Trizivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Lamivudine/ Zidovudine	Combivir	<i>Restricted Formulary:</i>	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Lamotrigine	Lamictal	<i>Restricted Formulary</i> Non-Formulary: Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications.	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Lanoxin	Digoxin	Formulary		AHFS 24:04.08 Cardiotoxic Agents	issue
Lantus	Insulin Glargine	<i>Restricted Formulary</i> Non-Formulary: More than once a day for Type 2 Diabetics	Approved for: Continuation of therapy or failure of NPH in Type 1 Diabetics or Type 2 Diabetics with frequent hypoglycemic episodes while on intensive insulin therapy. Twice daily dosing is approved for Type 1 Diabetics if once daily dosing is proven ineffective.	AHFS 68:20.08 Insulins	medline
Lasix	Furosemide	Formulary		AHFS 40:28 Diuretics	issue
Latanoprost	Xalatan	Formulary		AHFS 52:36 Miscellaneous EENT agents	issue
Ledipasvir/ Sofosbuvir	Harvoni	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps)

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
				without Pill Lines.)
Levalbuterol HFA	Xopenex HFA	<i>Restricted Formulary:</i> Neb, MDI Non-Formulary: Other HFA Brands	Approved if albuterol has a higher cost, albuterol is limited in availability or if patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents issue
Levaquin	Levofloxacin	Formulary		AHFS 8:12.18 Quinolones issue
Levetiracetam	Keppra	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants issue
Levodopa/ Carbidopa & Extended Release	Sinemet & Extended Release	Formulary: Parkinson's disease <i>Restricted Formulary:</i> Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents issue
Levofloxacin	Levaquin	Formulary		AHFS 8:12.18 Quinolones issue
Levothyroxine	Synthroid or Levothroid	Formulary		AHFS 68:36.04 Thyroid agents issue
Levsin	Hyoscyamine sulfate	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics medline
Lexapro	Escitalopram	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants issue
Lexiva	Fosamprenavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals medline
Librium	Chlordiazepoxide	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Medline Only

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
				Controlled Substance C-IV
Lidex	Fluocinonide 0.05%	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents issue
Lidocaine	Xylocaine, Xylocaine/Epi.	Formulary Non-Formulary: Patches	Not approved for antiarrhythmic treatment	AHFS 72:00 Local anesthetics issue topical
Lidocaine/Prilocaine	EMLA	<i>Restricted Formulary</i>	Approved at Medline for dialysis patients only.	AHFS 72:00 Local anesthetics Medline Only
Linezolid	Zyvox	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials issue
Lipitor	Atorvastatin	<i>Restricted Formulary</i>	Approved per the 2013 ACC/AHA Guidelines.	AHFS 24:06 Antilipemic agents issue
Lioresal	Baclofen	<i>Restricted Formulary</i> Non-Formulary: Treatment of any acute condition	Approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants medline
Liothyronine	Cytomel	<i>Restricted Formulary</i>	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents issue
Lisinopril	Zestril, Prinivil	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors issue
Lithium carbonate	Lithobid, Eskalith	Formulary <i>Restricted Formulary;</i> Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents medline
Lithobid, Eskalith	Lithium carbonate	Formulary <i>Restricted Formulary:</i> Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents medline
Lodine	Etodolac	<i>Restricted Formulary</i> Non-Formulary: Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents issue
Loperamide	Imodium	Formulary		AHFS 56:08 Anti-diarrhea agents issue
Lopid	Gemfibrozil	<i>Restricted Formulary</i>	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents issue
Lopinavir/ Ritonavir	Kaletra	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08.08 Antiretrovirals issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Lopressor	Metoprolol	Formulary <i>Restricted Formulary:</i> XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Loratadine	Claritin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 4:08 Antihistamine Drugs	issue
Lorazepam	Ativan	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Losartan	Cozaar	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	issue
Lotensin	Benazepril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Lovenox	Enoxaparin	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	medline
Loxapine	Loxitane	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	medline
Loxitane	Loxapine	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	medline
Luminol	Phenobarbital	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	Medline Only
Luvox	Fluvoxamine	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may	AHFS 28:16.04 Antidepressants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			be prescribed at one time without Psychiatric CRC approval.		
Maalox	Aluminum & magnesium hydroxide	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue
Macrochantin	Nitrofurantoin	Formulary		AHFS 8:36 Urinary Anti-infectives	issue
Magnesium Citrate	Magnesium Citrate	<i>Restricted Formulary</i>	Approved for procedures and severe constipation. Not to exceed 2 doses per week.	AHFS 56:12 Cathartics and laxatives	medline
Magnesium Hydroxide	Milk of Magnesia	Formulary		AHFS 56:04 Antacids and adsorbents	issue
Magnesium & Aluminum hydroxide	Maalox	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue
Magnesium/ Aluminum/Sodium bicarbonate & Algenic acid	Gaviscon	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	issue
Magnesium Oxide	MagOx	Formulary: Oral tablets Non Formulary: other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	issue
MagOx	Magnesium Oxide	Formulary: Oral tablets Non Formulary: other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	issue
Major-Gesic Aceta-Gesic,	Acetaminophen/ Phenyltoloxamine citrate	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Malathion	Ovide	<i>Restricted Formulary</i>	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	issue
Maraviroc	Selzentry	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	issue
Marcaine with & without epi	Bupivacaine	Formulary		AHFS 72.00 Local Anesthetics	medline
Matulane	Procarbazine	Formulary		AHFS 10:00 Antineoplastic agents	issue
Mavyret	Glecaprevir/ pibrentasvir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors	Medline Only (Keep on Person with monitoring for

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				8:18.40.24 HCV Replication Complex Inhibitors	camps without Pill Lines.)
Maxipime	Cefepime	Formulary		AHFS 8:12.06 Cephalosporins	medline
Maxitrol	Neomycin/ Polymyxin B/ Dexamethasone	<i>Restricted Formulary:</i> ophthalmic only		AHFS 52:04.04 Antibacterials	issue
Maxzide, Dyazide	Hydrochlorothiazide/ Triamterene	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue
Mecizine	Antivert	Formulary		AHFS 56:22 Anti-emetics	issue
Medrol dose pack, Depo-Medrol, Solu-Medrol	Methylprednisolone	Formulary		AHFS 68:04 Adrenals	issue
Medroxyprogesterone	Provera	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine bleeding and part of the SOTP program. Approved prior to release for contraception (Depo-Provera) per policy. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.	AHFS 68:32 Progestins	issue
Mefoxin	Cefoxitin sodium	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Meloxicam	Mobic	<i>Restricted Formulary</i>	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti- Inflammatory Agents	issue
Meningococcal Vaccine	Menomune	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	medline
Menomune	Meningococcal Vaccine	<i>Restricted Formulary</i>	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	medline
Mephyton, Aqua-Mephyton	Phytonadione (Vitamin K-1)	Formulary		AHFS 88:24 Vitamin K activity	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Mesalamine	Asacol, Lialda, Rowasa	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	issue
Mestinon	Pyridostigmine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Metamucil Sugar Free Only	Psyllium Sugar Free Only	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. if failed Calcium polycarbophil. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	issue
Metformin	Glucophage	Formulary		AHFS 68:20.04 Biguanides	issue
Mathadone	Dolophine	<i>Restricted Formulary</i>	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Methenamine/ Atropine/Benzoic acid/ Hyoscyamine/ Methylene blue & Phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Methimazole	Tapazole	Formulary		AHFS 68:36.08 Anti-thyroid Agents	issue
Methocarbamol	Robaxin	<i>Restricted Formulary</i>	Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval	AHFS 12:20 Skeletal Muscle Relaxants	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Methotrexate	Trexall	Formulary		AHFS 10:00 Antineoplastic agents	issue
Methylene blue / Hyoscyamine / Benzoic acid /	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Atropine / Methenamine & Phenyl salicylate					
Methylprednisolone	Depo-Medrol , Solu-Medrol, Medrol dose pack	Formulary		AHFS 68:04 Adrenals	issue
Metolazone	Zaroxolyn	<i>Restricted Formulary</i>	If creatinine clearance less than 30 or serum creatinine is greater than 2	AHFS 40:28 Diuretics	issue
Metoclopramide	Reglan	Formulary		AHFS 56:32 Prokinetic Agents	issue
Metoprolol	Lopressor	Formulary <i>Restricted Formulary:</i> XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
MetroGel Vaginal, Flagyl	Metronidazole	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Metronidazole	Flagyl, MetroGel Vaginal	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Miconazole	Monistat	<i>Restricted Formulary:</i> Topical Non-Formulary: Oral	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical antifungal	issue
Micronase	Glyburide	Formulary		AHFS 68:20.20 Sulfonylureas	issue
Midazolam	Versed	<i>Restricted Formulary</i>	Approved for procedures only	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Midodrine	ProAmatine	<i>Restricted Formulary</i>	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	medline
Milk of Magnesia	Magnesium Hydroxide	Formulary		AHFS 56:04 Antacids and adsorbents	issue
Mineral oil	Mineral oil	<i>Restricted Formulary</i> Non-Formulary: Topical use	Approved as a laxative-for dialysis patients and inpatients	AHFS 56:12 Cathartics and laxatives	issue
Minipress	Prazosin	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Mirapex	Pramipexole	<i>Restricted Formulary</i>	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Miralax	Polyethylene glycol	<i>Restricted Formulary</i>	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	issue
Mirtazapine	Remeron	Formulary		AHFS 28:16:04 Anti-depressants	medline
MMR-II	Mumps/ measles & rubella vaccine	<i>Restricted Formulary</i>	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Mobic	Meloxicam	<i>Restricted Formulary</i>	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Mometasone/ formoterol	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	issue
Monarch Factor VIII	Antihemophilic Factor	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	medline
Monistat	Miconazole	<i>Restricted Formulary:</i> Topical Non-Formulary: Oral	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical antifungal	issue
Montelukast	Singulair	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	issue
Morphine sulfate	Duramorph, MS Contin	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08;08 Opiate agonists Controlled Substance C-II	Medline Only
Motrin	Ibuprofen	<i>Restricted Formulary</i>	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever ($\geq 101^{\circ}\text{F}$), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
MS Contin, Duramorph	Morphine sulfate	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08;08 Opiate agonists Controlled Substance C-II	Medline Only
Mucomyst	Acetylcysteine solution	Formulary		AHFS 48:24 Mucolytic agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Tablet			
Multivitamins with Folic Acid	Prenatal Rx	<i>Restricted Formulary</i>	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	issue
Multivitamins with no iron	MVI with no Fe	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 88:28 Dietary supplement	issue
Mumps, Measles, & Rubella vaccine	MMR-II	<i>Restricted Formulary</i>	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Mupirocin	Bactroban	<i>Restricted Formulary:</i> Non-Formulary: nasal specific product	Approved for treatment of staph-related active nasal infections; for nasal decolonization at the recommendation of a surgeon or per the DOC MRSA protocol; or for other topical treatment if alternative therapies fail or are contraindicated.	AHFS 84:04.04 Topical Antibacterials	issue
MVI with no Fe	Multivitamins with no iron	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 88:28 Dietary supplement	issue
Myambutol	Ethambutol	Formulary		AHFS 8:16 Antituberculosis agents	medline
Mycelex	Clotrimazole	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	issue
Mycelex Troche	Clotrimazole troche	Formulary		AHFS 8:14 Antifungals	issue
Mycifradin	Neomycin Sulfate	Formulary: Oral Non-Formulary: Other dosage forms		AHFS 8:12.02 Aminoglycosides	issue
Mycostatin	Nystatin	Formulary		AHFS 8:14 Antifungals	issue
Mydral	Tropicamide	<i>Restricted Formulary</i>	For procedures only	AHFS: 52:24 Mydriatic	medline
Mylicon	Simethicone	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:10 Antiflatulents	issue
Nadolol	Corgard	<i>Restricted Formulary</i>	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Naloxone	Narcan	Formulary		AHFS 28:10 Opiate antagonists	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Naphazoline	Clear-Eyes	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	issue
Naphazoline/ Pheniramine	Visine A	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	issue
Naproxen	Anaprox	<i>Restricted Formulary</i>	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever ($\geq 101^{\circ}\text{F}$), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08 Nonsteroidal anti-inflammatory agents	issue
Narcan	Naloxone	Formulary		AHFS 28:10 Opiate antagonists	medline
Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	Triamcinolone	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection Non-Formulary: other topical strengths and nasal inhaler		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Navane	Thiothixene	<i>Restricted Formulary'</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.32 Thioxanthenes	medline
Nefazodone	Serzone	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Nelfinavir	Viracept	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Neomycin Sulfate	Mycifradin	Formulary: Oral Non-Formulary: Other dosage forms		AHFS 8:12.02 Aminoglycosides	issue
Neomycin, Polymyxin B, Bacitracin	Triple Antibiotic, Neosporin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	issue
Neomycin/ Polymyxin B/ Dexamethasone	Maxitrol	<i>Restricted Formulary:</i> ophthalmic only		AHFS 52:04.04 Antibacterials	issue
Neomycin/ Polymyxin B/ Hydrocortisone	Cortisporin	Formulary: Otic Non-Formulary: Other dosage forms		AHFS 52:04.04 Antibacterials	issue
Neoral or Sandimmune	Cyclosporine	Formulary Non-Formulary: Ophthalmic		AHFS 92:00 Unclassified therapeutic	issue
Neosporin, Triple Antibiotic	Bacitracin, Polymyxin B, Neomycin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	issue
Nephrovite, Nephrocap	Vitamin B complex	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS 88:08 Vitamin B Complex	issue
Neupogen	Filgrastim	Formulary		AHFS 20:16 Hematopoietic Agents	medline
Neurontin	Gabapentin	Non-Formulary <i>(maximum of 1 year NFR approval)</i>	Refer to Gabapentinoid Protocol for specific criteria. Patients may not receive doses greater than 2400mg/day without specific approval.	AHFS 28:12.92 Anticonvulsants Misc.	Medline only
Nevirapine Nevirapine XR	Viramune Viramune XR	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.16 Non- Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Niacin, Niacin SR	Niacin, Niaspan	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	issue
Niaspan, Niacin	Niacin SR, Niacin	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	issue
Nifedipine (including Extended Release)	Adalat (including Extended Release)	<i>Restricted Formulary</i>	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium- Channel Blocking Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nitro-Bid, Nitrodur Nitrostat	Nitroglycerin	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nitrofurantoin	Macrochantin	Formulary		AHFS 8:36 Urinary Anti- infectives	issue
Nitroglycerin	Nitrostat or Nitro-Bid or Nitrodur	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nitrostat, Nitro-Bid, Nitrodur	Nitroglycerin	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nix, Acticin	Permethrin	<i>Restricted Formulary</i>	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	issue
Nizoral	Ketoconazole	<i>Restricted Formulary</i> Non-Formulary: Dandruff Treatment and Oral products	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	issue
Nolvadex	Tamoxifen citrate	Formulary		AHFS 10:00 Antineoplastic agents	issue
Norethindrone	Ortho Micronor	<i>Restricted Formulary</i>	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	issue
Norethindrone/ Ethinyl Estradiol	Ortho-Novum 1/35, 7/7/7	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	issue
Norgestimate/ Ethinyl Estradiol	Ortho-Tri-Cyclen	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian	AHFS 68:12 Contraceptives	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			<p>cyst, abnormal uterine bleeding and for scheduled extended family visits.</p> <p>Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision.</p> <p>Approved prior to release for 1 month and post release for contraception per policy.</p>		
Norpramin	Desipramine	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Nortriptyline	Pamelor	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Norvasc	Amlodipine	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Norvir	Ritonavir	<i>Restricted Formulary</i>	<p>Approved as continuation therapy.</p> <p>If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.</p>	AHFS 8:18.08.08 Antiretrovirals	issue
NovoLog	Insulin Aspart	<i>Restricted Formulary</i>	<p>To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored.</p> <p>Aspart to Lispro Therapeutic Intherchage 1:1</p>	AHFS 68:20.08 Insulins	medline
Nydrazid, INH	Isoniazid	Formulary		AHFS 8:16 Antituberculosis agents	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nystatin	Mycostatin	Formulary		AHFS 8:14 Antifungals	issue
Odefsey	Emtricitabine/ Rilpivirine/ Tenofovir alafenamide	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Ofloxacin ophthalmic 0.3% solution	Floxin	Formulary: Ophthalmic Non-Formulary: Otic		AHFS 52:04 Anti-infectives	issue
Olanzapine	Zyprexa, Zyprexa Zydis	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD May interchange Olanzapine/Olanzapine ODT 1:1	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Olsalazine	Dipentum	<i>Restricted Formulary</i>	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	issue
Olysio	Simeprevir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.20 HCV Protease Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
1) Omeprazole 2) Omeprazole sodium bicarbonate	1) Prilosec 2) Zegerid	1)Formulary 2) <i>Restricted Formulary</i>	Preferred PPI 2) Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	issue
Ondansetron	Zofran	<i>Restricted Formulary</i>	Approved for cancer patients or if alternative therapies fail or contraindicated	AHFS 56:22 Antiemetics	issue
Ophthalmic lubricant	Lacri-Lube	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Orabase	Benzocaine	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:16 EENT Local Anesthetics	issue
Ortho Micronor	Norethindrone	<i>Restricted Formulary</i>	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on	AHFS 68:12 Contraceptives	issue

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline
			violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	
Ortho-Novum 1/35, 7/7/7	Norethindrone/ Ethinyl Estradiol	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives issue
Ortho-Tri-Cyclen	Norgestimate/ Ethinyl Estradiol	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives issue
Oseltamivir	Tamiflu	<i>Restricted Formulary</i>	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals issue
Ovide	Malathion	<i>Restricted Formulary:</i>	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides issue
Oxacillin	Bactocill	Formulary		AHFS 8.12.16 Penicillins medline
Oxcarbazepine	Trileptal	<i>Restricted Formulary</i>	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent	AHFS 28:12.92 Miscellaneous anticonvulsants medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			used in psychiatric disorder		
Oxybutynin	Ditropan	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	medline
Oxycodone	Roxicodone	<i>Restricted Formulary</i> Non-Formulary: combinations and long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Oxymetazoline	Afrin	<i>Restricted Formulary</i>	Approved for acute epistaxis.	AHFS 52:36 Miscellaneous EENT drugs	issue
Pancrease (all products)	Pancrelipase	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	issue
Pancrelipase (all products)	Pancrease	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	issue
Pantoprazole (all dosage forms)	Protonix	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	issue
Paricalcitol	Zemplar	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS 88:16 Vitamin D	issue
Parnate	Tranlycypromine	<i>Restricted Formulary</i>	Approved if alternative therapy fail Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	medline
Parcaine	Proparacaine	<i>Restricted Formulary</i>	For procedures only	AHFS: 52:16 Local Anesthetics	medline
Paroxetine	Paxil	Formulary Non-Formulary: CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Paxil	Paroxetine	Formulary Non-Formulary: CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Pegasys	Peginterferon Alfa-2a	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Peginterferon Alfa-2a	Pegasys	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Peginterferon Alfa-2b	Peg-Intron	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Peg-Intron	Peginterferon Alfa-2b	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Pen VK	Penicillin V potassium	Formulary		AHFS 8:12.16 Penicillins	issue
Penicillin G Potassium (IV form)	Pfizerpen	Formulary		AHFS 8:12.16 Penicillins	medline
Penicillin G benzathine	Bicillin LA	Formulary		AHFS 8:12.16 Penicillins	medline
Penicillin V potassium	Pen VK	Formulary		AHFS 8:12.16 Penicillins	issue
Pentoxifylline	Trental	Formulary		AHFS 20:24 Hemorrhologic Agents	issue
Pepto-Bismol	Bismuth subsalicylate	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	issue
Peridex, Hibiclens, Hibistat	Chlorhexidine gluconate	<i>Restricted Formulary</i> Non-Formulary: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmity practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Periostat, Vibramycin	Doxycycline	Formulary		AHFS 8:12.24 Tetracyclines	issue
Peritoneal Dialysis Solutions	Dialyte	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	medline
Permethrin	Nix or Acticin	<i>Restricted Formulary</i>	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	issue
Perphenazine	Trilafon	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.24 Phenothiazines	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Pfizerpen	Penicillin G Potassium (IV form)	Formulary		AHFS 8:12.16 Penicillins	medline
Phenazopyridine	Pyridium	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	issue
Phenergan	Promethazine	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	issue
Pheniramine/ Naphazoline	Visine A	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	issue
Phenobarbital	Luminol	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	Medline Only
Phenol/Camphor/ Eucalyptus in light Mineral Oil	Campho-Phenique	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.		Issue
Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil	Preparation H	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 12:12.04 Alpha Adrenergic Agonists	Issue
Phenyl salicylate / Methylene blue / Hyoscyamine / Benzoic acid / Atropine / Methenamine	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Phenyltoloxamine citrate / Acetaminophen	Aceta-Gesic, Major-Gesic	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Phenytoin	Dilantin	Formulary: Caps and tabs <i>Restricted Formulary:</i> Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoin	medline
PhosLo	Calcium acetate	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Phytonadione (Vitamin K-1)	Mephyton, Aqua-Mephyton	Formulary		AHFS 88:24 Vitamin K activity	medline
Pibrentasvir/ glecaprevir	Mavyret	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Pilocarpine ophthalmic solution	Isopto-Carpine, Pilocar, Salagen	Formulary		AHFS 52:20 Miotics	issue
Pioglitazone	Actos	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Piperacillin/ Tazobactam	Zosyn	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	medline
Plaquenil	Hydroxychloroquine	<i>Restricted Formulary</i>	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	issue
Plasbumin	Albumin Human	Formulary		AHFS 16:00 Blood Derivatives	medline
Plavix	Clopidogrel	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Pneumococcal polysaccharide 23-valent vaccine	Pneumovax	<i>Restricted Formulary</i>	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	medline
Pneumococcal conjugate 13-valent vaccine	Prevnar 13	<i>Restricted Formulary</i>	Approved for immunocompromised patients per ACIP recommendations.	AHFS 80:12 Vaccines	medline
Pneumovax	Pneumococcal polysaccharide 23-valent vaccine	<i>Restricted Formulary</i>	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	medline
Polyethylene glycol – electrolyte solution	Golytely	<i>Restricted Formulary</i>	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	issue
Polyethylene glycol	Miralax	<i>Restricted Formulary</i>	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	issue
Polymyxin B, Bacitracin, Neomycin	Triple Antibiotic, Neosporin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	issue
Polymyxin B, Trimethoprim	Polytrim	Formulary		AHFS 84:04.04 Topical Antibacterials	issue
Polytrim	Polymyxin B, Trimethoprim	Formulary		AHFS 84:04.04 Topical Antibacterials	issue
Potassium chloride	K-Dur	Formulary		AHFS 40:12 Replacement preparations	issue
Povidone iodine	Betadine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Pramipexole	Mirapex	<i>Restricted Formulary</i>	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Pravachol	Pravastatin	<i>Restricted Formulary</i>	Approved for patients with high potential for drug interaction or who have contraindication to or are intolerant of other Formulary statins.	AHFS 24:06 Antilipemic Agents	issue
Pravastatin	Pravachol	<i>Restricted Formulary</i>	Approved for patients with high potential for drug interaction or who have	AHFS 24:06 Antilipemic Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			contraindication to or are intolerant of other Formulary statins.		
Prazosin	Minipress	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Pred Mild, Pred Forte	Prednisolone acetate	Formulary Non-Formulary: combination products		AHFS 52:08 EENT Anti-inflammatory agents	issue
Prednisolone acetate	Pred Mild, Pred Forte	Formulary Non-Formulary: combination products		AHFS 52:08 EENT Anti-inflammatory agents	issue
Prednisone	Deltasone	Formulary		AHFS 68:04 Adrenals	issue
Prenatal Rx	Multivitamins with Folic Acid	<i>Restricted Formulary</i>	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	issue
Preparation H	Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 12:12.04 Alpha Adrenergic Agonists	Issue
Prevalite, Questran	Cholestyramine	Formulary		AHFS 24:06 Antilipemic Agents	issue
PreviDent	Fluoride topical	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Prevnar 13	Pneumococcal conjugate 13-valent vaccine	<i>Restricted Formulary</i>	Approved for immunocompromised patients per ACIP recommendations.	AHFS 80:12 Vaccines	medline
Prezista	Darunavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	issue
Priftin	Rifapentine	<i>Restricted Formulary</i>	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	Medline Only
Prilocaine/Lidocaine	EMLA	<i>Restricted Formulary</i>	Approved at Pill Line for dialysis patients only.	AHFS 72:00 Local anesthetics	Medline Only
1) Prilosec 2) Zegerid	1) Omeprazole 2) Omeprazole sodium bicarbonate	1)Formulary 2) <i>Restricted Formulary</i>	Preferred PPI 2) Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	issue
Prinivil, Zestril	Lisinopril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
ProAmatine	Midodrine	<i>Restricted Formulary</i>	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Probenecid	Benemid	Formulary		AHFS 40:40 Uricosuric agents	issue
Procarbazine	Matulane	Formulary		AHFS 10:00 Antineoplastic agents	issue
Procrit, Epogen	Epoetin Alfa	<i>Restricted Formulary</i>	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	medline
Prochlorperazine	Compazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	issue
Prolixin	Fluphenazine and Decanoate	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	medline
Promethazine	Phenergan	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	issue
Propafenone	Rythmol	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	issue
Proparacaine	Parcaine	<i>Restricted Formulary</i>	For procedures only	AHFS: 52:16 Local Anesthetics	medline
Propranolol	Inderal	Formulary <i>Restricted Formulary:</i> LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Propylthiouracil	PTU	Formulary		AHFS 68:36.08 Anti-thyroid agents	issue
Proscar	Finasteride	<i>Restricted Formulary</i>	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	issue
Protamine Sulfate	Protamine	Formulary		AHFS 20:12.08 Antiheparin Agent	medline
Protonix (all dosage forms)	Pantoprazole	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	issue
Provera	Medroxyprogesterone	<i>Restricted Formulary</i>	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine	AHFS 68:32 Progestins	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			bleeding and part of the SOTP program. Approved prior to release for contraception (Depo-Provera) per policy. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.		
Prozac	Fluoxetine	Formulary Non-Formulary: solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Pseudoephedrine	Sudafed	<i>Restricted Formulary</i> Non-Formulary: common cold symptoms or combination products	OTC item, requires approval by facility medical director.	AHFS 12:12 Alpha and Beta agonists	medline
Psyllium Sugar free only	Metamucil Sugar free only	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director if failed Calcium polycarbophil. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	issue
PTU	Propylthiouracil	Formulary		AHFS 68:36.08 Anti-thyroid agents	issue
Pulmicort	Budesonide	Formulary: Nebbs only Non-Formulary: other dosage form		52:08 EENT Anti-inflammatory agents	issue
Pyrazinamide	PZA	Formulary		AHFS 8:16 Antituberculosis agents	medline
Pyridium	Phenazopyridine	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	issue
Pyridostigmine	Mestinon	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Pyridoxine	Vitamin B-6	<i>Restricted Formulary</i>	Approved for use with INH only	AHFS 88:08 Vitamin B complex	issue
PZA	Pyrazinamide	Formulary		AHFS 8:16 Antituberculosis agents	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Questran, Prevalite	Cholestyramine	Formulary		AHFS 24:06 Antilipemic Agents	issue
QVAR	Beclomethasone inhaler	Formulary: Inhalers Non-Formulary: Nasal spray		AHFS 52:08 EENT anti- inflammatory agents	issue
Raltegravir	Isentress	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	
Ranitidine	Zantac	Formulary		AHFS 56:28.12 Histamine H2- Antagonists	issue
Reglan	Metoclopramide	Formulary		AHFS 56:32 Prokinetic Agents	issue
Remeron	Mirtazapine	Formulary		AHFS 28:16:04 Anti- depressants	medline
Remicade	Infliximab	<i>Restricted Formulary</i>	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	medline
Renagel	Sevelamer	<i>Restricted Formulary</i>	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	issue
Rescriptor	Delavirdine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non- Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Restoril	Temazepam	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Retrovir	Zidovudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Reyataz	Atazanavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Rho D Immune Globulin	RhoGAM	Formulary		AHFS 80:04 Serums	medline
RhoGAM	Rho D Immune Globulin	Formulary		AHFS 80:04 Serums	medline
Ribavirin	Copegus	<i>Restricted Formulary</i>	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	Issue
Ridaura	Auranofin	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	Issue
Rifadin	Rifampin	<i>Restricted Formulary</i>	Approved for treatment of active tuberculosis; for treatment of latent tuberculosis per the DOC LTBI treatment protocol; for decolonization per the DOC MRSA protocol; or for treatment of staphylococcal infection (Must be used in combination with another antibiotic).	AHFS 8:16 Anti-tuberculosis agents	issue or medline if given for TB treatment
Rifampin	Rifadin	<i>Restricted Formulary</i>	Approved for treatment of active tuberculosis; for treatment of latent tuberculosis per the DOC LTBI treatment protocol; for decolonization per the DOC MRSA protocol; or for treatment of staphylococcal infection (Must be used in combination with another antibiotic).	AHFS 8:16 Anti-tuberculosis agents	issue or medline if given for TB treatment
Rifapentine	Priftin	<i>Restricted Formulary</i>	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	Medline Only
Rilpivirine	Edurant	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.16 Diarylpyrimidine, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Rilpivirine/ Emtricitabine/ Tenofovir	Complera	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Rilpivirine/ Emtricitabine/ <u>Tenofovir alafenamide</u>	Odefsey	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Risperidone Consta	Risperdal Consta	<i>Restricted Formulary:</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Risperdal Consta may be approved: (1) If oral risperidone has shown efficacy and the patient both lacked compliance and is scheduled to be released within the next 3 months into the community with documented follow-up. (2) After failure (documented lack of efficacy, significant EPS, or tardive dyskinesia) of haloperidol or fluphenazine decanoate. (3) For involuntary administration as part of DOC 630.540 with Psychiatric CRC approval. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Ritonavir	Norvir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	issue
Ritonavir/ Lopinavir	Kaletra	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	issue
Rivaroxaban	Xarelto	<i>Restricted Formulary</i>	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	medline
Robaxin	Methocarbamol	<i>Restricted Formulary</i>	Chronic use is only approved for use in cerebral palsy or for limb spasticity due to spinal cord injury or multiple sclerosis. Short-term use for other appropriate indications for greater than 14 days within any 3-month period requires CRC approval	AHFS 12:20 Skeletal Muscle Relaxants	Medline Only (Facilities without pill lines may prescribe as SC-Earned)

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Selzentry	Maraviroc	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	issue
Senna	X-Prep	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:12 Cathartics and laxatives	issue
Sensipar	Cinacalcet	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 92:00 Misc.	issue
Septra DS, Bactrim DS, Cotrim DS	Trimethoprim/ Sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides	issue
Serevent Diskus	Salmeterol	Formulary		AHFS 12:12 Sympathomimetic agents	issue
Sertraline	Zoloft	Formulary Non-Formulary: solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Serzone	Nefazodone	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Sevelamer	Renagel	<i>Restricted Formulary</i>	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	issue
Shohl's solution, Bicitra	Sodium citrate/ Citric acid	<i>Restricted Formulary</i>	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Silvadene, SSD	Silver sulfadiazine	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	issue
Silver Nitrate	Grafco	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	medline
Silver sulfadiazine	Silvadene, SSD	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	issue
Simeprevir	Olysio	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.20 HCV Protease Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Simethicone	Mylicon	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 56:10 Antiflatulents	issue
Simvastatin	Zocor	Formulary Non-Formulary: 80mg strength		AHFS 24:06 Antilipemic agents	issue
Simvastatin/ Ezetimibe	Vytorin	Non-Formulary		AHFS 24:06 Antilipemic agents	medline
Sinemet & Extended Release	Levodopa/ Carbidopa & Extended Release	Formulary: Parkinson's disease <i>Restricted Formulary:</i> Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Sinequan	Doxepin	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Singular	Montelukast	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	issue
Sodium bicarbonate	Baros	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 40:08 Alkalinizing agent	issue
Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Formulary: Legend items <i>Restricted Formulary:</i> OTC items	OTC items require approval by facility medical director.	AHFS 40:36 Irrigating solutions AHFS 40:12 Replacement preparations AHFS 52:36 Miscellaneous EENT drugs	issue topical
Sodium citrate, Citric acid	Shohl's solution, Bicitra	<i>Restricted Formulary</i>	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Sodium ferric gluconate complex	Ferrlecit	<i>Restricted Formulary</i>	Approved for dialysis patients only	AHFS Iron Preparations	medline
Sodium phosphate/ Sodium biphosphate	Fleets enema	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Sodium polystyrene sulfonate	Kayexalate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	medline
Sofosbuvir	Sovaldi	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 HCV Polymerase Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)

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

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

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tazidime, Fortaz	Ceftazidime	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Tears Artificial	Akwa Tears	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to diagnosed autoimmune etiology or connective tissue disease.	AHFS 52:36 Miscellaneous EENT drugs	issue
Tecfidera	Dimethyl fumarate	<i>Restricted Formulary</i>	Approved when recommended by a specialist for the treatment of multiple sclerosis.	AHFS 92:20 Biologic Response Modifiers	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Tegretol	Carbamazepine	Formulary Non-Formulary: Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Temazepam	Restoril	<i>Restricted Formulary</i>	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Temovate	Clobetasol 0.05%	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 84:06 Topical anti-inflammatory agents	issue
Tenofovir	Viread	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Tenofovir/ Efavirenz/ Emtricitabine	Atripla	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non- Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Tenofovir/ Elvitegravir/ Emtricitabine/ Cobicistat	Stribild	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non- Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	issue
Tenofovir alafenamide/ Elvitegravir/	Genvoya	<i>Restricted Formulary</i>	Approved as continuation therapy.	AHFS 8:18 Non- Nucleoside Reverse Transcriptase Inhibitors	issue

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			protocol supersedes ACIP guidelines.		
Tetanus immune globulin	BayTet	Formulary		AHFS 80:04 Serums	medline
Tetracycline	Sumycin	<i>Restricted Formulary</i>	Approved for use only when cost efficient alternatives are unavailable.	AHFS 80:04 Serums	issue
Thalitone	Chlorthalidone	<i>Restricted Formulary</i>	Approved for the treatment of hypertension. 12.5mg is the preferred starting dose.	AHFS 40:28 Diuretics	issue
Theo-Dur	Theophylline	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	issue
Theophylline	Theo-Dur	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	issue
Thiamine	Vitamin B-1	<i>Restricted Formulary</i>	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	medline
Thiothixene	Navane	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated.	AHFS 28:16.08.32 Thioxanthenes	medline
Thorazine	Chlorpromazine	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	medline
Tigan	Trimethobenzamide	Formulary		AHFS 56:22 Antiemetics	issue
Timolol maleate	Timoptic	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Timoptic	Timolol maleate	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Tinactin	Tolnaftate	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tipranavir	Aptivus	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Tivicay	Dolutegravir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	issue
Tobradex	Dexamethasone/ Tobramycin	Formulary		AHFS 52:04 Antibacterials	issue
Tobramycin/ Dexamethasone	Tobradex	Formulary		AHFS 52:04 Antibacterials	issue
Tobramycin sulfate	Tobrex or TOBI	<i>Restricted Formulary</i>	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	issue ophthalmic
Tobrex or TOBI	Tobramycin sulfate	<i>Restricted Formulary</i>	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	issue ophthalmic
Tofranil	Imipramine	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	medline
Tolnaftate	Tinactin	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	issue
Toothpaste for dry mouth	Biotene	<i>Restricted Formulary</i>	Must be prescribed by DOC Dentists only.	To treat patients diagnosed with Xerostomia.	Issue
Toradol	Ketorolac	Formulary: Injection <i>Restricted Formulary:</i> Ophthalmic & Tablet dosage forms Non-Formulary: Use of injectable form in Chronic Pain or Outpatient PRN orders.	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation. Tablets approved for : treatment of renal or biliary colic.	AHFS 28:08.04 Nonsteroidal Anti- Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	medline
Trandate	Labetolol	<i>Restricted Formulary</i>	Approved for pregnant women with HTN.	AHFS 24:24 Beta- Adrenergic Blocking Agents	issue
Tranexamic Acid 5% Solution (Compounded)	Tranexamic Acid 5% Solution (Compounded)	<i>Restricted Formulary</i>	Approved for dental use only.	AHFS 20:28.16 Hemostatics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tranlycypromine	Parnate	<i>Restricted Formulary</i>	Approved if alternative therapy fail. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	medline
Trazodone	Desyrel	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval.	AHFS 28:16.04 Anti-depressants	medline
Trental	Pentoxifylline	Formulary		AHFS 20:24 Hemorrhologic Agents	issue
Trexall	Methotrexate	Formulary		AHFS 10:00 Antineoplastic agents	issue
Triamcinolone	Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	Formulary: 0.1% topical cream, ointment, lotion, dental paste & injection Non-Formulary: other topical strengths and nasal inhaler	.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Trifluoperazine	Stelazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08 Tranquilizers	medline
Trifluridine	Viroptic	Formulary		AHFS 52:04:20 Antivirals	issue
Trihexyphenidyl	Artane	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	medline
Trilafon	Perphenazine	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.24 Phenothiazines	medline
Trileptal	Oxcarbazepine	<i>Restricted Formulary</i>	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder.	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Trilisate	Choline magnesium trisalicylate	Formulary		AHFS 28:08.04.24 Salicylates	issue
Trimethobenzamide	Tigan	Formulary		AHFS 56:22 Antiemetics	issue
Trimethoprim/Sulfamethoxazole (SMX-TMP)	Bactrim DS, Cotrim DS, Septra DS	Formulary		AHFS 8:12.20 Sulfonamides	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Triple Antibiotic, Neosporin	Bacitracin, Polymyxin B, Neomycin	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 84:04.04 Topical Antibacterials	issue
Triumeq	Abacavir/ Dolutegravir/ Lamivudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	issue
Trizivir	Abacavir/ Lamivudine/ Zidovudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Tropicamide	Mydral	<i>Restricted Formulary</i>	For procedures only.	AHFS: 52:24 Mydriatic	medline
Trusopt	Dorzolamide	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	issue
Truvada	Emtricitabine/ Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Tuberculin	Tubersol	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	medline
Tubersol	Tuberculin	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	medline
Tums	Calcium carbonate	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.	Approved for hypocalcaemia, hyperphosphatemia, H. pylori or end stage renal disease.	AHFS 40:12 Replacement preparations	issue
Tolnaftate	Tinactin	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	issue
Twinrix	Hepatitis A inactivated/ Hepatitis B recombinant vaccine	<i>Restricted Formulary</i>	Follow Hepatitis Vaccine Public Health Order (InsideDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Tylenol	Acetaminophen	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever ($\geq 101^{\circ}\text{F}$), postoperative analgesia	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).		
Tylenol #3	Acetaminophen/ Codeine	<i>Restricted Formulary</i>	Refer to Opiate Management Protocol for prescribing guidelines.	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	Medline Only
Umeclidinium	Incruse Ellipta	Formulary		12:08.08 - Antimuscarinics/ Antispasmodics	issue
Unasyn	Ampicillin & sulbactam sodium	Formulary		AHFS 8:12.16 Penicillins	medline
Urea lotion	Aqua Care	<i>Restricted Formulary</i>	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic Agents	issue
Urecholine	Bethanechol	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Urised	Methenamine/ Atropine/Benzoic acid/ Hyoscyamine/ Methylene blue/ Phenyl salicylate	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Valisone	Betamethasone valerate 0.1%	Formulary		AHFS 84:06 Topical anti-inflammatory agents	issue
Valium	Diazepam	<i>Restricted Formulary</i> Non-Formulary: Hypnotic use	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Valproic acid	Depakene	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Vancocin	Vancomycin	Formulary: IV <i>Restricted Formulary:</i> solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	medline (IV) issue (oral)
Vancomycin	Vancocin	Formulary: IV <i>Restricted Formulary:</i> solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	medline (IV) issue (oral)
Varicella Vaccine	Varivax	<i>Restricted Formulary</i>	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	medline
Varicella Zoster Virus Vaccine, Live	Zostavax	<i>Restricted Formulary</i>	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	medline
Varivax	Varicella Vaccine	<i>Restricted Formulary</i>	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC	AHFS 80:12 Vaccines	medline

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

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Viracept	Nelfinavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	issue
Viramune Viramune XR	Nevirapine Nevirapine XR	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	issue
Viread	Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Viroptic	Trifluridine	Formulary		AHFS: 52:04:20 Antivirals	issue
Visine A	Naphazoline/ Pheniramine	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 52:32 Vasoconstrictors	issue
Vistaril, Atarax	Hydroxyzine	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	medline
Vitamin B complex	Nephrovite, Nephrocab	<i>Restricted Formulary</i>	Approved for dialysis patients only.	AHFS 88:08 Vitamin B Complex	issue
Vitamin B-1	Thiamine	<i>Restricted Formulary</i>	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	medline
Vitamin B12	Cyanocobalamin	Formulary: Injectable Non-Formulary: Other dose form		AHFS 88:08 Vitamin B complex	Medline Only
Vitamin B-6	Pyridoxine	<i>Restricted Formulary</i>	Approved for use with INH only.	AHFS 88:08 Vitamin B complex	issue
Vitamin C	Ascorbic acid	<i>Restricted Formulary</i>	Approved for iron absorption aid.	AHFS 88:12	issue
Vitamin D3	Cholecalciferol	<i>Restricted Formulary</i>	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis.	AHFS 88:16 Vitamin D	medline
Vitamin D with Calcium	Ca with Vit D	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.	Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment	AHFS 88:16 Vitamin D	issue

Drug Name Generic names in BOLD	Formulary Status	Special Criteria	AHFS	Issue/ Medline	
			patients, and lactose intolerant patients.		
Vosevi	Sofosbuvir/ Velpatasvir/ Voxilaprevir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Voxilaprevir/ Sofosbuvir/ Velpatasvir	Vosevi	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Vytorin	Ezetimibe/ Simvastatin	Non-Formulary		AHFS 24:06 Antilipemic agents	medline
Warfarin sodium	Coumadin	Formulary		AHFS 20:12.04 Anticoagulants	medline
X-Prep	Senna	<i>Restricted Formulary:</i> OTC item, requires approval by facility medical director.		AHFS 56:12 Cathartics and laxatives	issue
Xalatan	Latanoprost	Formulary		AHFS 52:36 Miscellaneous EENT agents	issue
Xarelto	Rivaroxaban	<i>Restricted Formulary</i>	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	medline
Xopenex HFA	Levalbuterol HFA	<i>Restricted Formulary:</i> Neb, MDI Non-Formulary: Other HFA Brands	Approved if albuterol has a higher cost, albuterol is limited in availability or if patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	issue
Xylocaine, Xylocaine with Epi.	Lidocaine	Formulary Non-Formulary: Patches	Not approved for antiarrhythmic treatment.	AHFS 72:00 Local anesthetics	issue topical
Zantac	Ranitidine	Formulary		AHFS 56:28.12 Histamine H2- Antagonists	issue
Zaroxolyn	Metolazone	<i>Restricted Formulary</i>	If creatinine clearance less than 30 or serum	AHFS 40:28 Diuretics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			creatinine is greater than 2.		
Zemplar	Paricalcitol	<i>Restricted Formulary</i>	Approved for dialysis patients only.	AHFS 88:16 Vitamin D	issue
Zepatier	Elbasvir/ Grazoprevir	<i>Restricted Formulary</i>	Approved by Hep. C CRC.	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Zerit	Stavudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Zestril, Prinivil	Lisinopril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Ziagen	Abacavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Zidovudine	Retrovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Zidovudine/ Abacavir/ Lamivudine	Trizivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue
Zidovudine/ Lamivudine	Combivir	<i>Restricted Formulary:</i>	Pharmacy will dispense as separate medications. Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zinc oxide	Desitin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director.	AHFS 84:80 Sunscreen agents	issue
Ziprasidone	Geodon	Formulary Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	issue
Zithromax	Azithromycin	Formulary		AHFS 8:12.06 Macrolides	issue
Zofran	ondansetron	<i>Restricted Formulary</i>	Approved for cancer patients or if alternative therapies fail or contraindicated.	AHFS 56:22 Antiemetics	issue
Zocor	Simvastatin	Formulary Non-Formulary: 80mg strength		AHFS 24:06 Antilipemic agents	issue
Zoloft	Sertraline	Formulary Non-Formulary: solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	issue
Zostavax	Varicella Zoster Virus Vaccine, Live	<i>Restricted Formulary</i>	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	medline
Zostrix	Capsaicin	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	issue
Zosyn	Piperacillin/ Tazobactam	<i>Restricted Formulary</i>	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2).	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	medline
Zovirax	Acyclovir	Formulary: Oral dosage form Non-Formulary: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	issue
Zyloprim	Allopurinol	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Zyprexa, Zyprexa Zydis	Olanzapine	<i>Restricted Formulary</i> Non-Formulary: Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		cross taper for up to 30 days or unless permitted per approved protocol).	May interchange Olanzapine/Olanzapine ODT 1:1.		
Zyvox	Linezolid	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials	issue

C – AHFS Pharmacological-Therapeutic Drug Classification

The following sections may contain formulary and not-formulary medications

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

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C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**4:00
Antihistamine
Drugs**

4:04 First Generation Antihistamines

Chlorpheniramine
Diphenhydramine (Benadryl)
Promethazine (Phenergan)
See also: Hydroxyzine 28:24.92
Meclizine 56:22

4:08 Second Generation Antihistamines

Loratadine (Claritin)

**8:00 Anti-
infective Agents**

8:08 Anthelmintics

Mebendazole (Vermox)

8:12.02 Aminoglycosides

Gentamicin (Garamycin)
Neomycin
Streptomycin
Tobramycin (Tobrex or TOBI)

8:12.06 Cephalosporins

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

8:12.07 Miscellaneous B-Lactam Antibiotics

Piperacillin/ Tazobactam (Zosyn)

8:12.12 Macrolides

Azithromycin (Zithromax)
Erythromycin (E-Mycin or Erytab or Erythrocin)

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C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

8:00 Anti-infective Agents
(continued)

8:12.16 Penicillins

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

8:12.18 Quinolones

Ciprofloxacin (Cipro)
Levofloxacin (Levaquin)

8:12.20 Sulfonamides

Sulfasalazine (Azulfidine)
Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP)

8:12.24 Tetracyclines

Doxycycline (Vibramycin, Periostat)
Tetracycline (Sumycin)

8:12.28 Miscellaneous Antibacterials

Clindamycin (Cleocin)
Linezolid (Zyvox)
Vancomycin (Vancocin)

8:14 Antifungals

Amphotericin B (Fungizone)
Clotrimazole (Mycelex)
Fluconazole (Diflucan)
Ketoconazole (Nizoral)
Nystatin (Mycostatin)
Terbinafine (Lamisil)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

8:00 Anti-infective Agents
(continued)

8:16 Antituberculosis Agents

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

8:16.92 Miscellaneous Antimycobacterials

Dapsone

8:18 Antivirals

8:18.04 Adamantanes

Amantadine (Symmetrel)

8:18.08.04 HIV Fusion Inhibitors

Enfuvirtide (Fuzeon)

8:18.08.08 Protease Inhibitors (Pis)

Atazanavir (Reyataz)
Fosamprenavir (Lexiva)
Indinavir (Crixivan)
Lopinavir/ Ritonavir (Kaletra)
Nelfinavir (Viracept)
Ritonavir (Norvir)
Saquinavir (Invirase)
Tipranavir (Aptivus)

8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)

Delavirdine (Rescriptor)
Efavirenz (Sustiva)
Efavirenz/Emtricitabine/Tenofovir (Atripla) Etravirine (Intelence)
Rilpivirine (Edurant)
Rilpivirine/Emtricitabine/Tenofovir (Complera)
Rilpivirine/Emtricitabine/Tenofovir alafenamide (Odefsey)
Nevirapine (Viramune)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

8:00 Anti- infective Agents (continued)

8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)

Abacavir (Ziagen)
Abacavir/Dolutegravir/Lamivudine (Triumeq)
Abacavir / Lamivudine (Epzicom)
Abacavir / Lamivudine/ Zidovudine (Trizivir)
Didanosine (Videx)
Emtricitabine (Emtriva)
Emtricitabine/Cobicistat/Rilpivirine/Tenofovir (Stribild)
Emtricitabine/Cobicistat/Rilpivirine/Tenofovir alafenamide
(Genvoya)
Emtricitabine/Efavirenz/Tenofovir (Atripla)
Emtricitabine/Rilpivirine/Tenofovir (Complera)
Emtricitabine/Tenofovir (Truvada)
Emtricitabine/Tenofovir alafenamide (Descovy)
Lamivudine (EpiVir)
Lamivudine/ Zidovudine (Combivir)
Stavudine (Zerit)
Tenofovir (Viread)
Zidovudine (Retrovir)

8:18.08.92 – Antiretrovirals, Miscellaneous*

Dolutegravir (Tivicay)
Maraviroc (Selzentry)
Raltegravir (Isentress)

8:18.20 Interferons

Interferon Alfa 2b (Intron A)
Peginterferon Alfa-2a (Pegasys)

8:18.32 Nucleosides and Nucleotides

Acyclovir (Zovirax)
Entecavir (Baraclude)
Ribavirin (Copegus)

8:18.40.16 HCV Polymerase Inhibitors

Ledipasvir/Sofosbuvir (Harvoni)
Sofosbuvir (Sovaldi)
Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)
Velpatasvir/Sofosbuvir (Epclusa)

8:18.40.20 HCV Protease Inhibitors

Elbasvir/Grazoprevir (Zepatier)
Glecaprevir/Pibrentasvir (Mavyret)
Simeprevir (Olysio)

8:18.40.24 HCV Replication Complex Inhibitors

Daclatasvir (Daklinza)

Elbasvir/Grazoprevir (Zepatier)

Glecaprevir/Pibrentasvir (Mavyret)

Ledipasvir/Sofosbuvir (Harvoni)

Velpatasvir/Sofosbuvir (Epclusa)

8:30.08 Antimalarial Agents

Hydroxychloroquine (Plaquenil)

Quinine sulfate

See also: Tetracyclines 8:12.24

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,
Continued

8:30.92 Miscellaneous Antiprotozoals

Metronidazole (Flagyl)

See also:

Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP)
18:12-20

Dapsone 19:16.92

8:36 Urinary Anti-infectives

Nitrofurantoin (Macrochantin)

Trimethoprim (with sulfamethoxazole)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**10:00
Antineoplastic
Agents**

Fluorouracil (Efudex)
Hydroxynn (Hydrea)
Methotrexate (Trexall)
Procarbazine (Matulane)
Tamoxifen (Nolvadex)

**12:00
Autonomic
Drugs**

12:04 Parasympathomimetic (Cholinergic) Agents

Bethanechol (Urecholine)
Donepezil (Aricept)
Pyridostigmine (Mestinon)

12:08 Anticholinergic Agents

12:08.04 Antiparkinsonian Agents

Benzotropine (Cogentin)
Trihexyphenidyl (Artane)

12:08.08 Antimuscarinics/Antispasmodics

Dicyclomine (Bentyl)
Hyoscyamine (Levsin)
Ipratropium (Atrovent)
Umeclidinium (Incruse Ellipta)

12:12 Sympathomimetic (Adrenergic) Agents

Albuterol (Proventil, Ventolin)
Epinephrine
Salmeterol (Serevent Diskus)
Terbutaline (Brethine)

12:16 Sympatholytic (Adrenergic Blocking) Agents

Ergotamine/ Caffeine (Cafergot)

See also: Atenolol 24:24

Metoprolol 24:24

Propranolol 24:24

12:20 Skeletal Muscle Relaxants

Baclofen (Lioresal)
Methocarbamol (Robaxin)
Cyclobenzaprine (Flexeril)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**16:00 Blood
Derivatives**

Albumin Human (Plasbumin)

**20:00 Blood
Formation and
Coagulation**

20:04.04 Iron Preparations

Iron Sucrose (Venofer)
Sodium Ferric Gluconate (Ferrlecit)
Ferrous Gluconate
Ferrous Sulfate

20:12.04 Anticoagulants

Enoxaparin (Lovenox)
Heparin
Warfarin (Coumadin)

20:12.04.14 Direct Factor Xa Inhibitors

Rivaroxaban (Xarelto)

20:12.08 Antiheparin Agents

Protamine Sulfate

20:16 Hematopoietic Agents

Darbepoetin (Aranesp)
Epoetin Alfa (Epogen)
Filgrastim (Neupogen)

20:24 Hemorrhologic Agents

Pentoxifylline (Trental)

20:28.16 Hemostatic Agents

Antihemophilic Factor (Factor VIII)
Anti-inhibitor coagulant complex (Feiba)
Tranexamic Acid 5% Solution Compounded

20:40 Thrombolytic Agents

Alteplase (Activase)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**24:00
Cardiovascular
Drugs**

24:04 Cardiac Drugs

24:04.04 Antiarrhythmic Agents

Amiodarone (Cordarone)

Propafenone (Rythmol)

24:04.08 Cardiotonic Agents

Digoxin (Lanoxin)

See also: Dobutamine 12:12

Dopamine 12:12

24:06 Antilipemic Agents

Simvastatin (Zocor)

Cholestyramine (Prevalite, Questran)

Gemfibrozil (Lopid)

Lovastatin (Mevacor)

Niacin

Pravastatin (Pravachol)

Vytorin (Ezetimibe/simvastatin)

24:08 Hypotensive Agents

24:08.16 Central Alpha Agonists

Clonidine (Catapres)

24:08.92 Miscellaneous Hypotensive Agents

See also: Alpha-adrenergic blocking agents 24:20

Beta-adrenergic blocking agents 24:24

Calcium-Channel blocking agents 24:28

Diuretics 40:28

Renin-angiotensin-aldosterone system inhibitors 24:32

24:12 Vasodilating Agents

Isosorbide Dinitrate (Isordil)

Isosorbide Mononitrate (Imdur)

Nitroglycerin

See also: Amlodipine 24:28

Diltiazem 24:28

Verapamil 24:28

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

24:00
Cardiovascular
Drugs
(continued)

24:20 Alpha-Adrenergic Blocking Agents

Doxazosin (Cardura)
Prazosin (Minipress)
Tamsulosin (Flomax)

24:24 Beta-Adrenergic Blocking Agents

Atenolol (Tenormin)
Carvedilol (Coreg)
Metoprolol (Lopressor)
Metoprolol XL (Toprol XL)
Nadolol (Corgard)
Propranolol (Inderal)
Propranolol LA (Inderal LA)

24:28 Calcium-Channel Blocking Agents

Amlodipine (Norvasc)
Diltiazem/ CD (Cardizem)
Verapamil/ XR (Calan)

24:32 Renin-Angiotensin-Aldosterone System Inhibitors

24:32.04 Angiotensin-Converting Enzyme Inhibitors

Captopril (Capoten)
Enalapril (Vasotec)
Lisinopril (Prinivil)

24:32.08 Angiotensin II Receptor Antagonists

Losartan (Cozaar)

24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists

Spirolactone (Aldactone)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**28:00 Central
Nervous System
Agents**

28:04 Direct Vasodilators

Hydralazine

28:08.04 Nonsteroidal Anti-Inflammatory Agents

Etodolac (Lodine)

Flurbiprofen (Ansaid)

Ibuprofen (Motrin)

Indomethacin (Indocin)

Ketorolac (Toradol)

Meloxicam (Mobic)

Naproxen (Anaprox)

Piroxicam (Feldene)

28:08.04.24 Salicylates

Aspirin

Choline magnesium Salicylate (Trilisate)

Salsalate (Disalcid)

28:08.08 Opiate Agonists

Codeine/ Acetaminophen (Tylenol with Codeine)

Fentanyl (Duragesic)

Hydromorphone (Dilaudid)

Methadone

Morphine (Duramorph, MS Contin)

Oxycodone (Roxicodone)

28:08.12 Opiate Partial Agonists

Buprenorphine (Subutex)

Buprenorphine/Naloxone (Suboxone)

28:08.92 Miscellaneous Analgesics and Antipyretics

Dichlorophenazone/ isometheptene/ APAP (Midrin)

Caffeine/ isometheptene/ APAP (Migraten)

28:10 Opiate Antagonists

Naloxone (Narcan)

28:12 Anticonvulsants

28:12.04 Barbiturates

Phenobarbital (Luminol)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

**28:00 Central
Nervous System
Agents
(continued)**

28:12.08 Benzodiazepines

Clonazepam (Klonopin)

See also: Diazepam 28:24.08

Lorazepam 28:24.08

28:12.12 Hydantoins

Phenytoin (Dilantin)

28:12.92 Miscellaneous Anticonvulsants

Carbamazepine (Tegretol)

Divalproex (Depakote)

Lamotrigine (Lamictal)

Levetiracetam (Keppra)

Oxcarbazepine (Trileptal)

Topiramate (Topamax)

Valproic acid (Depakene)

28:16 Psychotherapeutic Agents

28:16.04 Antidepressants

Amitriptyline (Elavil)

Duloxetine (Cymbalta)

Citalopram (Celexa)

Clomipramine (Anafranil)

Desipramine (Norpramin)

Doxepin (Sinequan)

Fluoxetine (Prozac)

Fluvoxamine (Luvox)

Imipramine (Tofranil)

Mirtazapine (Remeron)

Nortriptyline (Pamelor)

Paroxetine (Paxil)

Sertraline (Zoloft)

Trazodone (Desyrel)

Venlafaxine (Effexor)

28:16.04.12 Monoamine Oxidase Inhibitors

Tranlycypromine (Parnate)

28:16.08 Tranquilizers

Trifluoperazine (Stelazine)

28:16.08.04 Atypical Antipsychotics

Aripiprazole (Abilify)

Clozapine (Clozaril)

Olanzapine (Zyprexa)

Risperidone (Risperdal)

Ziprasidone (Geodon)

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

28:16.08.08 Butyrophenones

Haloperidol (Haldol)

28:16.08.24 Phenothiazines

Chlorpromazine (Thorazine)

Fluphenazine (Prolixin)

Perphenazine (Trilafon)

Prochlorperazine (Compazine)

28:16.08.32 Thioxanthenes

Thiothixene (Navane)

28:16.08.92 Miscellaneous Antipsychotics

Loxapine (Loxitane)

28:24 Anxiolytics, Sedatives, and Hypnotics

28:24.04 Barbiturates

Phenobarbital (Luminol)

28:24.08 Benzodiazepines

Chlordiazepoxide (Librium)

Diazepam (Valium)

Lorazepam (Ativan)

Midazolam (Versed)

Temazepam (Restoril)

See also: Clonazepam 28:12.08

28:24.92 Miscellaneous Anxiolytics, Sedatives, and Hypnotics

Buspirone (Buspar)

Hydroxyzine (Vistaril)

Promethazine (Phenergan)

See also: Diphenhydramine 4:04

28:28 Antimanic Agents

Lithium Salts

28:92 Miscellaneous Central Nervous System Agents

Atomoxetine (Strattera)

Entacapone (Comtan)

Guanfacine ER (Intuniv)

Levodopa/ Carbidopa (Sinemet)

Pramipexole (Mirapex)

Sumatriptan (Imitrex)

36:00
Diagnostic
Agents

36:84 Tuberculosis
Tuberculin, PPD (Tubersol)

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

40:00
Electrolytic,
Caloric, and
Water Balance

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

40:10 Ammonia Detoxicants
Lactulose (Cephulac)

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

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

40:20 Caloric Agents
Dextrose

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

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

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

40:40 Uricosuric Agents
Probenecid (Benemid)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

44:00 Enzymes

See also: Alteplase 20:40
Pancrelipase 56:16

**48:00
Antitussives,
Expectorants,
and Mucolytic
Agents**

48:08 Antitussives
Benzonatate (Tessalon)

48:16 Expectorants
See also: Potassium Iodide 68:36

48:24 Mucolytic Agents
Acetylcysteine (Mucomyst)

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

52:04 Anti-Infectives

52:04.04 Antibacterials

Neomycin/ Polymyxin B/ hydrocortisone (Cortisporin Otic)
Neomycin/ Polymyxin B/ dexamethasone (Maxitrol Ophthalmic)
Ciprofloxacin (Ciloxin)
Erythromycin
Ofloxacin (Ocuflox)
Polymyxin B/trimethoprim (Polytrim)
Tobramycin (Tobrex)

52:04.08 EENT Sulfonamides

Sulfacetamide (Sulamyd)

52:04.92 Miscellaneous Anti-infectives

Acetic Acid (Domeboro)
Carbamide Peroxide (Debrox)
Chlorhexidine (Peridex)
Silver Nitrate

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

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

52:08 Anti-Inflammatory Agents

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

52:10 Carbonic Anhydrase Inhibitors

Acetazolamide (Diamox)
Dorzolamide (Trusopt)

52:16 Local Anesthetics

Benoxinate/fluorescein (Fluress)
Proparacaine (Parcaine)

52:20 Miotics

Pilocarpine (Isopto-Carpine)

52:24 Mydriatics

Atropine
Cyclopentolate (Cyclogyl)
Homatropine
Tropicamide

52:32 Vasoconstrictors

Naphazoline (Clear-Eyes)- OTC
Naphazoline/ Pheniramine (Visine A)- OTC

52:36 Miscellaneous EENT Drugs

Betaxolol (Betoptic)
Brimonidine (Alphagan P)
Latanoprost (Xalatan)
Lubricant, Ocular (Lacrilube)- OTC
Sodium chloride nasal spray- OTC
Tears Artificial- OTC
Timolol (Timoptic)

See also: Cromolyn Sodium 92:00

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

56:00
Gastrointestinal
Drugs

56:04 Antacids and Adsorbents

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

56:08 Antidiarrhea Agents

Bismuth Subsalicylate (Pepto-Bismol)
Loperamide (Imodium)

56:10 Antiflatulents

Simethicone (Mylicon)

56:12 Cathartics and Laxatives

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

56:16 Digestants

Pancrelipase (Pancrease)

56:20 Emetics

Ipecac

56:22 Antiemetics

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

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

56:00
Gastrointestinal Drugs
(continued)

56:28 *Antiulcer Agents and Acid Suppressants*

56:28.12 Histamine H₂- Antagonists

Ranitidine (Zantac)

56:28.32 Protectants

Sucralfate (Carafate)

56:28.36 Proton Pump Inhibitors

Omeprazole

56:32 *Prokinetic Agents*

Metoclopramide (Reglan)

56:36 *Anti-inflammatory Agents*

Mesalamine (Asacol, Lialda, Rowasa)

See also: Sulfasalazine 8:12.20

56:92 *Miscellaneous GI drugs*

Olsalazine (Dipentum)

60:00 Gold Compounds

Auranofin (Ridaura®)

68:00
Hormones and Synthetic Substitutes

Dexamethasone (Decadron)

Methylprednisolone (Medrol and Solu-Medrol)

Prednisone (Deltasone)

Triamcinolone (Kenalog, Aristocort, Aristospan, Azmacort)

68:08 Androgens

Testosterone (Depo-Testosterone)

68:12 Contraceptives

Norgestimate/ Ethinyl Estradiol (Ortho-Tri-Cyclen)

Norethindrone (Ortho Micronor)

Norethindrone/ Ethinyl Estradiol (Ortho-Novum 1/35, 7/7/7)

68:20 *Anti-diabetic Agents*

68:20.04 Biguanides

Metformin (Glucophage)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

68:00

**Hormones and
Synthetic
Substitutes**
(continued)

68:20.08 Insulins

Insulin Aspart (NovoLog)
Insulin Glargine (Lantus)
Insulin, Lente Human
Insulin Lispro (Humalog)
Insulin, NPH Human
Insulin, Regular Human

68:20.20 Sulfonylureas

Glipizide (Glucotrol)
Glyburide (Micronase)

68:20.28 Thiazolidinediones

Pioglitazone (Actos)

68:20.92 Miscellaneous Anti-diabetic Agents

Glucagon (GlucaGen)

68:28 Pituitary

Desmopressin (DDAVP)

68:32 Progestins

Medroxyprogesterone

68:36 Thyroids and Anti-thyroid Agents

68:36.04 Thyroid Agents

Levothyroxine (Levothroid, Synthroid)

68:36.08 Anti-thyroid Agents

Methimazole (Tapazole)

Propylthiouracil

**72:00 Local
Anesthetics**

Lidocaine (Xylocaine)

Bupivacaine (Marcaine)

See also: Anti-pruritics and Local Anesthetics 84:08

Local Anesthetics 52:16

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**80:00 Serums,
Toxoids, and
Vaccines**

80:04 Serums

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

80:08 Toxoids

Tetanus and Diphtheria Toxoids Adsorbed

80:12 Vaccines

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

**84:00 Skin and
Mucous
Membrane
Agents**

84:04 Anti-infectives

84:04.04 Antibacterials

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

84:04.08 Antifungals

Clotrimazole (Lotrimin, Mycelex)
Ketoconazole (Nizoral)
Miconazole (Monistat)
Nystatin (Mycostatin)
Tolnaftate (Tinactin)

84:04.12 Scabicides and Pediculides

Ivermectin (Stromectol)
Malathion (Ovide)
Permethrin (Nix)

84:28 Keratolytic Agents

Salicylic Acid (Dermarest)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**86:00 Smooth
Muscle
Relaxants**

86:12 Genitourinary Smooth Muscle Relaxants

Oxybutynin (Ditropan)

86:16 Respiratory Smooth Muscle Relaxants

See also: Anticholinergic Agents 12:08

Sympathomimetic Agents 12:12

Vasodilating Agents 24:12

88:00 Vitamins

Cyanocobalamin (Vitamin B-12)

Folic Acid

Niacin

Pyridoxine (Vitamin B-6)

Thiamine (Vitamin B-1)

Vitamin B Complex (Nephrovite or Nephrocip)

88:16 Vitamin D

Calcitriol (Rocaltrol, Calcijex)

Paricalcitol (Zemplar)

88:24 Vitamin K Activity

Phytonadione

**92:00
Miscellaneous
Therapeutic
Agents**

Alendronate (Fosamax)

Allopurinol (Zyloprim)

Azathioprine (Imuran)

Calcipotriene (Dovonex)

Calcium acetate (Phos-ex, PhosLo)

Clopidogrel (Plavix)

Colchicine

Cromolyn Sodium (Intal)

Dimethyl fumarate (Tecfidera)

Finasteride (Proscar)

Flumazenil (Romazicon)

Fluoride, Topical (PreviDent)

Levodopa/ Carbidopa (Sinemet)

Montelukast (Singulair)

**96:00
Pharmaceutical
Aids**

Alcohol, Isopropyl

Ammonia

D – Possible Alternatives to Non-Formulary Medications

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

Table

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

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

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

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

E – Approved Medications for Therapeutic Interchange

Description

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

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

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

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

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

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

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Cardiovascular Drugs *The following tables shows Inhaled drugs.*

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

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

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

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Diabetic Drugs *The following table shows Diabetic Drugs.*

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

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Pain Medication

The following tables show pain medications.

Long-acting Opioids			
<i>All doses are in total-daily oral dose unless otherwise stated</i>			
<i>Add the link (from the opioid 158gmt. protocol) for conversion table</i>			
Oxycontin (III)	Morphine ER (I)	Methadone (I) <i>(must consult pharmacist)</i>	Fentanyl Patch (II) (mcg/72 hour patch)
20	30	10	25mcg
40	60	20	50mcg
80	120	20-25	75mcg
100	150		100mcg
120	180	25-30	125mg
160	240	30-35	150mcg
200	300	30-35	
240	360	35	
280	420	40	
320	480	45	

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

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Pain Medication
(continued)

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

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Other Medications

The following tables show other medications.

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

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

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

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Other Medications (continued)

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

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

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

References

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

F – Links

Links

Protocols and Guidelines:

<http://www.ahrq.gov/clinic/epcix.htm>

<http://idoc/offenders/support/services/health.htm#protocols>

DOC Forms:

<http://insidedoc/forms/default.aspx>

Drug information:

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

Washington State P&T Committee and formulary:

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

ISMP:

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

Washington State Pharmacy Quality Assurance Commission

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

G – Revisions to Pharmaceutical Management and Formulary Manual

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

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

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

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

Addition to Urgent Stock List	Darunavir 400 mg Raltegravir 400 mg Chlorhexidine Gluconate 0.12% Dental Soln Baclofen 10mg Omeprazole 20mg Ophthalmic Mydriatic per optometry recommendation Spironolactone 50 mg Add Ondansetron 8mg ODT	5-14-12
Changes to Urgent Stock List	Add Proparacaine ophth drops in lieu of Tetracaine ophth drops Add Olanzapine 5 mg in lieu of 2.5 mg or 10 mg Add Ofloxacin 0.3% ophth solution 5ml in lieu of Ciprofloxacin 0.3% drops 10ml Add PO and PR promethazine 25 mg Change Lamotrigine 25 mg to 100 mg	5-14-12
OTC	Add Pterygium to approved diagnosis for Artificial Tears on the formulary document	5-14-12
Addition to Formulary	- Add Zegerid as <i>Restricted Formulary</i> for use in tube feeds - Add levalbuterol HFA to list of formulary medication Permit 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability	5-14-12
Pill line modification	Kepra (Levetiracetam) as KOP	5-14-12
Addition to Formulary	Approve adding boceprevir and telaprevir as <i>Restricted Formulary</i> per approved Hep C protocol as	08/06/12
Addition to Urgent Stock List	- Add Telaprevir and Boceprevir to urgent stock list - Add oseltamivir, zanamivir and/or other anti-flu agent to urgent stock list during flu season (October-April) as per ID recommendations - Add levodopa and carbidopa (pharmacy to decide strengths needed) - Add Triamcinolone (Kenalog) 40mg injectable	08/06/12
Commissary	Permit commissary to stock either enteric-coated or plain aspirin	08/06/12
Addition of statement to formulary document	“Anti-neoplastics will be permitted as continuation of cancer therapy or per specialist recommendation or else require NFR approval”	08/06/12
Urgent medication stock must meet the following criteria:	- Must be formulary or <i>Restricted Formulary</i> items - Therapeutic equivalent options are not currently included on approved urgent medication stock list AND - at least one of the following is true of the medication: <ul style="list-style-type: none"> o Lack of availability may cause <u>significant risk</u> to patient, cause <u>permanent damage or danger to others</u> o <u>Commonly</u> used in moderate to severe pain o <u>Selected</u> common antibiotics & antivirals o <u>Commonly</u> used in treatment of seizure o Sudden stop may cause <u>significant</u> withdrawal symptoms o <u>Narrow therapeutic range</u> with significant unwanted clinical outcome (i.e.: Warfarin) o <u>Mass utilization</u> (i.e.: response to epidemic episode or vaccines) o <u>Medications commonly used for onsite procedures</u> 	08/06/12

	<ul style="list-style-type: none"> ○ <u>Difficult to access or too expensive to purchase from a local community pharmacy</u> 	
NFR not completed at the reception facility	- 30-day extension at receiving facility to be allowed if inmate transfers from reception center before NFR process is completed	10/05/12
NFR Evaluation	Add "Pharmacist Evaluation of a Non-Formulary Request" to the Formulary document	10/05/12
Clozapine Protocol	Updated Clozapine protocol has been approved	10/05/12
Addition to Urgent Stock List	<ul style="list-style-type: none"> - Allow 2 mg and add 5 mg Haldol on Urgent list. - Suboxone at facilities with authorized prescriber 	10/05/12
2 weeks PLN status	<p>Remove PLN 2-week timeline from formulary.</p> <ul style="list-style-type: none"> - HIV meds to be KOP. - Fluphenazine, fluvoxamine, Mirtazapine, venlafaxine and warfarin will be PLN. 	10/05/12
Peginterferon Alfa-2b (PegIntron) vs. Peginterferon Alfa-2a (Pegasys)	Peginterferon Alfa-2b (PegIntron) is the preferred agent	10/05/12
Addition to Formulary	<p>Add to <i>Restricted Formulary</i></p> <ul style="list-style-type: none"> - Atorvastatin approved after failure of other formulary options or other options are contraindicated - Proamatine (Midodrine) approved for dialysis (CKD 5) patients - Vitamin D-3 (cholecalciferol) approved For CKD 4 & 5 (ESRD & Dialysis) 	10/05/12
Tramadol	If approved to be dispensed it must be treated as controlled substances	10/05/12
Gabapentin and pregabalin	Gabapentin and pregabalin NFR approvals will be approved for a maximum of 1 year. Currently authorized prescriptions for gabapentin and pregabalin will require repeat of NFR & review at time of prescription renewal.	10/05/12
Language update	Change language in formulary to read "InsideDOC" in place of "DOCnet".	10/05/12
Levalbu & Albuterol	Move Lev/albuterol to formulary permitting 1 inhaler per month; 1 additional refill may be approved by FMD/PS and prescriber must be consulted	01/28/13
Migraine meds	Move Imitrex / Migraten / Midrin tabs/caps to formulary. Use of these meds beyond current quantity limitations would require NFR request.	01/28/13
Ketorolac	Ketorolac injection is formulary. Tablets and ophthalmic forms are restricted. Add that prn outpatient orders for injectable form require NFR approval.	01/28/13
Glucose tablet	Change glucose tabs to formulary with note of current quantity limitations	01/28/13
Formulary Edit	- Simultaneous use of >2 antipsychotics (except for cross taper for up to 30 days), prn and/or off-label purposes requires NFR (unless permitted per protocol)	01/28/13

	<ul style="list-style-type: none"> - Eucerin: Delete “not including diabetic patient” from formulary document - Sinemet: formulary for Parkinson’s disease. - Medline Only: status for Depo-testosterone and other injectable medications, bupropion, gabapentin and opioids - Medline: Aricept, Warfarin, and Diphenhydramine 	
Action	Separate Risperdal and Risperdal Consta to indicate formulary and restricted formulary status of each item	01/28/13
Asenapine (approved with condition)	If contract pricing was offered and approved by DOC: Add Saphris (asenapine) to the formulary document as restricted formulary. Include it as first choice over Abilify in therapy guidelines pending contract pricing.	01/28/13
Add to formulary	<ul style="list-style-type: none"> - MagOx 400mg PO - Pantoprazole (all forms) as preferred PPI - Prevnar 13 to restricted formulary per ACIP recommendations. - Oxymetazoline nasal spray – add to formulary as restricted item for acute epistaxis and US list 	01/28/13
Urgent Stock List	<p>Add the following to Urgent Stock List:</p> <ul style="list-style-type: none"> - APAP 650mg suppository - APAP 120mg/5ml - Cefepime 2GM inj - Dexamethasone 1mg - Factor 8 - Oxymetazoline nasal spray - Piperacillin/Tazobactam 4.5 Gm inj 	01/28/13
Add to formulary document narrative	All new prescriptive authority protocols must be reviewed and approved by P&T committee prior to implementation. WCC may continue with protocol as is for now until reviewed by P&T committee.	01/28/13
2013 P&T meeting schedule	From 9am – 4pm at HQ on: March 8, June 14, September 13, December 13	01/28/13
Psych CRC & Risperdal Consta	Add Psychiatric CRC approval as part of the Restricted Formulary criteria for Risperdal Consta use as part of the DOC Involuntary Antipsychotic Administration policy (630.540). .	04/12/13
Urgent Stock update	Include Heparin flush 100 units/ml on the urgent stock list instead of the 10 units/ml strength.	04/12/13
Updating DOC 13-468	Recommend to change APAP as needed (prn) orders on DOC 13-468 to include APAP 325 mg, 2-3 tabs q4h. The maximum dose of APAP should not exceed 4 g/24 hours from all sources Recommend to change prochlorperazine prn orders to promethazine 25 mg PO/PR q4h on DOC 13-468.	04/12/13
Glargine	<p>Add restricted formulary language to permit BID dosing of glargine in Type 1 DM if daily dose is proven ineffective. NFR approval required for bid dosing of glargine in Type 2 DM.</p> <p>Add to restricted formulary that glargine is approved for Continuation of Therapy or failure of NPH in T1DM.</p>	04/12/13
Ketorolac	Change “Tablets approved for: treatment of Nephrolithiasis” to say “Tablets approved for: treatment of renal or biliary colic”	04/12/13

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

	Change all benzodiazepines to restricted formulary per benzodiazepine protocol; remove formulary statements and dosage limits for benzodiazepines	
Change to Formulary Status	<p>Change lamotrigine language to “Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications.”</p> <p>Amend formulary status of Chlorhexidine to read: “Restricted Formulary – oral solutions for Dental Use only. Topical preparations are approved for use per “MRSA” protocol & for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line, or PICC line maintenance. NON-FORMULARY – Any other topical use”</p> <p>Change albuterol language to “Any early refill must be approved by FMD or pharmacist supervisor and the prescriber must be consulted.”</p> <p>Permit albuterol inhaler refills to occur every 25 days.</p>	10/15/13
Modify dispensing quantity for offenders at DNR	Permit pharmacy dispensing of medications to active DNR offenders with up to a 90-day supply.	10/15/13
Addition to Urgent stock list	<p>Add the following to the urgent stock list:</p> <ul style="list-style-type: none"> - PFS (10ml syringes) 0.9% NS - Permethrin 5% cream (scabies) - Permethrin 1% lotion (Lice) - Switch methocarbamol 750mg to 500mg <p>Edit criteria for selection as urgent medication stock to include “Mass utilization or public health risk”</p>	10/15/13
Clarification	Multi vitamin with mineral formulations are considered non-formulary	10/15/13
Addition/Deletion	<p>Add Clotrimazole troche to formulary</p> <p>Remove Advair HFA from formulary and add Dulera (both doses).</p>	10/15/13
Advair HFA to Dulera Therapeutic Interchange	The TI table to switch Advair HFA to Dulera is approved. Prescribers will be given a listing of patients with current Advair HFA prescriptions and will have 14 days to specify if the TI is agreeable by marking Yes or No next to the patient’s name. The prescriber must submit a NFR if the TI is not accepted. After prescriber review, the pharmacist staff will apply the approved TI by discontinuing Advair HFA orders at the time of refill and writing a new order for Dulera accordingly.	10/21/13
Levalbuterol Modification	Levalbuterol for nebulizers and MDI will move to restricted formulary unless there is increased cost, limited availability and adverse side effects related to albuterol. All other information remains the same and will change as albuterol changes.	01/13/14
HIV Medications	Add dolutegravir to formulary with restricted status	01/13/14
Addition to Formulary	<ul style="list-style-type: none"> - Fluconazole - Cefepime - EMLA cream as restricted formulary PLN for dialysis patients only 	01/13/14
Formulary Status Modification	Make methocarbamol and cyclobenzaprine medline only. Facilities without pill lines may prescribe as SC-Earned.	01/13/14
Addition to Formulary	Add Escitalopram to the formulary.	05/16/14
Non-Formulary	Simeprevir and sofosbuvir are considered Non-Formulary. Individual cases will be brought to Hepatitis C CRC for approval	05/16/14

	prior to submission of an NFR. Final approval of the CMO is required.	
Formulary Status Modification	<ul style="list-style-type: none"> - Atorvastatin will be restricted formulary and approved per the 2013 ACC/AHA Guidelines. - Gemfibrozil will be changed to restricted formulary with the criteria of approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval. - Simvastatin 80mg is now Non-Formulary. 	05/16/14
Clarification	The Pharmacy Management Document wording has been changed in reference to the use of anti-infectives. The new wording reads: "When there are multiple anti-infective choices of equal safety and efficacy, the prescriber may consult with the pharmacist to determine the most cost-effective option to use regardless of formulary status. If a patient enters or returns to a facility on a non-formulary anti-infective, the practitioner may continue the medication if deemed necessary, submitting an NFR as soon as possible and/or consulting with an infectious disease specialist to determine an alternative formulary agent."	05/16/14
Urgent Stock List	Testosterone will be listed on the Urgent Stock List as only available as single-dose vials.	05/16/14
Addition to Formulary	Cefotetan has been added as a Formulary agent.	09/02/14
Formulary Status Modifications	<ul style="list-style-type: none"> - The Restricted Formulary Criteria for Depo-Provera has changed to add the following statement: Approved prior to release for contraception per policy. - The Restricted Formulary Criteria for oral contraceptive agents has changed to add the following statement: Approved prior to release for 1 month and post release for contraception per policy. - The Formulary status of simeprevir and sofosbuvir has changed to: Restricted Formulary – Approved by Hep. C CRC and CMO/designee. These agents will be medline only. - PegIntron will no longer be the preferred pegylated interferon on the formulary. - The Formulary status of tetracycline has changed to: Restricted Formulary – Approved for use only when cost efficient alternatives are unavailable. - The Formulary status of Vytolin has been changed to Non-Formulary. The change will be effective upon prescription of new orders or renewal of currently active orders. - The Formulary criteria for urea lotion has changed to: Restricted Formulary – Approved for diabetic patients for lower extremity hyperkeratosis. The change will be effective upon prescription of new orders or renewal of currently active orders. - The Formulary status of oral terbinafine has been changed to Restricted Formulary – Approved for treatment of onychomycosis. - Venlafaxine ER is Formulary. 	09/02/14
Dental Antibiotic Protocol	The Dental Antibiotic Protocol has changed. The new document is posted on DOCShare.	09/02/14
Urgent Stock List	The Urgent Stock List criteria has been changed and multiple agents have been added or removed from the list.	09/02/14
Addition to Formulary	<p>Ledipasvir/sofosbuvir has been added as Restricted Formulary – Approved by Hep. C CRC and CMO/designee. These agents will be medline only.</p> <p>Chlorthalidone has been added as Restricted Formulary – For treatment of hypertension. 12.5mg is the preferred starting dose.</p>	4/21/15

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

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

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

	<p>Change the special criteria for chlorhexidine oral rinse to – Approved for dental use only when prescribed by a DOC Dentist or infirmity practitioner.</p> <p>Change the formulary status of tamsulosin to Formulary.</p> <p>Add language to the special criteria for oral contraceptives – Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision.</p> <p>Clarify the issuable/medline status of oral hepatitis C DAA medications to be Pill Line only at facilities with Pill Lines and KOP with monitoring for camps without pill lines.</p> <p>Update the special criteria of buprenorphine to - Approved for prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber.</p> <p>Prescriber must complete certification and be licensed by the DEA to prescribe.</p> <p>Update the special criteria of buprenorphine/naloxone to - Approved for prevention of withdrawal; to be prescribed by an appropriately licensed and qualified prescriber.</p> <p>Prescriber must complete certification and be licensed by the DEA to prescribe.</p>	
Pharmaceutical Management Manual Updates	Added language concerning consultation recommendations for multidisciplinary prescribing.	8/15/16
Pharmaceutical Management Manual Updates	Updated Violator Pharmaceutical Requests section	9/27/16
Addition to Formulary	Add topical salicylic acid as Restricted Formulary – Approved for psoriasis only.	5/1/17
Formulary Status Modification	<p>Change the special criteria for pravastatin to – Approved for patients with high potential for drug interaction or who have contraindication to or are intolerant of other Formulary statins.</p> <p>Change the formulary status of brimonidine 0.15% and 0.1% to Non-Formulary. Brimonidine 0.2% will remain the Formulary strength.</p> <p>Update the special criteria for hydrocortisone suppositories to Non-Formulary for hemorrhoid use.</p> <p>Change the formulary status of doxycycline to Formulary.</p> <p>Remove reference to MRSA in the special criteria of chlorhexidine.</p> <p>Change the special criteria for rifampin to – Approved for treatment of active tuberculosis; for treatment of latent tuberculosis per the DOC LTBI treatment protocol; for decolonization per the DOC MRSA protocol; or for treatment of staphylococcal infection (Must be used in combination with another antibiotic).</p> <p>Change the special criteria for mupirocin to - Approved for treatment of staph-related active nasal infections; for nasal decolonization at the recommendation of a surgeon or per the</p>	5/1/17

	<p>DOC MRSA protocol; or for other topical treatment if alternative therapies fail or are contraindicated.</p> <p>Remove boceprevir and telaprevir from the formulary.</p>	
Pharmaceutical Management Manual Updates	Added language regarding required exchange of aerosol inhalers to the Formulary Drug Listing notes.	5/1/17
Urgent Stock List Update	<p>Gabapentin 600mg will be replaced with 300mg.</p> <p>Perphenazine 8mg will be replaced with 2mg.</p> <p>Warfarin 5mg will be replaced with 2.5mg tablets.</p>	5/1/17
Addition to Formulary	<p>Add rivaroxaban as Restricted Formulary – Approved for failure of or intolerance to warfarin, or for post-surgery use for up to 60 days. Default to Pill Line.</p> <p>Add duloxetine as Restricted Formulary – Approved for contraindication to or failure of Formulary agents. Default to Pill Line.</p> <p>Add dimethyl fumarate as Restricted Formulary – Approved when recommended by a specialist for treatment of multiple sclerosis. Will be listed as Pill Line Only, but will be allowed as self-carry earned for patients in camps that do not have regular pill lines.</p>	9/6/17
Formulary Status Modification	<p>Change buspirone to Pill Line Only except for camps without pill lines for all new prescriptions only.</p> <p>Update Restricted Formulary criteria of testosterone and estradiol to “Approved for GD CRC authorized hormone therapy” and change from Medical CRC to GD CRC.</p> <p>Remove Selenium shampoo from the Formulary and replace with Ketoconazole shampoo as Restricted Formulary with the same criteria as Selenium. Also update the OTC Health Related Items List with this change.</p>	9/6/17
Pharmaceutical Management Manual Updates	<p>Remove CMO approval for Hep. C drugs on Formulary</p> <p>Update Formulary criteria to remove Pharmacist Supervisor approval of OTC items. FMDs will be the sole approvers for use of OTC items where listed criteria are not met.</p>	9/6/17
Urgent Stock List Update	<p>Add rivaroxaban 10mg unit dose to the Urgent Stock List.</p> <p>Add Ferrlecit, paricalcitol and heparin to the Urgent Stock List as restricted to dialysis patients if emergent.</p> <p>Add Miralax to the Urgent Stock List for bowel prep only.</p> <p>Add rifapentine to Urgent Stock with a limit of 1-box of unit dose per facility.</p> <p>Add hydrocortisone 1% cream, clotrimazole cream, urea lotion and loratadine 10mg to the urgent stock list for violator units only as POS.</p>	9/6/17
OTC Health Related Items List Changes	<p>Replace OTC Selenium Shampoo with OTC Ketoconazole Shampoo</p> <p>Add Debrox to the OTC List</p>	9/6/17

Addition to Formulary	<p>Add Vosevi (sofosbuvir/velpatasvir/voxilaprevir) as Restricted Formulary – Approved by Hep. C CRC. The issuable/medline status will be consistent with other oral hepatitis C medications.</p> <p>Add Mavyret (glecaprevir/pibrentasvir) as Restricted Formulary – Approved by Hep. C CRC. The issuable/medline status will be consistent with other oral hepatitis C medications.</p> <p>Add Penicillin G (IV formulation) as Formulary</p>	12/19/17
Urgent Stock List Update	Add Descovy to the Urgent Stock List with the restriction of Reception Facilities only.	12/19/17