T6501.06 PHARMACY TECHNICAL REFERENCE MANUAL

Justice

U.S. Department of

Federal Bureau of Prisons

Technical Reference Manual

OPI: HSD
NUMBER: T6501.06
DATE: 2/28/2001
SUBJECT: Pharmacy

Pharmacy

IMPORTANT TELEPHONE NUMBERS

Chief Pharmacist: _____

Telephone extension: _____

Other pharmacists: _____

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Telephone extension(s): _____

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Nearest Poison Control Center: _____

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Telephone Number: _____

PHARMACY TECHNICAL REFERENCE MANUAL

Table of Contents

Chapter 1: BOP National Formulary

Chapter 2: Pharmacy Orientation Guide

PART 1

FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY

APPROVED NEWTON E. KENDIG, M.D.
MEDICAL DIRECTOR, FEDERAL BUREAU OF PRISONS

DATE 4/17/00

TABLE OF CONTENTS

PART 1

SECTION

CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS 1
NON-CONTROLLED SUBSTANCES RESTRICTED TO PILL LINE
DRUGS WITH OTHER RESTRICTIONS

NON-SUBSTITUTABLE PRODUCTS 2

OVER-THE-COUNTER" DRUGS 3
OTC DRUGS THAT MAY BE SOLD IN THE COMMISSARY

DEFINITIONS 4

DRUG MONOGRAPHS 5

AHFS CLASSIFICATION 6

BUREAU OF PRISONS MEDICAL SERVICES REQUEST FOR ADDITION TO
FORMULARY 8

NON-FORMULARY DRUG AUTHORIZATION 9

HEPATITIS C TREATMENT APPROVAL ALGORITHM . . . . . .
10

CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS

DEA SCHEDULE II
CODEINE
FENTANYL
MEPERIDINE
METHADONE
METHYLPHENIDATE
MORPHINE SULFATE
OPIUM & BELLADONNA SUPPOSITORY
OXYCODONE/ACETAMINOPHEN

DEA SCHEDULE III
CODEINE/ACETAMINOPHEN
METHYLTESTOSTERONE
NANDROLONE
TESTOSTERONE
THIOPENTAL SODIUM

DEA SCHEDULE IV
BUTORPHANOL
CHLORAL HYDRATE
CLONAZEPAM
DIAZEPAM
LORAZEPAM
MIDAZOLAM
PHENOBARBITAL
TEMAZEPAM

**** ALL CONTROLLED SUBSTANCES ARE RESTRICTED TO PILL LINE ****

NON-CONTROLLED SUBSTANCES
RESTRICTED TO PILL LINE

AMITRIPTYLINE
BENZTROPINE MESYLATE
BUPROPRION
CHLORHEXIDINE GLUCONATE
CHLORPROMAZINE
CITALOPRAM
CLOZAPINE
DESIPRAMINE
DISULFIRAM
DOXEPIN
ETHAMBUTOL
ETHIONAMIDE
FLUPHENAZINE
FLUOXETINE
HALOPERIDOL
IMIPRAMINE
ISONIAZID
LITHIUM
LOXAPINE
MIRTAZAPINE
NEFAZODONE
NORTRIPTYLINE
NUTRITIONAL SUPPLEMENTS
OLANZAPINE
PAROXETINE
PERPHENAZINE
PRIMIDONE
PYRAZINAMIDE
QUETIAPINE
RIFAMPIN
RISPERIDONE
SERTRALINE
THIORIDAZINE
THIOTHIXENE
TRAZODONE
TRIFLUOPERAZINE
TRIHEXYPHENIDYL
VENLAFAXINE

**** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE ADMINISTRATION. THE CLINICAL DIRECTOR AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. THE CLINICAL DIRECTOR MAY ALSO APPROVE THE PLACEMENT OF SPECIFIC PATIENT ORDERS ON PILL LINE****

DRUGS WITH OTHER RESTRICTIONS

ABACAVIR
ACYCLOVIR
ALBUTEROL
AMIODARONE
AMOXICILLIN/POTASSIUM CLAVULANATE
AMPICILLIN
AMPICILLIN SODIUM AND SULBACTAM SODIUM
AMPRENAVIR
APRACLONIDINE
ASCORBIC ACID
AZITHROMYCIN
BACILLUS CALMETTE-GUERIN
BACLOFEN
BENZONATATE
BETAMETHASONE DIPROPIONATE
BUPRENORPHINE
BUPROPION
BUSPIRONE
BUTORPHANOL
CALCIPOTRIENE
CARBAMAZEPINE
CHLORHEXIDINE GLUCONATE
CIPROFLOXACIN OPHTHALMIC SOLUTION
CLARITHROMYCIN
CLINDAMYCIN
CLOPIDOGREL
CLOZAPINE
COMBIVIR
CONTACT CARE ITEMS
CYCLOBENZAPRINE
DELAVIRDINE
DIDANOSINE
DILTIAZEM
DORZOLAMIDE
DOXAZOSIN
EFAVIRENZ
ERYTHROMYCIN
ESTROGENS, CONJUGATED
FINASTERIDE
FLUOROMETHOLONG OPTH SUSP
FLUTICASONE
GRANISETRON
GUAFENESIN/DEXTROMETHORPHAN
HEPATITIS A VACCINE
HYDROPHILIC CREAM
HYDROXYCHLOROQUINE
IFOSAMIDE

INDINAVIR
INTERFERON ALFA 2B
ITRACONAZOLE

KETOROLAC
LACTIC ACID AND AMMONIUM HYDROXIDE
LAMIVUDINE
LANSOPRAZOLE
LATANOPROST
LEVOFLOXACIN
LINDANE
LOTION, HOSPITAL
MAGNESIUM SULFATE
MESALAMINE
METAPROTERNOL
METFORMIN
METRONIDAZOLE INJECTION
MEXELITINE
MUPIROCIN
NALBUPHINE
NEOMYCIN/DEXAMETHASONE OPHTHALMIC OINTMENT
NEOMYCIN/POLYMYXIN/DEXAMETHASONE OPHTHALMIC OINTMENT & SUSPENSION
NEOMYCIN/POLYMYXIN/HYDRO- CORTISONE OPHTHALMIC SUSPENSION
NEVIRAPINE
NIACIN
OATMEAL, COLLOIDAL
ONDANSETRON
PEG-ELECTROLYTE SOLUTION
POLYSACCHARIDE-IRON COMPLEX
POTASSIUM CITRATE/CITRIC ACID
PREDNISOLONE ACETATE OPTH SUSP
QUETIAPINE
RESERPINE
RIBAVIRIN
SAQUINAVIR
SIMVASTATIN
SODIUM CITRATE AND CITRIC ACID
SODIUM NITROPRUSSIDE
STAVUDINE
SUMATRIPTAN
TETRACAINE
THIOGUANINE
TOBRAMYCIN
TRIPROLIDINE/PSEUDOEPHEDRINE
TYLOXAPOL
UROKINASE
VITAMIN E
ZALCITABINE

ZIDOVUDINE

**** SEE MONOGRAPHS FOR RESTRICTIONS ****

NON-SUBSTITUTABLE PRODUCTS

GENERIC DRUG NAME	BRAND PRODUCT
DIGOXIN	Lanoxin (Burroughs Wellcome)
ESTROGENS, CONJUGATED	Premarin (Wyeth-Ayerst)
PHENYTOIN SODIUM, EXTENDED RELEASE CAPSULE	Dilantin (Parke-Davis)
QUINIDINE GLUCONATE, SUSTAINED-RELEASE TABLETS	Quinaglute (Berlex)
THEOPHYLLINE, EXTENDED RELEASE TABLET	Theocron (Inwood Pharmaceuticals)
WARFARIN SODIUM	Coumadin (DuPont Pharmaceuticals)

"OVER-THE-COUNTER" DRUGS

ACETAMINOPHEN 325 MG TABLETS

ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE LIQUID

ASPIRIN 325 MG TABLETS

CHLORPHENIRAMINE 4 MG TABLETS

KAOLIN/PECTIN SUSPENSION

MILK OF MAGNESIA

TOLNAFTATE 1% CREAM

TOLNAFTATE 1% POWDER

The above items may be offered for sale in the commissary. These items may be distributed to inmates in over-the-counter packaging with appropriate labeling for use without prescription labeling.

Note: Other "Over-the-Counter" medications are listed in the Trust Fund Division's Operations Memorandum and Program Statement, and in the following page of this document. These may be offered for sale in the commissary at the discretion of the institution. Appropriate substitutes for medically necessary items will be available through sick call (eg. Hydrocortisone 1% cream for Hydrocortisone 0.5% Cream, or Guaifenesin/Dextromethorphan tablets for Guaifenesin syrup). Items that are not medically necessary will be available only through the commissary (eg. Analgesic balm).

Every effort should be made by the Health Services Unit to have input into the product selection process for the Commissary. The pharmacist can help the commissary staff in selecting generic equivalents that are economically feasible for the inmate population. A concerted effort should be made to educate the inmates about their increased access to over the counter products.

OTHER OTC PRODUCTS THAT MAY BE SOLD IN THE COMMISSARY

ANALGESIC BALM	(BEN GAY, A-BALM, GENERIC)
ANESTHETIC GEL, DENTAL	(BENZODENT, ORAJEL, GENERIC)
ANTACID TABLETS	(ROLAIDS, TUMS, GENERIC)
ARCH SUPPORTS	(DR. SCHOLLS, GENERIC)
ARTIFICIAL TEARS	(GENERIC)
BENZOYL PEROXIDE CREAM	(CLEARASIL MAXIMUM STRENGTH CREAM)
(No other cream, lotion, or wash may be sold that contains Benzoyl Peroxide. Only this brand is approved)	
BENZOYL PEROXIDE BAR SOAP	(PAN-OXYL, CLEARASIL)
CALCIUM SUPPLEMENT	(GENERIC)
CORN PADS	(DR. SCHOLLS, GENERIC)
GUAIFENESIN LIQUID (ALCOHOL FREE)	
HEMORRHOID CREAM	(PREPARATION H, ANUSOL, GENERIC)
HYDROCORTISONE CREAM 0.5%	(GENERIC)
IBUPROFEN TABLETS 200MG	(ADVIL, GENERIC)
INSOLES	(DR. SCHOLLS, GENERIC)
MOISTURE LOTION	(KERI, INTENSIVE CARE, GENERIC)
MULTIPLE VITAMINS/MINERALS	(CENTRUM, THERAGRAM M, GENERIC)
NICOTINE REPLACEMENT PATCH	(NICODERM PATCHES)
PSYLLIUM MUCILOID POWDER	(METAMUCIL, GENERIC)
SALINE NASAL SPRAY	(OCEAN, SALINEX, GENERIC)
SELENIUM SULFIDE SHAMPOO	(SELSUN BLUE, GENERIC)
SIMETHICONE TABLETS	(MYLICON, GENERIC)
SOAP, UNSCENTED	(NEUTRAGENA, GENERIC)
THROAT LOZENGES	(SUCRETS, CHLORASEPTIC, GENERIC)
VITAMIN C TABLETS 500MG	(GENERIC)
VITAMIN E CAPSULES 400IU	(GENERIC)

DEFINITIONS

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

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

PILL LINE ONLY
A restriction placed on controlled substances, psychotropics, TB medications, and some other drugs, requiring that a single dose of the drug be administered to an inmate by a qualified employee at a designated time and place. The administration of that dose must be recorded on a Medication Administration Record (MAR) by the employee.

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

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

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

DRUG MONOGRAPHS

A AND D --SEE-- **VITAMIN A AND D**

ABACAVIR (eg. ZIAGEN)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

ABBOCATH --SEE-- **UROKINASE**

ABSORBABLE GELATIN SPONGE (eg. GELFOAM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

* **ACETAMINOPHEN** (eg. TYLENOL)
AHFS 28:08.92 MISC. ANALGESICS AND ANTIPYRETICS
** NOTE: MAY BE DISPENSED WITH OTC LABELING **

ACETAZOLAMIDE (eg. DIAMOX, DIAMOX SEQUELS)
AHFS 52:10 CARBONIC ANHYDRASE INHIBITORS

▬ **ACETIC ACID FOR IRRIGATION**
(AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS)

ACETIC ACID/ALUMINUM ACETATE (eg. DOMEBORO)
AHFS 52:04.12 MISC. EENT ANTI-INFECTIVES

ACETYLCHOLINE CHLORIDE (eg. MIOCHOL)
AHFS 52:20 MIOTICS
MEDICAL CENTER ONLY
**FOR ANESTHESIA/SURGERY USE ONLY*

ACETYLCYSTEINE (eg. MUCOMYST)
AHFS 48:24 MUCOLYTIC AGENTS

ACHROMYCIN V --SEE-- **TETRACYCLINE**

ACTH --SEE-- **CORTICOTROPIN**

ACTIFED --SEE--**TRIPROLIDINE AND PSEUDOEPHEDRINE**

ACTINOMYCIN-D --SEE-- **DACTINOMYCIN**

ACTIVASE --SEE-- **ALTEPLASE, RECOMBINANT**

ACYCLOVIR (eg. ZOVIRAX)
AHFS 8:18 ANTIVIRALS
OINTMENT NOT APPROVED

ADALAT CC --SEE-- **NIFEDIPINE**

ADENOCARD --SEE-- **ADENOSINE**

ADENOSINE PHOSPHATE (ADENOCARD)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ADRENALIN --SEE-- **EPINEPHRINE**

ADRIAMYCIN --SEE-- **DOXORUBICIN**

ADRUCIL --SEE-- **FLUOROURACIL**

AGENERASE --SEE-- **AMPRENAVIR**

ALBUMIN HUMAN (eg. ALBUMINAR, BUMINATE)
AHFS 16:00 BLOOD DERIVATIVES

ALBUTEROL (eg. PROVENTIL, VENTOLIN)
AHFS 12:12 SYMPATHOMIMETIC (ADRENERGIC) AGENTS
*** EXTENDED-RELEASE TABLETS NOT APPROVED ***

ALCOHOL, ISOPROPYL
AHFS 96:00 PHARMACEUTICAL AIDS

ALDACTONE --SEE-- **SPIRONOLACTONE**

▬ **ALENDRONATE** (eg. FOSAMAX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL (eg. ZYLOPRIM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALKERAN --SEE-- **MELPHALAN**

ALPHAGAN --SEE-- BRIMONIDINE

ALTEPLASE, RECOMBINANT (eg. ACTIVASE, tPA)
AHFS 20:40 THROMBOLYTIC AGENTS

ALUMINUM ACETATE (eg. DOMEBORO, ACID MANTLE)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
AHFS 96:00 PHARMACEUTICAL AIDS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE & SIMETHICONE
(eg.MAALOX, MYLANTA)
AHFS 56:04 ANTACIDS AND ADSORBENTS

*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

ALUMINUM ACETATE COMPOUND (eg. DOMEBORO)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

ALUMINUM HYDROXIDE (eg. ALU-TAB, AMPHOJEL)
AHFS 56:04 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE & SODIUM BICARBONATE & ALGINIC ACID (eg. GAVISCON)
AHFS 56:04 ANTACIDS AND ADSORBENTS

ALUPENT --SEE-- **METAPROTERENOL**

ALU-TAB --SEE-- **ALUMINUM HYDROXIDE**

AMANTADINE HCL (eg. SYMMETREL)
AHFS 8:18 ANTIVIRALS
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

AMICAR --SEE-- **AMINOCAPROIC ACID**

AMINOCAPROIC ACID (eg. AMICAR)
AHFS 20:12.16 HEMOSTATICS

AMINOPHYLLINE
AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMIODARONE (eg. CORDARONE)
AHFS 24:04 CARDIAC DRUGS
** CARDIOLOGIST-INITIATED THERAPY ONLY **

AMITRIPTYLINE HCL (eg. ELAVIL)
AHFS 28:16.04 ANTIDEPRESSANTS
PHYSICIANS USE ONLY
** PILL LINE ONLY **

AMLODIPINE (eg. NORVASC)
AHFS 24:04 CARDIAC DRUGS

AMMONIA SPIRIT, AROMATIC (AROMATIC AMMONIA)
AHFS 28:20 RESPIRATORY AND CEREBRAL STIMULANTS

AMOXICILLIN TRIHYDRATE (eg. AMOXIL, POLYMOX)
AHFS 8:12.16 PENICILLINS

AMOXICILLIN AND CLAVULANIC ACID (eg. AUGMENTIN)

AHFS 8:12.16 PENICILLINS
LIMITED TO PHYSICIANS/DENTISTS
FIRST LINE AGENT ONLY WITH C & S DATA
SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS
APPROVED FOR HUMAN BITES

AMOXIL --SEE-- **AMOXICILLIN TRIHYDRATE**

AMPHOJEL --SEE-- **ALUMINUM HYDROXIDE**

AMPHOTERICIN B (eg. FUNGIZONE)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
AHFS 84:04:08 ANTIFUNGALS

* **AMPICILLIN SODIUM** (eg. OMNIPEN, POLYCILLIN, TOTACILLIN)
AHFS 8:12.16 PENICILLINS
*** CAPSULES NOT APPROVED ***

AMPICILLIN SODIUM AND SULBACTAM SODIUM (eg. UNASYN)
AHFS 8:12.16 PENICILLINS

* **AMPRENAVIR** (eg. AGENERASE)
AHFS 8:20 ANTIVIRALS
PHYSICIAN INITIATION ONLY

▬ **AMRINONE** (eg. INOCOR)
AHFS 24:04 CARDIAC DRUGS

AMVISE --SEE-- **SODIUM HYALURONATE**

ANAPROX --SEE-- **NAPROXEN SODIUM**

ANCEF --SEE-- **CEFAZOLIN SODIUM**

ANDRO L.A. --SEE-- **TESTOSTERONE ENANTHATE**

ANDROID --SEE-- **METHYLTESTOSTERONE**

ANECTINE --SEE-- **SUCCINYLCHOLINE**

* **ANTICOAGULANT SODIUM CITRATE CONCENTRATE** (eg. TRICITRASOL)
AHFS 20:12 (ANTICOAGULANTS)

ANTIHEMOPHILIC FACTOR HUMAN (eg. FACTOR VIII, HUMATE-P)
AHFS 20:12.16 HEMOSTATICS

ANTILIRIUM --SEE-- **PHYSOSTIGMINE SALICYLATE**

ANTIVERT --SEE-- **MECLIZINE**

ANUSOL-HC SUPPOSITORIES --SEE-- **HYDROCORTISONE**

APRESOLINE --SEE-- **HYDRALAZINE**

▬ **APRACLONIDINE** (eg. IOPIDINE)
AHFS 52:36 MISC. EENT DRUGS
OPHTHALMOLOGIST USE ONLY

AQUA-MEPHYTON --SEE-- **PHYTONADIONE**

ARA-C --SEE-- **CYTARABINE**

* **ARDEPARIN** (eg. NORMIFLO)
AHFS 20:12.04 ANTICOAGULANTS

ARGININE HCL (R-GENE 10)
AHFS 36:66 PITUITARY FUNCTIONS (DIAGNOSTIC AGENT)

AREDIA --SEE-- **PAMIDRONATE**

ARISTOCORT --SEE-- **TRIAMCINOLONE**

AROMATIC AMMONIA

ARTANE --SEE-- **TRIHEXYPHENIDYL**

ARTIFICIAL TEARS --SEE-- **TEARS, NATURAL**

ASACOL --SEE-- **MESALAMINE**

ASCORBIC ACID (VITAMIN C)
AHFS 88:12 VITAMIN C
*** FOR URINARY ACIDIFICATION ***
*** FOR USE WITH ORAL ANTIFUNGALS***

ASPARGINASE (eg. COLASPASE, ELSPAR, KIDROLASE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

ASPIRIN (eg. ECOTRIN, CHILDREN'S ASPIRIN, ASA)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
** NOTE: MAY BE DISPENSED WITH OTC LABELING **

ATARAX --SEE-- **HYDROXYZINE**

ATENOLOL (eg. TENORMIN)
AHFS 24:04 CARDIAC DRUGS

ATOVAQUONE (eg. MEPRON)
AHFS 8:40 MISCELLANEOUS ANTI-INFECTIVES

ATIVAN --SEE-- **LORAZEPAM**

ATROPINE SULFATE (eg. ATROPISOL, ISOPTO-ATROPINE)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
52:24 MYDRIATICS

ATROVENT --SEE-- **IPRATROPIUM**

AUGMENTIN --SEE-- **AMOXICILLIN & CLAVULANIC ACID**

AURALGAN --SEE-- **BENZOCAINE, ANTIPYRINE & /GLYCERIN**

AYGESTIN --SEE-- **NORETHINDRONE ACETATE**

AVEENO --SEE-- **OATMEAL, COLLOIDAL**

AVENTYL --SEE- **NORTRIPTYLINE HCL**

AZMACORT --SEE-- **TRIAMCINOLONE**

* **AZATHIOPRINE** (eg. IMURAN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

AZITHROMYCIN (eg. ZITHROMAX)
AHFS 8:12.12 ERYTHROMYCINS
*** PHYSICIAN USE ONLY ***

AZTHMA-CORT --SEE-- **TRIAMCINOLONE**

AZULFIDINE --SEE-- **SULFASALAZINE**

B & O SUPPOSITORIES --SEE-- **OPIUM AND BELLADONNA**

BACILLUS CALMETTE-GUERIN (eg. BCG, TICE, "TB VACCINE")
AHFS 80:12 VACCINES
FOR ONCOLOGY USE ONLY

BACITRACIN & POLYMYXIN B
AHFS 84:04.04 TOPICAL ANTI-INFECTIVES

BACLOFEN (eg. LIORESAL)

AHFS 12:20 SKELETAL MUSCLE RELAXANTS
PHYSICIAN USE ONLY
FOR CHRONIC NEUROLOGIC & UROLOGIC IMPAIRMENT ONLY

BACTRIM DS --SEE-- **TRIMETHOPRIM & SULFAMETHOXAZOLE**

BACTROBAN --SEE-- **MUPIROCIN**

BALANCED SALT SOLUTION (BSS) --SEE-- **IRRIGATING, SOLUTION OPHTHALMIC**

BCG --SEE-- **BACILLUS CALMETTE-GUERIN**

BCNU --SEE-- **CARMUSTINE**

BECLOMETHASONE DIPROPIONATE (eg. BECLOVENT, VANCERIL, BECONASE, VANCENASE, BECONASE AQ, VANCENASE AQ)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
AHFS 68:04 ADRENALS

BECLOVENT --SEE-- **BECLOMETHSONE DIPROPRIONATE**

BECONASE, BECONASE AQ --SEE-- **BECLOMETHASONE DIPROPRIONATE**

BENADRYL --SEE-- **DIPHENHYDRAMINE**

BENEMID --SEE-- **PROBENICID**

BENTYL --SEE-- **DICYCLOMINE**

BENZOCAINE & ANTIPYRINE & GLYCERIN (eg. AURALGAN)
AHFS 52:16 EENT LOCAL ANESTHETICS

BENZOCAINE & BUTAMBEN & TETRACAINE (eg. CETACAINE)
AHFS 52:16 EENT LOCAL ANESTHETICS

BENZOIN COMPOUND
AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

BENZONATATE (eg. TESSALON PERLES)
AHFS 48:08 ANTITUSSIVES
** LIMITED TO FIVE DAY THERAPY **
** PHYSICIAN USE ONLY **

BENZTROPINE MESYLATE (eg. COGENTIN)
AHFS 12:08.04 ANTIPARKSONIAN AGENTS

** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

BETADINE --SEE-- **POVIDONE IODINE**

BETAMETHASONE DIPROPIONATE (eg. DIPROSONE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
AUGMENTED BASE CREAM/OINTMENT NOT APPROVED

BETAMETHASONE VALERATE (eg. VALISONE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

BETAPACE --SEE-- **SOTALOL**

BETAXOLOL HCL (eg. BETOPTIC, BETOPTIC-S)
AHFS 52:36 MISC EENT DRUGS

BETHANECHOL CHLORIDE (eg. URECHOLINE)
AHFS 12:04 PARASYMPATHOMIMETIC CHOLINERGIC AGENTS

BETOPTIC --SEE-- **BETAXOLOL**

BIAXIN --SEE-- **CLARITHROMYCIN**

BICHLORACETIC ACID --SEE-- **DICHLORACETIC ACID**

BICILLIN LA --SEE-- **PENICILLIN G, BENZATHINE**

BICITRA --SEE-- **SODIUM CITRATE AND CITRIC ACID**

BiCNU --SEE-- **CARMUSTINE**

BILOPAQUE --SEE-- **TYROPANOATE SODIUM**

BIODEL --SEE-- **CARMUSTINE**

BISACODYL (eg. DULCOLAX)
AHFS 56:12 CATHARTICS AND LAXATIVES

BISMUTH SUBSALICYLATE (eg. PEPTO-BISMOL)
AHFS 56:08 ANTI-DIARRHEA AGENTS
** MAY BE DISPENSED WITH OTC LABELING **

BLENOXANE --SEE-- **BLEOMYCIN SULFATE**

BLEOMYCIN SULFATE (eg. BLENOXANE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

▬ **BORIC ACID TOPICAL**
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS

BRETHINE --SEE-- **TERBUTALINE**

BRETYLIUM TOSYLATE (eg. BRETYLOL)
AHFS 24:04 CARDIAC DRUGS

BRETYLOL --SEE-- **BRETYLIUM**

BREVIBLOC --SEE-- **ESMOLOL**

* **BRIMONIDINE** (eg. ALPHAGAN)
AHFS 52:36 MISC EENT AGENTS

BROMOCRIPTINE MESYLATE (eg. PARLODEL)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

BSS --SEE-- **IRRIGATING SOLUTION, INTRAOCULAR**

BUPIVACAINE HCL (eg. MARCAINE, SENSORCAINE)
AHFS 72:00 LOCAL ANESTHETICS

BUPRENEX --SEE-- **BUPRENORPHINE**

BUPRENORPHINE (eg. BUPRENEX)
Controlled Substance (C-V)
AHFS 28:08.12 OPIATE PARTIAL AGONIST
**FOR ANESTHESIA/SURGERY USE ONLY*

BUMINATE --SEE-- **ALBUMIN HUMAN**

* **BUPROPION** (eg. WELLBUTRIN)
AHFS 28:16 ANTIDEPRESSANT
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **
NOT TO BE USED AS AID TO STOP SMOKING

BUSPAR --SEE-- **BUSPIRONE**

BUSPIRONE HCL (eg. BUSPAR)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, & HYPNOTICS
** PHYSICIAN USE ONLY **

BUSULFAN (eg. MYLERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

BUTORPHANOL TARTRATE (eg. STADOL)

CONTROLLED SUBSTANCE C-IV
AHFS 28:08.12 OPIATE PARTIAL AGONISTS
*** NASAL SPRAY NOT APPROVED ***
*** PHYSICIAN/DENTIST USE ONLY***
*** LIMITED TO 5 DAYS THERAPY***
*** LIMITED TO PRE AND POST-OP THERAPY ONLY***

CAFERGOT --SEE-- **ERGOTAMINE TARTRATE/CAFFEINE**

CALAMINE LOTION
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

CALAN --SEE-- **VERAPAMIL**

▬ **CALCIPOTRIENE** (eg. DOVONEX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
PHYSICIAN USE ONLY
USE AFTER FAILURE TO "VERY HIGH POTENCY" STEROIDS

CALCITONIN - SALMON, SYNTHETIC (eg. CALCIMAR)
AHFS 68:24 PARATHYROID

CALCITRIOL (eg. ROCALTROL)
AHFS 88:16 VITAMIN D

CALCIUM ACETATE (eg. PHOS-EX, PHOSLO)
AHFS 92:00 UNCLASSIFED THERAPEUTIC AGENTS

CALCIUM CARBONATE & VITAMIN D (eg. OS-CAL 250+D)
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM CHLORIDE
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM CITRATE (eg. CITRACAL)
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM GLUCONATE
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM LACTATE
AHFS 40:12 REPLACEMENT PREPARATIONS

CAMPHOR/MENTHOL LOTION (eg. SARNA)
AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

CAPOTEN --SEE-- **CAPTOPRIL**

CAPSAICIN (eg. ZOSTRIX)
AHFS 84:36 MISC. TOPICAL AGENTS

CAPTOPRIL (eg. CAPOTEN)
AHFS 24:04 CARDIAC DRUGS

CARAFATE --SEE-- **SUCRALFATE**

CARBAMAZEPINE (TEGRETOL)
AHFS 28:12.92 MISC. ANTICONVULSANTS
PILL LINE ITEM WHEN USED AS PSYCHOTROPIC

CARBAMIDE PEROXIDE (eg. DEBROX)
AHFS 52:04.12 MISC EENT ANTI-INFECTIVES

CARBOCAINE --SEE-- **MEPIVACAINE HCL**

CARBOPLATIN (eg. PARAPLATIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CARDIZEM --SEE-- **DILTIAZEM**

CARDURA --SEE-- **DOXAZOSIN**

CARMUSTINE (eg. BCNU, BiCNU, BIODEL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

* **CASCARA & MILK OF MAGNESIA**
AHFS 56:12 CATHARTICS AND LAXATIVES

CASTOR OIL
AHFS 56:12 CATHARTICS AND LAXATIVES

CATAPRES --SEE-- **CLONIDINE**

CCNU --SEE-- **LOMUSTINE**

CEENU --SEE-- **LOMUSTINE**

CEFAZOLIN SODIUM (eg. KEFZOL, ANCEF)
AHFS 8:12.06 CEPHALOSPORINS

CEFTAZIDIME (eg. CEPTAZ, FORTAZ, TAZIDIME, TAZICEF)
AHFS 8:12.06 CEPHALOSPORINS

CEFTRIAXONE SODIUM (eg. ROCEPHIN)
AHFS 8:12.06 CEPHALOSPORINS

CELEXA --SEE-- **CITALOPRAM**

CEPHALEXIN (eg. KEFLEX)
AHFS 8:12.06 CEPHALOSPORINS

CEPHULAC --SEE-- **LACTULOSE**

CEPTAZ --SEE-- **CEFTAZIDIME**

CERUBIDINE --SEE-- **DAUNORUBICIN**

CETACAINE --SEE-- **BENZOCAINE/BUTAMBEN/TETRACAINE**

! **CETIRIZINE (eg. ZYRTEC)**
AHFS 4:00 ANTIHISTAMINES
****PHYSICIAN USE ONLY****
****RESTRICTED TO INTOLERANCE TO FIRST GENERATION ANTIHISTAMINES****

CHARCOAL, ACTIVATED (UNIVERSAL ANTIDOTE)
AHFS 56:04 ANTACIDS AND ADSORBENTS

CHLORAL HYDRATE (eg. CHLORAL, NOCTEC)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, AND HYPNOTICS
*** PILL LINE ONLY ***
*** PHYSICIANS/DENTISTS USE ONLY ***
*** RESTRICTED TO EEG STUDIES ONLY ***

CHLORAMBUCIL (eg. LEUKERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CHLORHEXIDINE GLUCONATE (eg. PERIDEX, HIBICLENS, HIBISTAT)
AHFS 52:04.12 MISC EENT ANTI-INFECTIVES
84:04.16 MISC. LOCAL ANTI-INFECTIVES
** TOPICAL SOLUTION/SCRUB - MEDICAL CENTER RESTRICTED, FOR PRE-OP USE ONLY **
** ORAL PREPARATION - DENTAL USE ONLY **

CHLOROETHANE --SEE-- **ETHYL CHLORIDE**

CHLOROTRIANISENE (eg. TACE)
AHFS 68:16 ESTROGENS

CHLORPHENIRAMINE MALEATE (eg. CHLOR-TRIMETON, CTM)
AHFS 4:00 ANTIHISTAMINE DRUGS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

CHLORPROMAZINE HCL (eg. THORAZINE)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY**
** PILL LINE ONLY **

CHRONULAC --SEE-- **LACTULOSE**

CILOXAN --SEE-- **CIPROFLOXACIN**

CIMETIDINE (eg. TAGAMET)
AHFS 56:40 MISC GI DRUGS

CIPRO --SEE-- **CIPROFLOXACIN**

CIPROFLOXACIN HCL (eg. CIPRO, CILOXAN)
AHFS 8:22 QUINOLONES
AHFS 52:04.04 EENT ANTIBIOTICS
** OPHTHALMIC SOLUTION LIMITED TO PSEUDOMONAS INFECTIONS OF THE EYE**
** PHYSICIAN USE ONLY**

CISPLATIN (eg. PLATINOL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

* **CITALOPRAM** (eg. CELEXA)
AHFS 28:16.04 ANTIDEPRESSANTS
PHYSICIAN USE ONLY
PILL LINE ONLY

CITRACAL --SEE-- **CALCIUM CITRATE**

CITRATE OF MAGNESIA --SEE-- **MAGNESIUM CITRATE**

CITROVORUM FACTOR --SEE-- **LEUCOVORIN CALCIUM**

* **CLARITHROMYCIN** (eg. BIAXIN)
AHFS 8:12.12 ERYTHROMYCINS
PHYSICIAN USE ONLY
SECOND LINE THERAPY FOR MOST INDICATIONS

CLEOCIN --SEE-- **CLINDAMYCIN**

CLINDAMYCIN (eg. CLEOCIN)
AHFS 8:12.28 MISC ANTIBIOTICS

TOPICAL GEL AND TOPICAL SOLUTION NOT APPROVED

CLINORIL --SEE-- **SULINDAC**

CLOBETASOL (eg. TEMOVATE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

CLOFAZIME (eg. LAMPRENE)
AHFS 8:40 MISC ANTI-INFECTIVES

 # CLONAZEPAM (eg. KLONOPIN)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:12.08 ANTICONVULSANTS: BENZODIAZEPINES
** PHYSICIAN USE ONLY **
** ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE**
** EXCEPTION FOR VALID DIAGNOSIS OF SEIZURE DISORDER REQUIRING CHRONIC TREATMENT**
** EXCEPTION FOR SECOND LINE THERAPY FOR ANTI-MANIA **
** EXCEPTION FOR ADJUNCT TO NEUROLEPTIC THERAPY TO STABILIZE PSYCHOSIS**
** PILL LINE ONLY **

 # CLONIDINE (eg. CATAPRES, CATAPRES-TTS)
AHFS 24:08 HYPOTENSIVE AGENTS

*** CLOPIDOGREL** (eg. PLAVIX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
** PHYSICIAN USE ONLY **
** USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE**

CLOTRIMAZOLE (eg. MYCELEX, GYNE-LOTRIMIN)
AHFS 8:12.04 ANTIFUNGAL AGENTS
AHFS 84:04.08 TOPICAL ANTIFUNGALS

*** CLOZAPINE** (eg. CLOZARIL)
AHFS 28:16.08 TRANQUILIZERS
PSYCHIATRIST USE ONLY
PILL LINE ONLY
FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS
INITIATE IN MEDICAL REFERRAL CENTERS

CLOZARIL --SEE-- CLOZAPINE

COAL TAR
AHFS 84:32 KERATOPLASTIC AGENTS
** RESTRICTED TO SEBORRHEA AND PSORIASIS**

COAL TAR/SALICYLIC ACID/SULFUR
AHFS 84:32 KERATOPLASTIC AGENTS
** RESTRICTED TO SEBORRHEA AND PSORIASIS**

CODEINE

CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
AHFS 48:08 ANTITUSSIVES
** PHYSICIANS/DENTISTS USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS**
** PILL LINE ONLY **

CODEINE PHOSPHATE & ACETAMINOPHEN(eg. TYLENOL CODEINE #3)
CONTROLLED SUBSTANCE (C-III)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS**
** PILL LINE ONLY **

COGENTIN --SEE-- **BENZTROPINE MESYLATE**

COLACE --SEE-- **DOCUSATE SODIUM**

COLASPASE --SEE-- **L-ASPARIGINASE**

COLCHICINE
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

COLESTID --SEE-- **COLESTIPOL**

▬ **COLESTIPOL** (eg. COLESTID)
AHFS 24:06 ANTILIPEMIC DRUGS

▬ **COLLAGENASE** (eg. SANTYL)
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANCE AGENTS

COMBIVENT --SEE-- **IPRATROPIUM/ALBUTEROL**

COMBIVIR --SEE-- **ZIDOVUDINE/LAMIVUDINE**

COMPOUNDING CREAM --SEE-- **HYDROPHILIC CREAM**

CONDYLOX --SEE-- **PODOFILOX**

CONRAY --SEE-- **IOTHALAMATE MEGLUMINE**

CONTACT CARE ITEMS (ALL ITEMS)
AHFS 92:06 UNCLASSIFIED THERAPEUTIC AGENTS
*** FOR MEDICALLY NECESSARY CONTACTS ***

CORDARONE --SEE-- **AMIODARONE**

CORTROSYN --SEE-- **COSYNTROPIN**

CORGARD --SEE-- **NADOLOL**

CORTEF --SEE-- **HYDROCORTISONE**

CORTENEMA --SEE-- **HYDROCORTISONE**

CORTICOTROPIN (eg. ACTH, ACTHAR GEL)
AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-DIAGNOSTIC
AHFS 68:28 PITUITARY

CORTISPORIN --SEE-- **NEOSPORIN/POLYMIXIN B/HYDROCORTISONE**

CORTRIL --SEE-- **HYDROCORTISONE**

COSYNTROPIN (eg. CORTROSYN)
AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-DIAGNOSTIC

COSMEGEN --SEE-- **DACTINOMYCIN**

COUMADIN --SEE-- **WARFARIN SODIUM**

CRIXIVAN --SEE-- **INDINAVIR**

CROMOLYN SODIUM (eg. OPTICROM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CRYSTACILLIN --SEE-- **PENICILLIN G, PROCAINE**

CUPRIMINE --SEE-- **PENICILLAMINE**

CYANOCOBALAMIN (VITAMIN B-12)
AHFS 88:08 VITAMIN B COMPLEX

CYCLOBENZAPRINE HCL (eg. FLEXERIL)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS
*** PHYSICIANS/DENTISTS USE ONLY ***
*** RESTRICTED TO 3 DAYS THERAPY - NONRENEWABLE***
*** EXTENDED USE REQUIRES NON-FORMULARY APPROVAL ***

CYCLOGYL --SEE-- **CYCLOPENTOLATE**

CYCLOPENTOLATE HCL (eg. CYCLOGYL)
AHFS 52:24 MYDRIATICS

CYCLOPHOSPHAMIDE (eg. CYTOXAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CYCRIN --SEE-- **MEDROXYPROGESTERONE**

CYCLOSPORINE (eg. SANDIMMUNE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYPROHEPTADINE HCL (eg. PERIACTIN)
AHFS 4:00 ANTIHISTAMINE DRUGS

CYTARABINE (eg. CYTOSINE ARABINOSIDE, ARA-C, CYTOSAR)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CYTOSAR --SEE-- **CYTARABINE**

CYTOSAR-U --SEE--**CYTARABINE**

CYTOSINE ARABINOSIDE --SEE-- **CYTARABINE**

CYTOMEL --SEE-- **LIOTHYRONINE**

CYTOTEC --SEE-- **MISOPROSTIL**

CYTOVENE --SEE-- **GANCICLOVIR**

CYTOXAN --SEE-- **CYCLOPHOSPHAMIDE**

DACARBAZINE CITRATE (eg. DIC, DTIC)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DACRIOSE --SEE-- **IRRIGATING SOLUTION, EXTRAOCULAR**

DACTINOMYCIN (eg. ACTINOMYCIN-D, COSMEGEN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

*** DALTEPARIN** (eg. FRAGMIN)
AHFS 20:12.04 ANTICOAGULANTS

DANAZOL (eg. DANOCRINE)
AHFS 68:08 ANDROGENS

DANOCRINE --SEE-- **DANAZOL**

DANTRIUM --SEE-- **DANTROLENE**

DANTROLENE SODIUM (eg. DANTRIUM)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

DAPSONE (eg. DDS)
AHFS 8:26 SULFONES

DARAPRIM --SEE-- **PYRIMETHAMINE**

DAUNORUBICIN (eg. CERUBIDINE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DDAVP --SEE-- **DESMOPRESSIN**

DDS -SEE-- **DAPSONE**

DEBROX --SEE-- **CARBAMIDE PEROXIDE**

DECADRON --SEE-- **DEXAMETHASONE**

DECA-DURABOLIN --SEE-- **NANDROLONE**

DECLOMYCIN --SEE-- **DEMECLOCYCLINE**

DEFEROXAMINE MESYLATE (eg. DESFERAL)
AHFS 64:00 HEAVY METAL ANTAGONISTS

DELATESTRYL --SEE-- **TESTOSTERONE ENANTHATE**

*** DELAVIRDINE** (eg. RESCRIPTOR)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

DELESTROGEN --SEE-- **ESTRADIOL**

DELTASONE --SEE-- **PREDNISONE**

DEMECLOCYCLINE (eg. DECLOMYCIN)
AHFS 8:12.24 TETRACYCLINES

DEMEROL --SEE-- **MEPERIDINE**

DEPAKENE --SEE-- **VALPROIC ACID**

DEPO-MEDROL --SEE-- **METHYLPREDNISOLONE**

DEPO-TESTOSTERONE --SEE-- **TESTOSTERONE CYPIONATE**

DEPRENYL --SEE-- **SELEGILINE**

DESFERAL --SEE-- **DEFEROXAMINE**

DESFLURANE (eg. SUPRANE)
AHFS 28:04 GENERAL ANESTHETICS

DESIPRAMINE HCL (eg. NORPRAMIN)
AHFS 28:16.04 ANTIDEPRESSANTS

** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

DESMOPRESSIN ACETATE (eg. DDAVP)
AHFS 68:28 PITUITARY

DESYREL --SEE-- **TRAZODONE**

DEXAMETHASONE (eg. DECADRON)
AHFS 68:04 ADRENALS

DEXTROSE
AHFS 40:20.00 CALORIC AGENTS

DEXTROSE 5% IN LACTATED RINGERS
AHFS 40:12 REPLACEMENT PREPARATIONS
AHFS 40:20 CALORIC AGENTS

DEXTROSE 5% IN SODIUM CHLORIDE
AHFS 40:12 REPLACEMENT PREPARATIONS
AHFS 40:20 CALORIC AGENTS

DIAMOX --SEE-- **ACETAZOLAMIDE**

DIATRIZOATE MEGLUMINE (eg. HYPAQUE, RENO-M)
AHFS 36:68 ROENTGENOGRAPHY

DIATRIZOATE MEGLUMINE & DIATRIZOATE SODIUM
(eg. HYPAQUE-M, HYPAQUE-76)
AHFS 36:68 ROENTGENOGRAPHY

DIATRIZOATE SODIUM (eg. HYPAQUE, UROVIST)
AHFS 36:68 ROENTGENOGRAPHY

DIAZEPAM (eg. VALIUM)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
** PHYSICIAN USE ONLY **
** ORAL FORMULATION NOT APPROVED**
** USE LIMITED TO STATUS EPILEPTICUS**
** PILL LINE ONLY **

DIAZOXIDE (eg. HYPERSTAT)
AHFS 24:08 HYPOTENSIVE AGENTS

DIBENZYLINE --SEE-- **PHENOXYYBENZAMINE**

DIBUCAINE (eg. NUPERCAINAL)

AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

DIC --SEE-- **DACARBAZINE**

* **DICLOFENAC** (eg. VOLTAREN)
AHFS 28:08.04 NON-STEROIDAL ANTIINFLAMMATORY AGENTS
52:08 ANTIINFLAMMATORY AGENTS
** ONLY OPHTHALMIC AGENT APPROVED **

\# **DICHLOROACETIC ACID** (BICHLOROACETIC ACID)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

\# **DICLOXACILLIN SODIUM** (eg. DYNAPEN)
AHFS 8:12.16 PENCILLINS

\# **DICYCLOMINE HCL** (eg. BENTYL)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

\# **DIDANOSINE** (eg. ddI, VIDEX)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

DIDRONEL --SEE-- **ETIDRONATE**

\# **DIETHYLSTILBESTROL** (eg. DES)
AHFS 68:16 ESTROGENS

DIFLUCAN --SEE-- **FLUCONAZOLE**

\# **DIGOXIN (LANOXIN)**
AHFS 24:04 CARDIAC DRUGS
** NON-SUBSTITUTABLE -- USE **LANOXIN** ONLY **

DILANTIN --SEE-- **PHENYTOIN**

\# **DILTIAZEM HCL** (eg. CARDIZEM, CARDIZEM CD)
AHFS 24:04 CARDIAC DRUGS
** CARDIZEM SR NOT APPROVED **

\# **DIPHENHYDRAMINE HCL** (eg. BENADRYL)
AHFS 4:00 ANTIHISTAMINE DRUGS

DIPHENYLHYDANTOIN --SEE-- **PHENYTOIN**

\# **DIPIVEFRIN HCL** (eg. PROPINE)
AHFS 52:24 MYDRIATICS

DIPRIVAN --SEE-- **PROPOFOL**

DIPROLENE --SEE-- **BETAMETHASONE DIPROPIONATE, AUGMENTED BASE**

DIPROSONE --SEE-- **BETAMETHASONE DIPROPIONATE**

DIPYRIDAMOLE (eg. PERSANTINE)
AHFS 24:12 VASODILATING AGENTS

DISALCID --SEE-- **SALSALATE**

DISOPYRAMIDE PHOSPHATE (eg. NORPACE)
AHFS 24:04 CARDIAC DRUGS

DITROPAN --SEE-- **OXYBUTININ**

DIULO --SEE-- **METOLAZONE**

DOBUTAMINE HCL (eg. DOBUTREX)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

DOBUTREX --SEE-- **DOBUTAMINE HCL**

DOCUSATE SODIUM (eg. COLACE, DOSS, DSS)
AHFS 56:12 CATHARTICS AND LAXATIVES

DOMEBORO --SEE-- **ALUMINUM ACETATE COMPOUND**

DOMEBORO OTIC --SEE-- **ACETIC ACID & ALUMINUM ACETATE**

DOPAMINE HCL (eg. INTROPIN)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

DOPRAM --SEE-- **DOXAPRAM**

▬ **DORZOLAMIDE** (eg. TRUSOPT)
AHFS 52:36 MISC. EENT AGENTS
OPHTHALMOLOGIST USE ONLY

DOSS --SEE-- **DOCUSATE SODIUM**

DOVONEX --SEE-- **CALCIPOTRIENE**

DOXAPRAM HCL (eg. DOPRAM)
AHFS 28:20 RESPIRATORY & CEREBRAL STIMULANTS

▬ **DOXAZOSIN** (eg. CARDURA)
AHFS 24:08 HYPOTENSIVE AGENTS
PHYSICIAN USE ONLY

DOXEPIN HCL (eg. ADAPIN, SINEQUAN)
AHFS 28:16.04 ANTIDEPRESSANTS

** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

DOXORUBICIN HCL (eg. ADRIAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DOXYCYCLINE (eg. VIBRAMYCIN, VIBRA-TABS)
AHFS 8:12.24 TETRACYCLINES

DROPERIDOL (eg. INAPSINE)
AHFS 28:16.08 TRANQUILIZERS

DTIC --SEE-- **DACARBAZINE**

DULCOLAX --SEE-- **BISACODYL**

DUODERM --SEE-- **FLEXIBLE HYDROACTIVE DRESSING/GRANULES**

DURAGEN --SEE-- **ESTRADIOL VALERATE**

DURAMORPH --SEE-- **MORPHINE SULFATE**

DURATEST --SEE-- **TESTOSTERONE CYPIONATE**

DYNAPEN --SEE-- **DICLOXICILLIN**

DYRENIUM --SEE-- **TRIAMTERENE**

D-XYLOSE --SEE-- **XYLOSE**

ECHOTHIOPHATE IODIDE (eg. PHOSPHOLINE IODIDE)
AHFS 52:20 MIOTICS

ECOTRIN --SEE-- **ASPIRIN**

EDROPHONIUM CHLORIDE (eg. ENLON, TENSILON)
AHFS 36:56 MYASTHENIA GRAVIS (DIAGNOSTIC TEST)

EES --SEE-- **ERYTHROMYCIN**

* **EFAVIRENZ** (eg. SUSTIVA)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

EFFEXOR --SEE-- **VENLAFAXINE**

EFUDEX --SEE-- **FLUOROURACIL**

ELASE --SEE-- **FIBRINOLYSIN & DESOXYRIBONUCLEASE**

ELAVIL --SEE-- **AMITRIPTYLINE HCL**

ELDEPRYL --SEE-- **SELEGILINE HCL**

ELIMITE –-SEE–- PERMETHRIN

ELIXOPHYLLIN --SEE-- **THEOPHYLLINE ANHYDROUS**

ELSPAR --SEE-- **L-ASPARIGINASE**

EMYCIN --SEE-- **ERYTHROMYCIN**

ENEMA SOLUTION, DISPOSABLE --SEE-- **SODIUM PHOSPHATE/BIPHOSPHATE**

ENLON --SEE-- **EDROPHONIUM**

* **ENOXAPARIN** (eg. LOVENOX)
AHFS 20:12.04 ANTICOAGULANTS

ENUCLENE --SEE-- **TYLOXAPOL**

ENGERIX-B --SEE-- **HEPATITIS B VIRUS VACCINE INACTIVATED**

EPIFRIN --SEE-- **EPINEPHRINE**

\# **EPINEPHRINE** (eg. ADRENALIN, SUS-PHRINE, EPIFRIN, VAPONEFRIN)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
AHFS 52:24 EENT MYDRIATICS
AHFS 52:32 EENT VASOCONSTRICTORS

EPIVIR --SEE-- **LAMIVUDINE**

\# **EPOETIN ALFA** (eg. EPO, EPOGEN, ERYTHROPOIETIN, PROCRIT)
AHFS 20:04 ANTIANEMIA DRUGS

EPOGEN --SEE-- **EPOETIN ALFA**

ERGAMISOLE --SEE-- **LEVAMISOLE**

\# **ERGONOVINE MALEATE** (eg. ERGOTRATE)
AHFS 76:00 OXYTOCICS

▬ **ERGOTAMINE** (eg. ERGOSTAT)
AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

\# **ERGOTAMINE TARTRATE & CAFFEINE** (eg. CAFERGOT)

AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

ERGOTRATE --SEE-- **ERGONOVINE**

ERYTAB --SEE-- **ERYTHROMYCIN**

ERYTHROMYCIN (eg. EES, E-MYCIN, ERYTAB, ERYTHROCIN, ILOTYCIN)
AHFS 8:12.12 ERYTHROMYCINS
TOPICAL SOLUTION NOT APPROVED

ERYTHROPOIETIN --SEE-- **EPOETIN ALFA**

ESIDREX --SEE-- **HYDROCHLOROTHIAZIDE**

ESKALITH --SEE-- **LITHIUM CARBONATE**

ESMOLOL HCL (eg. BREVIBLOC)
AHFS 24:04 CARDIAC DRUGS

ESTINYL --SEE-- **ETHINYL ESTRADIOL**

ESTERIFIED ESTROGENS (eg. ESTRONE, ESTROPIPATE, ESTRATAB)
AHFS 68:16 ESTROGENS

ESTRADIOL (eg. DELESTROGEN)
AHFS 68:16 ESTROGENS

ESTRADERM --SEE-- **ESTRADIOL**

ESTRATAB --SEE-- **ESTERIFIED ESTROGENS**

ESTRAVAL --SEE-- **ESTRADIOL VALERATE**

ESTROGENS, CONJUGATED (PREMARIN)
AHFS 68:16 ESTROGENS
** NON-SUBSTITUTABLE -- USE **PREMARIN** ONLY **
** MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE**

ESTRONE --SEE-- **ESTERIFIED ESTROGENS**

ESTROPIPATE --SEE-- **ESTERIFIED ESTROGENS**

ETHAMBUTOL HCL (eg. MYAMBUTOL)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ONLY **

ETHINYL ESTRADIOL (eg. ESTINYL)

AHFS 68:16 ESTROGENS

ETHYL CHLORIDE
AHFS 84:08 LOCAL ANESTHETIC

ETOPOSIDE (eg. VP-16, VePESID)
AHFS 10:00 ANTINEOPLASTIC AGENTS

EUCERIN --SEE-- **HYDROPHILIC CREAM**

EULEXIN --SEE-- **FLUTAMIDE**

EXSEL --SEE-- **SELENIUM SULFIDE**

FACTOR VIII --SEE-- **ANTIHEMOPHILIC FACTOR (HUMAN)**

FELDENE --SEE-- **PIROXICAM**

FENTANYL CITRATE (eg. SUBLIMAZE, DURAGESIC)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS**

** PILL LINE ONLY **
** MEDICAL CENTER ONLY**
** PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**

FERRLECIT --SEE-- FERRIC GLUCONATE SODIUM COMPLEX

* **FERRIC GLUCONATE SODIUM COMPLEX** (eg. FERRLECIT)
AHFS 20:04 ANTIANEMIA DRUGS

FERROUS GLUCONATE (eg. FERGON)
AHFS 20:04 ANTIANEMIA DRUGS

FIBRINOLYSIN & DESOXYRIBONUCLEASE (eg. ELASE)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

FILGRASTIM (eg. G-CSF, NEUPOGEN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

▬ **FINASTERIDE** (eg. PROSCAR)
AHFS 5-ALPHA REDUCTASE INHIBITOR
THERAPY INITIATED BY UROLOGIST ONLY

FLAGYL --SEE-- **METRONIDAZOLE**

FLEETS ENEMA --SEE-- **SODIUM PHOSPHATE & SODIUM BIPHOSPHATE**

FLEXERIL --SEE-- **CYCLOBENZAPRINE**

▬ **FLEXIBLE HYDROACTIVE DRESSING/GRANULES** (eg. DUO DERM)
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS

FLORINEF --SEE-- **FLUDROCORTISONE**

FLOVENT --SEE-- **FLUTICASONE**

FLUCONAZOLE (eg. DIFLUCAN)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS

FLUDARABINE PHOSPHATE (eg. FLUDARA)
AHFS 10:00 ANTINEOPLASTIC AGENTS

FLUDROCORTISONE ACETATE (eg. FLORINEF)
AHFS 68:04 ADRENALS

FLUMAZENIL (MAZICON)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

FLUOCINONIDE (eg. LIDEX)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

FLUOGEN --SEE-- **INFLUENZA VIRUS VACCINE**

FLUORESCEIN
AHFS 52:36 MISC. EENT AGENTS

FLUOROMETHOLONE (eg. FML, FLUOR-OP)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
LIMITED TO OPTOMETRIST OR OPHTHALMOLOGIST

FLUOR-OP --SEE-- **FLUOROMETHOLONE**

FLUOROURACIL (eg. 5-FU, 5-FLUOROURACIL, EFUDEX, ADRUCIL)
AHFS 10:00 ANTINEOPLASTICS
84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

FLUOXETINE HCL (eg. PROZAC)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

FLUPHENAZINE (eg. PROLIXIN)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **

** PILL LINE ONLY **

FLUTAMIDE (eg. EULEXIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

* **FLUTICASONE** (eg. FLOVENT)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
** AEROSOL POWDER NOT APPROVED **
** NASAL SPRAY NOT APPROVED **
** SECOND LINE AGENT **

FML --SEE-- **FLUOROMETHOLONE**

FLUDARA --SEE-- **FLUDARABINE**

FLUZONE --SEE-- **INFLUENZA VIRUS VACCINE**

FOLIC ACID (eg. FOLVITE)
AHFS 88:08 VITAMIN B COMPLEX

FOLVITE --SEE-- **FOLIC ACID**

FORANE --SEE-- **ISOFLURANE**

FORTAZ --SEE-- **CEFTAZIDIME**

FOSAMAX --SEE-- **ALENDRONATE**

FOSCARNET (eg. FOSCAVIR)
AHFS 8:18 ANTIVIRALS

FOSCAVIR --SEE-- **FOSCARNET**

FRAGMIN --SEE-- **DALTEPARIN**

FUROSEMIDE (eg. LASIX)
AHFS 40:28 DIURETICS

FUNGIZONE --SEE-- **AMPHOTERICIN B**

▬ **GABAPENTIN** (eg. NEURONTIN)
AHFS 28:12.82 ANTICONVULSANT AGENTS

GADOPENTETATE (eg. MAGNEVIST)
AHFS 36:68 ROENTGENOGRAPHY

GAMMA BENZENE HEXACHLORIDE --SEE-- **LINDANE**

GANCICLOVIR (eg. CYTOVENE)
AHFS 8:18 ANTIVIRALS

GARAMYCIN --SEE-- **GENTAMYCIN SULFATE**

GAVISCON --SEE-- **ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE**

GELATIN & PECTIN & SODIUM CARBOXYMETHYLCELLULOSE (eg. ORABASE)
AHFS 84:36 MISC TOPICAL AGENTS

GELFOAM --SEE-- **ABSORBABLE GELATIN SPONGE**

GEMFIBROZIL (eg. LOPID)
AHFS 24:06 ANTILIPEMIC AGENTS

GENTAMICIN SULFATE (eg. GARAMYCIN)
AHFS 8:12.02 AMINOGLYCOSIDES
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 84:04.04 TOPICAL ANTIBIOTICS

GESTEROL --SEE-- **PROGESTERONE**

GLUCAGON
AHFS 68:20.92 MISC. ANTI-DIABETIC AGENTS

GLUCOPHAGE --SEE-- **METFORMIN**

GLUCOSE
AHFS 40:20 CALORIC AGENTS

GLYBURIDE (eg.MICRONASE)
AHFS 68:20.20 SULFONYLUREAS

GLYCERIN (eg. GLYCEROL)
AHFS 56:12 CATHARTICS AND LAXATIVES
AHFS 52:36 MISC. EENT DRUGS
AHFS 96:00 PHARMACEUTICAL AIDS

GLYCOPYRROLATE (eg. ROBINUL)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

GLYNOGEN L.A. --SEE-- **ESTRADIOL VALERATE**

GOLD SODIUM THIOMALATE (eg. MYOCHRYSINE)
AHFS 60:00 GOLD COMPOUNDS

GOLYTELY --SEE-- **POLYETHYLENE GLYCOL/ELECTROLYTE SOLUTION**

* **GRANISETRON** (eg. KYTRIL)
AHFS 56:22 ANTIEMETICS
*** RESTRICTED TO POST SURGERY & CHEMOTHERAPY USE ONLY ***

GRANULEX --SEE-- **TRYPSIN/BALSAM PERU/CASTOR OIL**

\# **GUAIFENESIN & DEXTROMETHORPHAN HBR** (eg. HUMIBID DM)
AHFS 48:08 ANTITUSSIVES
AHFS 48:16 EXPECTORANTS
** ORAL SYRUP NOT APPROVED **
** LIMITED TO 7 DAYS THERAPY **

GYNE-LOTRIMIN --SEE-- **CLOTRIMAZOLE**

HALDOL --SEE-- **HALOPERIDOL**

\# **HALOPERIDOL** (eg. HALDOL)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

HEALON --SEE-- **SODIUM HYALURONATE**

HEAVY MINERAL OIL --SEE-- **MINERAL OIL**

\# **HEPARIN SODIUM**
AHFS 20:12.04 ANTICOAGULANTS

* **HEPATITIS A VIRUS VACCINE** (eg. HEPTAVAX)
AHFS 80:12 VACCINES
PHYSICIAN USE ONLY
**RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE
ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH
CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION
WITH
UNDERLYING LIVER DISEASE**

\# **HEPATITIS B IMMUNE GLOBULIN** (eg. HBIG, HEP-B-GAMMAGEE, HYPERHEP)
AHFS 80:04 SERUMS

\# **HEPATITIS B VIRUS VACCINE INACTIVATED (RECOMBINANT)**
(eg. ENGERIX-B, RECOMBIVAX-HB)
AHFS 80:12 VACCINES

HEPTAVAX –-SEE–- **HEPATITIS A VIRUS VACCINE**

\# **HETASTARCH** (eg. HESPAN)
AHFS 40:12 REPLACEMENT PREPARATIONS

HESPAN --SEE-- **HETASTARCH**

HEXAMETHYLMELAMINE --SEE-- **ALTRETAMINE**

HIBISTAT, HIBICLENS --SEE-- **CHLORHEXIDENE GLUCONATE**

HISTAMINE PHOSPHATE
AHFS 36:36 GASTRIC FUNCTION (DIAGNOSTIC AGENT)
AHFS 36:64 PHEOCHROMOCYTOMA (DIAGNOSTIC AGENT)

HISTOPLASMIN SKIN TEST
AHFS 36:32 FUNGI (DIAGNOSTIC TEST)

HOMATROPINE HYDROBROMIDE (eg. ISOPTO-HOMATROPINE)
AHFS 52:24 EENT MYDRIATICS

HUMATE-P --SEE-- **ANTIHEMOPHILIC FACTOR (HUMAN)**

HUMIBID DM --SEE-- **GUAIFENESIN/DEXTROMETHORPHAN**

HUMULIN --SEE-- **INSULIN**

HYALURONIDASE
AHFS 44:00 ENZYMES

HYDRALAZINE HCL (eg. APRESOLINE)
AHFS 24:08 HYPOTENSIVE AGENTS

HYDREA --SEE-- **HYDROXYUREA**

HYDROCHLOROTHIAZIDE (eg. ESIDREX, HYDRODIURIL, ORETIC)
AHFS 40:28 DIURETICS

HYDROCORTISONE (eg. CORTRIL, HYTONE, SOLU-CORTEF, ANUSOL-HC, CORTENEMA)
AHFS 68:04 ADRENALS
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE & ACETIC ACID (eg. VOSOL-HC)
AHFS 52:04.12 MISC EENT ANTI-INFECTIVES
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS

HYDRODIURIL --SEE-- **HYDROCHLOROTHIAZIDE**

HYDROGEN PEROXIDE
AHFS 52:28 MOUTH WASHES AND GARGLES

HYDROPHILIC CREAM (eg. EUCERIN, OTHERS)

AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS
RESTRICTED AS COMPOUNDING AGENT ONLY

HYDROXYCHLOROQUINE SULFATE (eg. PLAQUENIL)
AHFS 8:20 ANTIMALARIAL AGENTS
** OPHTHALMIC EXAMS REQUIRED **

HYDROXYPROGESTERONE CAPROATE
AHFS 68:32 PROGESTINS

HYDROXYUREA (eg. HYDREA)
AHFS 10:00 ANTINEOPLASTIC AGENTS

HYDROXYZINE (eg. ATARAX, VISTARIL)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, & HYPNOTICS

HYPAQUE --SEE-- **DIATRIZOATE**

HYPERHEP --SEE-- **HEPATITIS B IMMUNE GLOBULIN**

HYPERSTAT --SEE-- **DIAZOXIDE**

HYTONE --SEE-- **HYDROCORTISONE**

IBUPROFEN (eg. IBU, MOTRIN, RUFEN)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

IFEX --SEE-- **IFOSFAMIDE**

IFOSFAMIDE (eg. IFEX)
AHFS 10:00 ANTINEOPLASTIC AGENTS
ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS

ILOTYCIN --SEE-- **ERYTHROMYCIN**

IMIPRAMINE HCL (eg. TOFRANIL)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

IMITREX --SEE--**SUMATRIPTAN**

IMMUNE GLOBULIN, HUMAN (eg. VENOGLOBULIN, GAMMA GLOBULIN)
AHFS 80:04 SERUMS

IMODIUM --SEE-- **LOPERAMIDE**

IMURAN --SEE-- **AZATHIOPRINE**

INAPSINE --SEE-- **DROPERIDOL**

INDERAL --SEE-- **PROPRANOLOL**

! **INDINAVIR** (eg. CRIXIVAN)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

INDOCIN --SEE-- **INDOMETHACIN**

INDOMETHACIN (eg. INDOCIN)
AHFS 28:08.04 NONSTERIODAL ANTI-INFLAMMATORY AGENTS

INFERGEN –-SEE–- **INTERFERON ALFA CON-1**

INFLUENZA VIRUS VACCINE (eg. FLUOGEN, FLUZONE)
AHFS 80:12 VACCINES

INH --SEE-- **ISONIAZID**

INOCOR --SEE-- **AMRINONE**

INSULIN (eg. HUMULIN, NOVOLIN)
AHFS 68:20.08 INSULINS

INTERFERON ALFA 2B (eg. INTRON A)
AHFS 10:00 ANTINEOPLASTIC AGENTS
** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

* **INTERFERON ALFA 2B/RIBAVIRIN** (eg. REBETRON)
AHFS 10:00 ANTINEOPLASTIC AGENTS
8:18 ANTIVIRALS
** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

* **INTERFERON ALFA CON-1** (eg. INFERGEN)
AHFS 8:18 ANTIVIRALS
** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

INTRON A --SEE-- **INTERFERON ALPHA 2B**

INTROPIN --SEE-- **DOPAMINE**

INVIRASE --SEE-- SAQUINAVIR

IOHEXOL
AHFS 36:68 ROENTGENOGRAPHY

* **IOPANOIC ACID** (eg. TELEPAQUE)
AHFS 36:68 ROENTGENOGRAPHY

IOPIDINE --SEE-- **APRACLONIDINE**

\# **IOTHALAMATE MEGLUMINE** (eg. CONRAY)
AHFS 36:68 ROENTGENOGRAPHY

\# **IOVERSOL**
AHFS 36:68 ROENTGENOGRAPHY

\# **IPECAC SYRUP**
AHFS 56:20 EMETICS

\# **IPRATROPIUM** (eg. ATROVENT)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

* **IPRATROPIUM/ALBUTEROL** (eg. COMBIVENT)
AHFS 12:08.08 ANTIMUSCARINIC/ANTISPASMODIC
12:12 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

\# **IRON DEXTRAN** (eg. IMFERON)
AHFS 20:04:04 IRON PREPARATIONS

\# **IRRIGATING SOLUTION, INTRAOCULAR** (eg. BSS)
AHFS 52:36 MISC. EENT DRUGS

\# **IRRIGATING SOLUTION, EXTRAOCULAR** (eg. DACRIOSE)
AHFS 52:36 MISC. EENT DRUGS

ISOFLURANE (eg. FORANE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ISOMETHEPTENE & DICHLORALPHENAZONE & ACETAMINOPHEN (eg. MIDRIN)
AHFS 28:08.92 MISC. ANALGESIC AND ANTIPYRETICS

ISONIAZID (eg. INH)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ONLY **

ISOPT0-ATROPINE --SEE-- **ATROPINE**

ISOPTO-CARPINE --SEE-- **PILOCARPINE**

ISOPROTERENOL HCL (eg. ISUPREL)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

ISORDIL --SEE-- **ISOSORBIDE DINITRATE**

ISOSORBIDE DINITRATE (eg. ISORDIL, SORBITRATE)
AHFS 24:12 VASODILATING AGENTS

ISUPREL --SEE-- **ISOPROTERENOL**

* **ITRACONAZOLE** (eg. SPORONOX)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
** RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILIOSIS, AND SYSTEMIC MYCOSIS**
** RECOMMEND: CONCOMMITANT USE OF ASCORBID ACID **
** NOT APPROVED FOR ONYCHOMYCOSIS **

KAOLIN AND PECTIN (eg. KAOPECTATE)
AHFS 56:08 ANTI-DIARRHEA AGENTS
*** <u>NOTE</u>: MAY BE DISPENSED WITH OTC LABELING ***

KAOPECTATE --SEE-- **KAOLIN AND PECTIN**

KAYEXALATE --SEE-- **SODIUM POLYSTYRENE SULFONATE**

KEFLEX --SEE-- **CEPHALEXIN**

KEFZOL --SEE-- **CEFAZOLIN SODIUM**

KERALYT --SEE-- **SALICYLIC ACID**

KERI LOTION --SEE-- **LOTION, HOSPITAL**

KETALAR --SEE-- **KETAMINE**

KETAMINE (eg. KETALAR)
AHFS 28:04 ANAESTHETIC

KETOCONAZOLE (eg. NIZORAL)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
AHFS 84:04.08 TOPICAL ANTIFUNGALS
** RECOMMEND: CONCOMMITANT USE OF ASCORBIC ACID **
** NOT APPROVED FOR ONYCHOMYCOSIS **

KETOROLAC (eg. TORADOL)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
** PHYSICIAN/DENTIST USE ONLY **
** LIMITED TO 5 DAYS ONLY - NON RENEWABLE **
** ORAL FORMULATION NOT APPROVED **

KIDROLASE --SEE-- **L-ASPARIGINASE**

KLONOPIN --SEE-- **CLONAZEPAM**

KWELL --SEE-- **LINDANE**

KYTRIL –-SEE–- **GRANISETRON**

LABETALOL HCL (eg. NORMODYNE, TRANDATE)
AHFS 24:08 HYPOTENSIVE AGENTS

LAC-HYDRIN --SEE-- **LACTIC ACID & AMMONIUM HYDROXIDE**

LACRI-LUBE --SEE-- **LUBRICANT, OCCULAR**

LACTAID --SEE-- **LACTASE ENZYME**

LACTASE ENZYME (eg. LACTAID)
AHFS 44:00 ENZYMES

LACTIC ACID & AMMONIUM HYDROXIDE (eg. LAC-HYDRIN)
AHFS 84:24 TOPICAL EMOLLIENTS, DEMULCENTS, AND PROTECTANTS
**FOR HYPERKERATOSIS ONLY (eg. SCALES AND PLAQUES)

LACTULOSE (eg. CEPHULAC, CHRONULAC)
AHFS 40:10 AMMONIA DETOXICANTS

▬ **LAMIVUDINE** (eg. EPIVIR, 3TC)
AHFS 8:18 ANTIVIRALS
PHYSICIAN USE ONLY

LANOXIN --SEE-- **DIGOXIN**

*** LANSOPRAZOLE** (eg. PREVACID)
AHFS 56:40 MISC GI DRUGS
PHYSICIAN USE ONLY

\# **LARYNGOTRACHEAL ANAESTHESIA KIT** (eg. LTA KIT)
AHFS 28:04 ANAESTHETICS

LASIX --SEE-- **FUROSEMIDE**

! **LATANOPROST** (eg. XALATAN)
AHFS 52:36 MISC EENT AGENTS
OPHTHALMOLOGIST/OPTOMETRIST INITIATED THERAPY ONLY

\# **LEUCOVORIN CALCIUM** (eg. CITROVIRUM FACTOR, WELLCOVORIN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEUKERAN --SEE-- **CHLORAMBUCIL**

\# **LEUPROLIDE ACETATE** (eg. LUPRON, LUPRON DEPOT)
AHFS 10:00 ANTINEOPLASTIC AGENTS

\# **LEVAMISOLE (ERGAMISOLE)**
AHFS 10:00 ANTINEOPLASTIC AGENTS

LEVAQUIN --SEE-- **LEVOFLOXIN**

LEVLEN --SEE-- **LEVONORGESTREL/ETHINYL ESTRADIOL**

\# **LEVODOPA & CARBIDOPA** (eg. SINEMET)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

*** LEVOFLOXIN** (eg. LEVAQUIN)
AHFS 8:22 QUINOLONES
PHYSICIAN USE ONLY

*** LEVONORGESTREL/ETHINYL ESTRADIOL** (eg. LEVLEN, NORDETTE, TRI-LEVLEN)
AHFS 68:12 CONTRACEPTIVES

LEVOPHED --SEE-- **NOREPINEPHRINE**

\# **LEVOTHYROXINE SODIUM (SYNTHROID, LEVOTHROID)**
AHFS 68:36.04 THYROID AGENTS

LIDEX --SEE-- **FLUOCINONIDE**

\# **LIDOCAINE HCL** (eg. XYLOCAINE)
AHFS 24:04 CARDIAC DRUGS

AHFS 72:00 LOCAL ANESTHETICS

LINDANE (eg. GAMMA BENZENE HEXACHLORIDE, KILDANE, KWELL)

AHFS 84:04.12 SCABICIDES AND PEDICULICIDES
** SHAMPOO NOT APPROVED**
** DO NOT USE IN PATIENTS WITH SEIZURE DISORDERS, OPEN WOUNDS, CHRONIC, ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES**

LIORESAL --SEE-- **BACLOFEN**

LIOTHYRONINE SODIUM (eg. CYTOMEL)
AHFS 68:36.04 THYROID AGENTS

LISINOPRIL (eg. PRINIVIL, ZESTRIL)
AHFS 24:04 CARDIAC DRUGS

LITHANE --SEE-- **LITHIUM CARBONATE**

LITHIUM CARBONATE (eg. LITHANE, ESKALITH, LITHOBID)
AHFS 28:28 ANTIMANIC AGENTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

LITHIUM CITRATE (eg. CIBALITH-S)
AHFS 28:28 ANTIMANIC AGENTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

LOBANA --SEE-- **LOTION, HOSPITAL**

LOMUSTINE (eg. CCNU, CEENU)
AHFS 10:00 ANTINEOPLASTIC AGENTS

LONITEN --SEE-- **MINOXIDIL**

LOPERAMIDE HCL (eg. IMODIUM)
AHFS 56:08 ANTIDIARRHEA AGENTS

LOPID --SEE-- **GEMFIBROZIL**

LOPRESSOR --SEE-- **METAPROLOL**

LORAZEPAM (eg. ATIVAN)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
** PHYSICIAN USE ONLY **
** ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE**

** EXCEPTION FOR TERMINAL, HOSPICE-TYPE INMATES**
** PILL LINE ONLY **

LOTION, HOSPITAL (eg. KERI LOTION, LUBRIDERM, LOBANA)
AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS
***FOR INPATIENT, DIALYSIS PATIENT,
PSORIATIC PATIENTS, AND PUVA PATIENTS ONLY***

LOTRIMIN --SEE-- **CLOTRIMAZOLE**

***** **LOVASTATIN** (eg. MEVACOR)
AHFS 24:06 ANTILIPEMIC DRUGS

LOVENOX --SEE-- **ENOXAPARIN**

LOXAPINE (eg. LOXITANE)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

LOXITANE --SEE-- **LOXAPINE**

LTA KIT --SEE-- **LARYNGOTRACHEAL ANAESTHESIA KIT**

LUBRICANT, OCCULAR (eg. LACRI-LUBE)
AHFS 52:36 MISC. EENT DRUGS

LUBRICANT, SURGICAL
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

LUBRIDERM --SEE-- **LOTION, HOSPITAL**

LUPRON --SEE-- **LEUPROLIDE ACETATE**

LYSODREN --SEE-- **MITOTANE**

MAALOX --SEE-- **ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE**

MACRODANTIN --SEE-- **NITROFURANTOIN**

MAGNESIUM CITRATE (CITRATE OF MAGNESIA)
AHFS 56:12 CATHARTICS AND LAXATIVES

MAGNESIUM HYDROXIDE (MILK OF MAGNESIA)
AHFS 56:04 ANTACIDS AND ADSORBENTS
*** <u>NOTE</u>: MAY BE DISPENSED WITH OTC LABELING ***

MAGNESIUM OXIDE (MAG-OX)

AHFS 56:04 ANTACIDS AND ADSORBENTS

MAGNESIUM SULFATE
AHFS 28:12.92 MISC. ANTICONVULSANTS
EPSOM SALTS NOT APPROVED

MAGNEVIST --SEE-- **GADOPENTETATE DIMEGLUMINE**

MAG-OX --SEE-- **MAGNESIUM OXIDE**

MALOGEN --SEE-- **TESTOSTERONE PROPIONATE**

MANDELAMINE --SEE-- **METHENAMINE MANDELATE**

MANNITOL
AHFS 36:40 KIDNEY FUNCTION (DIAGNOSTIC TEST)

MARCAINE --SEE-- **BUPIVACAINE**

MATULANE --SEE-- **PROCARBAZINE**

MAXITROL --SEE-- **NEOMYCIN & POLYMIXIN B & DEXAMETHASONE**

MAXZIDE --SEE-- TRIAMTERENE & HYDROCHLOROTHIAZIDE

MAZICON --SEE-- **FLUMAZENIL**

MEASLES, MUMPS, RUBELLA VACCINE (eg. MMR II)
AHFS 80:12 VACCINES

MEBENDAZOLE (eg. VERMOX)
AHFS 8:08 ANTHELMINTICS

MECHLORETHAMINE HCL (eg. MUSTARGEN, NITROGEN MUSTARD, MUSTINE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MECLIZINE HCL (eg. ANTIVERT)
AHFS 56:22 ANTI-EMETICS

MEDIPLAST --SEE-- **SALICYLIC ACID**

MEDROXYPROGESTERONE ACETATE (CYCRIN)
AHFS 68:32 PROGESTINS
** MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE**

MEGACE --SEE-- **MEGESTROL ACETATE**

MEGESTROL ACETATE (eg. MEGACE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MELLARIL --SEE-- **THIORIDAZINE**

MELPHALAN (eg. ALKERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MEPERIDINE HCL (eg. DEMEROL)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS**
** ORAL FORM NOT APPROVED**
** PILL LINE ONLY **

MEPIVACAINE HCL (eg. CARBOCAINE, POLOCAINE)
AHFS 72:00 LOCAL ANESTHETICS

MERCAPTOPURINE (eg. 6-MP, PURINETHOL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MESALAMINE (eg. ASACOL, ROWASA)
AHFS 56:40 MISCELLANEOUS GI DRUGS
*** USE IN SULFASALAZINE FAILURE OR ALLERGY ***

MESNA (eg. MESNEX, UROMITEXAN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

MESNEX --SEE-- **MESNA**

MESTINON --SEE-- **PYRIDOSTIGMINE BROMIDE**

METAMUCIL --SEE-- **PSYLLIUM HYDROPHILIC COLLOID**

METAPROTERENOL SULFATE (eg. ALUPENT)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
** ORAL TABLETS NOT APPROVED **

▬ **METFORMIN** (eg. GLUCOPHAGE)
AHFS 68:20.92 ANTIDIABETIC AGENTS
** PHYSICIAN INITIATION ONLY **

METHADONE HCL
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS **
** TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF

ADMINISTRATION **

 # METHENAMINE MANDELATE (eg. MANDELAMINE)
AHFS 8:36 URINARY ANTI-INFECTIVES

METHERGINE --SEE-- **METHYLERGONOVINE**

METHIMAZOLE (eg. TAPAZOLE)
AHFS 68:36.08 ANTITHYROID AGENTS

 # METHOTREXATE SODIUM (eg. MTX)
AHFS 10:00 ANTINEOPLASTIC DRUGS

METHOXSALEN (eg. 8-MOP, OXSORALEN)
AHFS 84:50 PIGMENTING AGENTS

METHYLENE BLUE
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

METHYLERGONOVINE MALEATE (eg. METHERGINE)
AHFS 76:00 OXYTOCICS

METHYLPHENIDATE HCL (eg. RITALIN)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:20 RESPIRATORY & CEREBRAL STIMULANTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS **
** PILL LINE ONLY **

**METHYLPREDNISOLONE** (eg. DEPO-MEDROL, SOLU-MEDROL)
AHFS 68:04 ADRENALS

METHYLTESTOSTERONE (eg. ANDROID, ORETON)
CONTROLLED SUBSTANCE (C-III)
AHFS 68:08 ANDROGENS
** PHYSICIAN USE ONLY**
** ORDER MAY NOT EXCEED 30 DAYS**
** PILL LINE ONLY **
** TOPICAL PATCH NOT APPROVED **

METOCLOPRAMIDE HCL (eg. REGLAN)
AHFS 56:40 MISC. GI DRUGS

METOLAZONE (eg. DIULO, ZAROXLYN)
AHFS 40:28 DIURETICS

METOPROLOL TARTRATE (eg. LOPRESSOR)
AHFS 24:04 CARDIAC DRUGS

METROGEL --SEE-- **METRONIDAZOLE**

METRONIDAZOLE (eg. FLAGYL, METROGEL, PROTOSTAT)
AHFS 8:40 MISC. ANTI-INFECTIVES
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
** INJECTION LIMITED TO PATIENTS THAT ARE NPO **

MEVACOR --SEE-- **LOVASTATIN**

MEXELITINE (eg. MEXITIL)
AHFS 24:04 CARDIAC DRUGS
** CARDIOLOGIST INITIATED THERAPY ONLY **

MEXITIL --SEE-- **MEXELITINE**

MICONAZOLE NITRATE (eg. MONISTAT-7)
AHFS 84:04.08 TOPICAL ANTIFUNGALS

MICRONASE --SEE-- **GLYBURIDE**

MIDAZOLAM HCL (eg. VERSED)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
** PHYSICIAN USE ONLY **
** FOR ANESTHESIA/SURGERY USE ONLY**

MIDRIN --SEE-- **ISOMETHEPTENE & DICHLORPHENAZONE & ACETAMINOPHEN**

MILK OF MAGNESIA --SEE-- **MAGNESIUM HYDROXIDE**

MINERAL OIL (HEAVY MINERAL OIL)
AHFS 56:12 CATHARTICS AND LAXATIVES

MINIPRESS --SEE-- **PRAZOSIN**

MINOXIDIL (eg. LONITEN)
AHFS 24:08 HYPOTENSIVE AGENTS

MIOCHOL --SEE --**ACETYLCHOLINE CHLORIDE**

* **MIRTAZAPINE** (eg. REMERON)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

MISOPROSTOL (eg. CYTOTEC)
AHFS 56:40 MISC GI DRUGS

MITHRACIN --SEE-- **PLICAMYCIN**

MITHRAMYCIN --SEE-- **PLICAMYCIN**

MITOMYCIN (eg. MUTAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MITOTANE (eg. LYSODREN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MIVACRON --SEE-- **MIVACURIUM**

MIVACURIUM CHLORIDE (eg. MIVACRON)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

MONISTAT-7 --SEE-- **MICONAZOLE NITRATE**

* **MONTELUKAST** (eg. SINGULAIR)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
** THIRD LINE AGENT **

8-MOP --SEE-- **METHOXSALEN**

MORPHINE SULFATE (eg. DURAMORPH)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS**
** PILL LINE ONLY **

MOTRIN --SEE-- IBUPROFEN

MS CONTIN --SEE-- **MORPHINE SULFATE**

MUCOMYST --SEE-- **ACETYLCYSTEINE**

MULTIVITAMIN --SEE-- **VITAMINS, MULTIPLE**

MUMPS VIRUS VACCINE (eg. MUMPSVAX)
AHFS 80:12 VACCINES

MUPIROCIN (eg. BACTROBAN)
AHFS 84:04.04 TOPICAL ANTIBIOTICS
** PHYSICIAN USE ONLY **

MUSTARGEN --SEE-- **MECHLORETHAMINE**

MUTAMYCIN --SEE-- **MITOMYCIN**

MYAMBUTOL --SEE-- **ETHAMBUTOL**

MYCELEX --SEE-- **CLOTRIMAZOLE**

MYDRIACYL --SEE-- **TROPICAMIDE**

MYLANTA --SEE-- **ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE**

MYLERAN --SEE-- **BUSULFAN**

MYLICON --SEE-- **SIMETHICONE**

MYOCHRYSINE --SEE-- **GOLD SODIUM THIOMALATE**

MYSOLINE --SEE-- **PRIMIDONE**

NADOLOL (eg. CORGARD)
AHFS 24:04 CARDIAC DRUGS

NANDROLONE (eg. DECA-DURABOLIN)

AHFS 10:00 ANTINEOPLASTIC AGENTS
*** MEDICAL CENTER ONLY ***
*** FOR ONCOLOGY USE ONLY ***

NAFCIL --SEE-- **NAFCILLIN**

NAFCILLIN SODIUM (eg. NAFCIL, UNIPEN)
AHFS 8:12.16 PENICILLINS

NALBUPHINE HCL (eg. NUBAIN)
AHFS 28:08.12 OPIATE PARTIAL AGONISTS
PHYSICIAN/DENTIST USE ONLY
LIMITED TO 5 DAYS THERAPY
PRE AND POST-OP THERAPY ONLY

NALOXONE HCL (eg. NARCAN)
AHFS 28:10 OPIATE ANTAGONISTS

NAPHAZOLINE & ANTAZOLINE (eg. VASOCON-A)
AHFS 52:32 EENT VASOCONSTRICTORS

NAPROXEN SODIUM (eg. ANAPROX)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

NARCAN --SEE-- **NALOXONE**

NAVANE --SEE--**THIOTHIXENE**

NEBCIN --SEE-- **TOBRAMYCIN**

NEBUPENT --SEE-- **PENTAMIDINE ISETHIONATE**

NEDOCROMIL SODIUM (eg. TILADE)
AHFS 92:00 MISCELLANEOUS THERAPEUTIC AGENTS

▬ **NEFAZODONE** (eg. SERZONE)
AHFS 28:16.04 ANTIDEPRESSANTS
PHYSICIAN USE ONLY
PILL LINE ONLY

* **NELFINAVIR** (eg. VIRACEPT)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY **

NEO-DECADRON --SEE-- **NEOMYCIN & DEXAMETHASONE**

NEOMYCIN SULFATE
AHFS 8:12.02 AMINOGLYCOSIDES

NEOMYCIN & DEXAMETHASONE (eg. NEO-DECADRON)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
*** ON ORDER OF OPTOMETRIST OR PHYSICIAN ONLY ***

NEOMYCIN & POLYMYXIN B IRRIGANT (eg. NEOSPORIN GU IRRIGANT)
AHFS 84:04.04 TOPICAL ANTIBIOTICS

! **NEOMYCIN & POLYMIXIN B & GRAMICIDIN** (eg. NEOSPORIN OPTH)
AHFS 52:04.04 EENT ANTIBIOTICS
** OPHTHALMIC SOLUTION ONLY**

NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (eg. MAXITROL)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
** ON ORDER OF PHYSICIAN OR OPTOMETRIST ONLY**

NEOMYCIN & POLYMYXIN B & HYDROCORTISONE (eg. CORTISPORIN)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 52:08 TOPICAL ANTI-INFLAMMATORY AGENTS
*** OPHTHALMIC SUSPENSION ON ORDER OF OPTOMETRIST OR PHYSICIAN ONLY ***

NEOSPORIN GU IRRIGANT --SEE-- **NEOMYCIN & POLYMYXIN B**

NEOSTIGMINE METHYLSULFATE (eg. PROSTIGMIN)
AHFS 12:04 PARASYMPATHOMIMETIC AGENTS

NEO-SYNEPHRINE --SEE-- **PHENYLEPHRINE**

NEUPOGEN --SEE-- **FILGASTRIM**

NEURONTIN --SEE-- **GABAPENTIN**

NEUTRA-PHOS --SEE-- **PHOSPHORUS**

! **NEVIRAPINE** (eg. VIRAMUNE)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

NIACIN (eg. NICOTINIC ACID)
AHFS 24:06 ANTILIPEMIC AGENTS
AHFS 88:08 VITAMIN B COMPLEX
*** SLOW-RELEASE DOSAGE FORMS NOT APPROVED ***

NICOTINIC ACID --SEE-- **NIACIN**

* **NIFEDIPINE** (eg. ADALAT CC)

AHFS 24:04 CARDIAC DRUGS
** ADALAT CC ONLY **

NIFEREX --SEE-- **POLYSACCHARIDE-IRON COMPLEX**

NILSTAT --SEE-- **MYCOSTATIN**

NIPRIDE --SEE-- **SODIUM NITROPRUSSIDE**

* **NISOLDIPINE** (eg. SULAR)
AHFS 24:04 CARDIAC DRUGS

NITRO-BID --SEE-- **NITROGLYCERIN**

NITRODISC --SEE-- **NITROGLYCERIN**

NITROFURANTOIN (eg. MACRODANTIN)
AHFS 8:36 URINARY ANTI-INFECTIVES

NITROGEN MUSTARD --SEE-- **MECHLORETHAMINE HCL**

NITROGLYCERIN (eg. NTG, NITROL, NITROSTAT)
AHFS 24:12 VASODILATING AGENTS

NITROL --SEE-- **NITROGLYCERIN**

NITROPRESS --SEE-- **SODIUM NITROPRUSSIDE**

NITROSTAT --SEE-- **NITROGLYCERIN**

NIX --SEE-- **PERMETHRIN**

NIZORAL --SEE-- **KETOCONAZOLE**

NOCTEC --SEE-- **CHLORAL HYDRATE**

NOLVADEX --SEE-- **TAMOXIFEN CITRATE**

NORCURON --SEE-- **VERCURONIUM**

NOREPINEPHRINE BITARTRATE (eg. LEVOPHED)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

NORETHINDRONE ACETATE (eg. AYGESTIN, NORLUTATE)
AHFS 68:32 PROGESTINS

NORETHINDRONE & ETHINYL ESTRADIOL (eg. ORTHO NOVUM 7/7/7)
AHFS 68:12 CONTRACEPTIVES

NORETHINDRONE & ETHINYL ESTRADIOL (eg. NORINYL 1+35, ORTHO NOVUM 1/35)
AHFS 68:12 CONTRACEPTIVES

NORETHINDRONE & MESTRANOL (eg. NORINYL 1+50, ORTHO NOVUM 1/50)
AHFS 68:12 CONTRACEPTIVES

NORINYL 1+35 --SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

NORINYL 1+50 --SEE-- **NORETHINDRONE & MESTRANOL**

NORLUTATE --SEE-- **NORETHINDRONE ACETATE**

NORMIFLO --SEE-- **ALDEPARIN**

NORMODYNE --SEE-- **LABETOLOL**

NORPACE --SEE-- **DISOPYRAMIDE**

NORPRAMIN --SEE-- **DESIPRAMINE**

NORTRIPTYLINE HCL (eg. AVENTYL, PAMELOR)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY**
** PILL LINE ONLY **

NORVASC --SEE-- **AMLODIPINE**

NORVIR --SEE-- RITONAVIR

NOVOLIN --SEE-- **INSULIN**

NUBAIN --SEE-- **NALBUPHINE**

NUPERCAINAL --SEE-- **DIBUCAINE**

NUTRITIONAL SUPPLEMENTS
AHFS 40:20 CALORIC AGENTS
READY-TO-FEED LIQUID
*** PHYSICIAN/DENTIST/DIETICIAN USE ONLY ***
*** FOR BROKEN JAW, TEMPORARY DENTAL PROCEDURES, FORCE FEEDING DURING HUNGER STRIKE, OR THOSE UNABLE TO EAT SOLID FOOD AS A RESULT
OF A MEDICAL PROCEDURE/CONDITION ***
*** USE IN HIV RESTRICTED TO SIGNIFICANT WEIGHT LOSS ***
*** DISPENSE ONLY ONE CAN AT A TIME ***
*** PILL LINE ONLY ***

NYSTATIN (eg. MYCOSTATIN, NILSTAT)
AHFS 84:04.08 TOPICAL ANTIFUNGALS
8:12.04 ANTIFUNGALS

OATMEAL, COLLOIDAL (eg. AVEENO OILATED BATH)
AHFS 84:36 MISC TOPICAL AGENTS
*** INPATIENT USE ONLY ***

OCEAN NASAL SPRAY --SEE-- **SODIUM CHLORIDE**

OCTREOTIDE ACETATE (eg. SANDOSTATIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

! **OLANZAPINE** (eg. ZYPREXA)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY**
** PILL LINE ONLY**

OMNIPEN --SEE-- **AMPICILLIN SODIUM**

ONCOVIN --SEE-- VINCRISTINE

ONDANSETRON HCL (eg. ZOFRAN)
AHFS 56:22 ANTIEMETICS
RESTRICTED TO POST-SURGERY & CHEMOTHERAPY USE ONLY

OPHTHAINE --SEE-- **PROPACAINE**

 # OPIUM AND BELLADONNA SUPPOSITORIES (eg. B & O)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 3 DAYS**
** FOR INPATIENT USE ONLY**

OPTICROM --SEE-- CROMOLYN

ORABASE --SEE-- **GELATIN/PECTIN/SODIUM CARBOXYMETHYLCELLULOSE GEL**

ORETON --SEE-- **METHYLTESTOSTERONE**

ORTHO NOVUM 1/35 --SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

ORTHO NOVUM 1/50 --SEE-- **NORETHINDRONE & MESTRANOL**

ORTHO NOVUM 7/7/7 --SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

OS-CAL 250+D --SEE-- **CALCIUM CARBONATE WITH VITAMIN D**

OXIDIZED CELLULOSE (eg. SURGICEL, OXYCEL)
92:00 UNCLASSIFIED THERAPEUTIC AGENTS

OXSORALEN --SEE-- **METHOXSALEN**

OXYBUTYNIN CHLORIDE (eg. DITROPAN)
AHFS 86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYCEL --SEE-- **OXIDIZED CELLULOSE**

OXYCODONE & ACETAMINOPHEN (eg. PERCOCET)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
*** PHYSICIAN USE ONLY ***
*** ORDER MAY NOT EXCEED 3 DAYS ***
*** PILL LINE ONLY ***

OXYTOCIN (eg. PITOCIN)
AHFS 76:00 OXYTOCICS

PACLITAXEL (eg. TAXOL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

PAMELOR --SEE-- **NORTRIPTYLINE**

PAMIDRONATE DISODIUM (eg. AREDIA)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

PANCRELIPASE (eg. VIOKASE)
AHFS 56:16 DIGESTANTS

PANCURONIUM (eg. PAVULON)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

PARAPLATIN --SEE-- **CARBOPLATIN**

PARENTERAL NUTRITION
AHFS: 40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

PARLODEL --SEE-- **BROMOCRIPTINE**

▬ **PAROXETINE** (eg. PAXIL)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

PAVULON --SEE-- **PANCURONIUM**

PAXIL --SEE-- **PAROXETINE**

*** PEAK FLOW METER** (eg. ASSESS)

\# **PENICILLAMINE** (eg. CUPRIMINE)
AHFS 64:00 HEAVY METAL ANTAGONISTS

\# **PENICILLIN G, BENZATHINE** (eg. BICILLIN L-A)
AHFS 8:12.16 PENCILLINS

\# **PENCILLIN G, POTASSIUM**
AHFS 8:12.16 PENCILLINS

\# **PENCILLIN G, PROCAINE** (eg. CRYSTICILLIN, WYCILLIN)
AHFS 8:12.16 PENCILLINS

\# **PENCILLIN V POTASSIUM** (eg. PEN VK)
AHFS 8:12.16 PENCILLINS

\# **PENTAGASTRIN** (eg. PEPTAVLON)
AHFS 36:36 GASTRIC FUNCTION (DIAGNOSTIC TEST)

PENTAMIDINE ISETHIONATE (eg. NEBUPENT, PENTAM)
AHFS 8:40 MISC. ANTI-INFECTIVES

PENTOTHAL --SEE-- **THIOPENTAL SODIUM**

PENTOXIFYLLINE (eg. TRENTAL)
AHFS 20:24 HEMORRHEOLOGIC AGENTS

PEPTAVLON --SEE-- **PENTAGASTRIN**

PEPTO-BISMOL --SEE-- **BISMUTH SUBSALICYLATE**

PERCOCET --SEE-- **OXYCODONE/ACETAMINOPHEN**

PERIACTIN --SEE-- **CYPROHEPTADINE HCL**

PERIDEX --SEE-- **CHLORHEXIDINE GLUCONATE**

PERMETHRIN (eg. NIX, ELIMITE)
AHFS 84:04.12 SCABICIDES AND PEDICULICIDES
** THIS PRODUCT NOT APPROVED FOR PROPHYLAXIS **

PERPHENAZINE (eg. TRILAFON)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

PERSANTINE --SEE-- **DIPYRIDAMOLE**

PETROLATUM
AHFS 96:00 PHARMACEUTICAL AIDS

PHENAZOPYRIDINE HCL (eg. PYRIDIUM)
AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

PHENERGAN --SEE-- **PROMETHAZINE**

PHENOBARBITAL
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES
AHFS 28:24.04 BARBITURATES
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS ***
** PILL LINE ONLY **

PHENOXYBENZAMINE HCL (eg. DIBENZYLINE)
AHFS 12:16 SYMPATHOLYTIC AGENTS

PHENTOLAMINE MESYLATE (eg. REGITINE)
AHFS 12:16 SYMPATHOLYTIC AGENTS

PHENYLEPHRINE HCL (eg. NEO-SYNEPHRINE)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
AHFS 52:24 EENT MYDRIATICS
AHFS 52:32 EENT VASOCONSTRICTOR
NASAL PREPARATIONS NOT APPROVED

PHENYTOIN (eg. DILANTIN)
AHFS 28:12.12 ANTICONVULSANTS: HYDANTOINS
*** NON-SUBSTITUTABLE -- USE DILANTIN ONLY IN ORAL FORMULATION***
*** USE SUSPENSION WITH CAUTION ***

PHOS-EX --SEE-- **CALCIUM ACTATE**

PHOSLO --SEE-- **CALCIUM ACETATE**

PHOSPHOLINE IODIDE --SEE-- **ECHOTHIOPATE**

PHOSPHORUS (eg. NEUTRA-PHOS)
AHFS 40:12 REPLACEMENT PREPARATIONS

PHYSOSTIGMINE SALICYLATE (eg. ANTILIRIUM)
AHFS 12:04 PARASYMPATHOMIMETIC AGENTS

PHYTONADIONE (eg. VITAMIN K-1, MEPHYTON, AQUA-MEPHYTON)
AHFS 88:24 VITAMIN K ACTIVITY

PILOCAR --SEE-- **PILOCARPINE**

PILOCARPINE (eg. ISOPTO-CARPINE, PILOCAR)
AHFS 52:20 EENT MIOTICS

PINDOLOL (eg. VISKEN)
AHFS 24:08 HYPOTENSIVE AGENTS

*** PIPERACILLIN/TAZOBACTAM** (eg. ZOSYN)
AHFS 8:12.07 MISC B-LACTAM ANTIBIOTICS
MEDICAL CENTER ONLY

PIROXICAM (eg. FELDENE)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

PITOCIN --SEE-- **OXYTOCIN**

PLAQUENIL --SEE-- **HYDROXYCHLOROQUINE**

PLASMA PROTEIN FRACTION (eg. PLASMANATE, PPF)
AHFS 16:00 BLOOD DERIVATIVES

PLASMANATE --SEE-- **PLASMA PROTEIN FRACTION**

PLATINOL --SEE-- **CISPLATIN**

PLAVIX –-SEE–- **CLOPIDOGREL**

PLICAMYCIN (eg. MITHRACIN, MITHRAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

PNEUMOCOCCAL VACCINE, POLYVALENT (eg. PNEUMOVAX, PNU-IMUNE)
AHFS 80:12 VACCINES

PNEUMOVAX --SEE-- **PNEUMOCOCCAL VACCINE**

PNU-IMUNE --SEE-- **PNEUMOCOCCAL VACCINE, POLYVALENT**

PODOPHYLLUM (eg. CONDYLOX)
AHFS 84:28 KERATOLYTIC AGENTS

POLOCAINE --SEE-- **MEPIVACAINE**

POLYCITRA K --SEE-- **POTASSIUM CITRATE/CITRIC ACID**

POLYETHYLENE GLYCOL-ELECTROLYTE SOLUTION (eg. GOLYTELY)
AHFS 56:12 CATHARTICS AND LAXATIVES

POLYMOX --SEE-- **AMOXICILLIN TRIHYDRATE**

* **POLYMIXIN B AND BACITRACIN** (eg. POLYSPORIN)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 84:04.04 TOPICAL ANTIBIOTICS

POLYSACCHARIDE-IRON COMPLEX (eg. NIFEREX)
AHFS 20:04:04 IRON PREPARATIONS
*** RESTRICTED TO DIAYLSIS PATIENTS ***

PONTOCAINE --SEE-- **TETRACAINE**

POTASSIUM CHLORIDE (KCL)
AHFS 40:12 REPLACEMENT PREPARATIONS

▬ **POTASSIUM CITRATE** (eg. UROCIT K)
AHFS 40:12 REPLACEMENT PREPS

POTASSIUM IODIDE/IODINE (eg. LUGOL'S SOLUTION, STRONG IODINE)

AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

POVIDONE IODINE (eg. BETADINE)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

PPD --SEE-- **TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**

PPF --SEE-- **PLASMA PROTEIN FRACTION**

PRAZOSIN HCL (eg. MINIPRESS)
AHFS 24:08 HYPOTENSIVE AGENTS

PRED FORTE --SEE-- **PREDNISOLONE ACETATE**

PRED MILD --SEE-- **PREDNISOLONE ACETATE**

PREDNISOLONE ACETATE (eg. PRED MILD, PRED FORTE)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
*** OPTOMETRIST OR PHYSICIAN USE ONLY ***

PREDNISOLONE ACETATE/SULFACETAMIDE
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
52:04.08 EENT SULFONAMIDES
*** OPTOMETRIST OR PHYSICIAN USE ONLY ***

PREDNISONE (eg. DELTASONE, ORASONE)
AHFS 68:04 ADRENALS

PREMARIN --SEE-- **ESTROGENS, CONJUGATED**

PRENATAL VITAMINS --SEE-- **VITAMINS, PRENATAL**

PREVACID --SEE-- **LANSOPRAZOLE**

PRIMIDONE (eg. MYSOLINE)
AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES
*** PILL LINE ITEM ***

PRINIVIL --SEE-- **LISINOPRIL**

PROBENECID (eg. BENEMID)
AHFS 40:40 URICOSURIC AGENTS

PROCAINAMIDE HCL (eg. PRONESTYL, PROCAN SR)
AHFS 24:04 CARDIAC DRUGS

PROCAN-SR --SEE-- **PROCAINAMIDE**

PROCARBAZINE HCL (eg. MATULANE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

PROCHLORPERAZINE (eg. COMPAZINE)
AHFS 28:16.08 TRANQUILIZERS
56:22 ANTI-EMETICS
*** RECTAL SUPPOSITORY FOR INPATIENT USE ONLY ***
*** PHYSICIAN USE ONLY ***

PROCRIT --SEE- **EPOETIN ALFA**

PROGESTIN --SEE-- **PROGESTERONE**

PROGESTERONE (eg. PROGESTIN, GESTEROL)
AHFS 68:32 PROGESTOGENS
*** NOTE: USE OF HORMONES IN TRANSEXUALS REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR ***

PROLIXIN --SEE-- **FLUPHENAZINE**

PROMETHAZINE HCL (eg. PHENERGAN)
AHFS 4:00 ANTIHISTAMINE DRUGS
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES AND HYPNOTICS

PRONESTYL --SEE-- **PROCAINAMIDE**

PROPAFENONE (eg. RHYTHMOL)
AHFS 24:00 CARDIAC DRUGS
*** CARDIOLOGIST-INITIATED THERAPY ONLY ***

PROPARACAINE HCL (eg. OPHTHAINE)
AHFS 52:16 EENT LOCAL ANESTHETICS

PROPINE --SEE-- **DIPIVEFRIN**

PROPOFOL (eg. DIPRIVAN)
AHFS 28:24.92 MISC. ANXIOLYTICS, SEDATIVES, HYPNOTICS

PROPRANOLOL HCL (eg. INDERAL)
AHFS 24:04 CARDIAC DRUGS

PROPYLTHIOURACIL (eg. PTU)
AHFS 68:36.08 ANTITHYROID AGENTS

PROSCAR --SEE-- **FINASTERIDE**

PROSTIGMIN --SEE-- **NEOSTIGMINE**

PROTAMINE SULFATE
AHFS 20:12.08 ANTIHEPARIN AGENTS

PROTOSTAT --SEE-- **METRONIDAZOLE**

PROVENTIL --SEE-- **ALBUTEROL**

PROZAC --SEE-- **FLUOXETINE HCL**

PSYLLIUM HYDROPHILIC MUCILLOID (eg. METAMUCIL)
AHFS 56:12 CATHARTICS AND LAXATIVES

PURINETHOL --SEE-- **MERCAPTOPURINE**

PYRAZINAMIDE (eg. PZA)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ONLY **

PYRIDIUM --SEE-- **PHENAZOPYRIDINE**

PYRIDOSTIGMINE BROMIDE (eg. MESTINON, REGONOL)
AHFS 12:04:04 PARASYMPATHOMIMETIC AGENTS

PYRIDOXINE HCL (eg. VITAMIN B-6)
AHFS 88:08 VITAMIN B COMPLEX

PYRIMETHAMINE (eg. DARAPRIM)
AHFS 8:20 ANTIMALARIAL AGENTS

*** QUETIAPINE** (eg. SEROQUEL)
AHFS 28:16.08 TRANZUILIZERS
PHYSICIAN USE ONLY
***PILL LINE ONLY ***

QUINAGLUTE --SEE-- **QUINIDINE GLUCONATE**

QUINIDINE GLUCONATE (eg. QUINAGLUTE)
AHFS 24:04 CARDIAC DRUGS
*** NON-SUBSTITUTABLE -- USE **QUINAGLUTE** ONLY ***

QUINIDINE SULFATE
AHFS 24:04 CARDIAC DRUGS

*** RANITIDINE** (eg. ZANTAC)
AHFS 56:40 MISC GI DRUGS

REBETRON –-SEE—- **INTERFRON ALFA 2B/RIBAVIRIN**

RECITINE --SEE-- **PHENTOLAMINE**

RECOMBIVAX-HB --SEE-- **HEPATITIS B VIRUS VACCINE INACTIVATED**

REGLAN --SEE-- **METOCLOPRAMIDE**

REGONOL --SEE-- **PYRIDOSTIGMINE**

REMAGEL --SEE-- **SEVELAMER**

REMERON --SEE-- **MIRTAZAPINE**

RENO-M --SEE-- **DIATRIZOATE MEGLUMINE**

RESCRIPTOR --SEE-- **DELAVIRDINE**

▬ **RESERPINE** (eg. SERPASIL)
AHFS 24:08 HYPOTENSIVE AGENT
** PHYSICIAN USE ONLY***
** FOR HYPERTENSION ONLY***

RESTORIL --SEE-- **TEMAZEPAM**

RETROVIR --SEE-- **ZIDOVUDINE**

R-GENE 10 --SEE-- **ARGININE HCL**

RHo IMMUNE GLOBULIN (eg. RHoGAM)
AHFS 80:04 SERUMS

RIFADIN --SEE-- **RIFAMPIM**

RIFABUTIN (eg. MYCOBUTIN)
AHFS 8:16 AGENTS

RIFAMPIN (eg. RIFADIN)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ONLY **

RINGERS, LACTATED INJECTION
AHFS 40:12 REPLACEMENT PREPARATIONS

RISPERIDONE (eg. RISPERDAL)
AHFS 28:16.08 TRANQUILIZERS
** PILL LINE ONLY **
** PHYSICIAN USE ONLY***

RITALIN --SEE-- **METHYLPHENIDATE**

RITODRINE HCL (eg. YUTOPAR)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

! **RITONAVIR** (eg. NORVIR)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

ROBINUL --SEE-- **GLYCOPYRROLATE**

ROCALTROL --SEE-- **CALCITROL**

ROCEPHIN --SEE-- **CEFTRIAXONE**

ROFERON-A --SEE-- **INTERFERON, ALFA-2A**

ROWASA --SEE-- **MESALAMINE**

RUFEN --SEE-- **IBUPROFEN**

RYTHMOL --SEE-- **PROPAFENONE**

SALICYLIC ACID (eg. KERALYT, MEDIPLAST)
AHFS 84:28 KERATOLYTIC AGENTS

SALIVA SUBSTITUTE (eg. XERO-LUBE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

**SALSALATE** (eg. DISALCID)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SANDIMMUNE --SEE-- **CYCLOSPORINE**

SANDOSTATIN --SEE-- **OCTREOTIDE ACETATE**

SANTYL --SEE-- COLLAGENASE

SARNA --SEE-- **CAMPHOR & MENTHOL LOTION**

▬ **SAQUINAVIR** (eg. FORTOVASE)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY **
** INVIRASE NOT APPROVED **

SCOPOLAMINE (eg. TRANSDERM-SCOP)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
AHFS 56:22 ANTIEMETICS (PATCHES)

SECRETIN
AHFS 36:61 PANCREATIC FUNCTION (DIAGNOSTIC TEST)

SELEGILINE (eg. DEPRENYL, ELDEPRYL)
AHFS 12:08.04 ANTIPARKINSONIAN AGENTS

SELENIUM SULFIDE (eg. EXSEL, SELSUN)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

SELSUN --SEE-- **SELENIUM SULFIDE**

***** **SENNA** (eg. X-PREP)
AHFS 56:12 CATHARTICS AND LAXATIVES

SENSORCAINE --SEE-- **BUPIVACAINE HCL**

SEPTRA DS --SEE-- **TRIMETHOPRIM & SULFAMETHOXAZOLE**

SEROQUEL --SEE-- **QUETIAPINE**

SERPASIL --SEE-- **RESERPINE**

SERTRALINE (eg. ZOLOFT)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

SERZONE --SEE-- **NEFAZODONE**

* **SEVELAMER** (eg. RENAGEL)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

! **SEVOFLURANE** (eg. ULTANE)
AHFS 28:04 UNCLASSIFIED THERAPEUTIC AGENTS

SHOHL'S SOLUTION --SEE-- **SODIUM CITRATE AND CITRIC ACID**

SILVADENE --SEE-- **SILVER SULFADIAZINE**

SILVER NITRATE
AHFS 52:04.12 MISC. EENT ANTI-INFECTIVES

SILVER SULFADIAZINE (eg. SILVADENE, SSD)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

SIMETHICONE (eg. MYLICON)
AHFS 56:10 ANTIFLATULENTS

* **SIMVASTATIN** (eg. ZOCOR)
AHFS 24:06 ANTILIPEMIC AGENTS
** PHYSICIAN USE ONLY**
** INITIATE THERAPY ONLY AFTER LOVASTATIN FAILURE **

SINCALIDE
AHFS 36:34 GALLBLADDER FUNCTION (DIAGNOSTIC TEST)

SINEMET --SEE-- **LEVODOPA/CARBIDOPA**

SINEQUAN --SEE-- **DOXEPIN**

SINGULAIR --SEE-- **MONTELUKAST**

SODA MINTS --SEE-- **SODIUM BICARBONATE**

SODIUM BICARBONATE
AHFS 40:08 ALKALINIZING AGENTS
AHFS 56:04 ANTACIDS AND ADSORBENTS

SODIUM BISULFITE
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM CHLORIDE (eg. OCEAN)
AHFS 40:12 REPLACEMENT PREPARATIONS
40:36 IRRIGATING SOLUTIONS
52:36 MISC. EENT DRUGS

SODIUM CITRATE AND CITRIC ACID (eg. SHOHL'S SOLUTION, BICITRA)
AHFS 40:08 ALKALINIZING AGENTS
USE RESTRICTED TO CHRONIC RENAL DISEASE

SODIUM HYALURONATE (eg. HEALON, AMVISC)
AHFS 92;00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM NITROPRUSSIDE (eg. NIPRIDE)
AHFS 24:08 HYPOTENSIVE AGENTS
CHECK METABOLITES

SODIUM PHOSPHATE & SODIUM BIPHOSPHATE (eg. FLEETS ENEMA)
AHFS 56:12 CATHARTICS AND LAXATIVES

SODIUM POLYSTYRENE SULFONATE (eg. KAYEXALATE)
AHFS 40:18 POTASSIUM-REMOVING RESIN

SODIUM SALICYLATE
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SOLU-CORTEF --SEE-- **HYDROCORTISONE**

SOLU-MEDROL --SEE-- **METHYLPREDNISOLONE**

SORBITOL
AHFS 56:12 CATHARTICS AND LAXATIVES

SOTALOL (eg. BETAPACE)
AHFS 24:00 CARDIAC DRUGS
*** CARDIOLOGIST-INITIATED THERAPY ONLY ***

SPIRONOLACTONE (eg. ALDACTONE)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

SSD --SEE-- **SILVER SULFADIAZINE**

STADOL --SEE-- **BUTORPHANOL**

▬ **STAVUDINE** (eg. ZERIT, D4T)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY***

STELAZINE --SEE-- **TRIFLUOPERAZINE**

STREPTOKINASE
AHFS 20:40 THROMBOLYTIC AGENTS

STREPTOMYCIN SULFATE
AHFS 8:12.02 AMINOGLYCOSIDES

SUBLIMAZE --SEE-- **FENTANYL**

SUCCINYLCHOLINE CHLORIDE (eg. ANECTINE)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

SUCRALFATE (eg. CARAFATE)
AHFS 56:40 MISC. GI DRUGS

SULAMYD --SEE-- **SULFACETAMIDE SODIUM**

SULAR --SEE-- **NISOLDIPINE**

SULFACETAMIDE SODIUM (eg. SULAMYD)
AHFS 52:04.08 EENT SULFONAMIDES

SULFADIAZINE
AHFS 8:24 SULFONAMIDES

SULFASALAZINE (eg. AZULFIDINE)
AHFS 8:24 SULFONAMIDES

SULINDAC (eg. CLINORIL)
AHFS 28:08.04 NONSTERIODAL ANTI-INFLAMMATORY AGENTS

SUMATRIPTAN (eg. IMITREX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SUMYCIN --SEE-- **TETRACYCLINE**

SUNSCREEN
AHFS 84:80 SUNSCREEN AGENTS

SUPRANE --SEE-- **DESFLURANE**

SURGICEL --SEE-- **OXIDIZED CELLULOSE**

SUS-PHRINE --SEE-- **EPINEPHRINE**

SUSTIVA –-SEE–- **EFAVIRENZ**

SYMMETREL --SEE-- **AMANTADINE**

SYNTHROID --SEE-- **LEVOTHYROXINE**

TACE --SEE-- **CHLOROTRIANISENE**

TAGAMET --SEE-- **CIMETIDINE**

TAMOXIFEN CITRATE (eg. NOLVADEX)
AHFS 10:00 ANTINEOPLASTIC AGENTS

TAPAZOLE --SEE-- **METHIMAZOLE**

TAXOL –- SEE –- **PACLITAXEL**

TAZICEF –- SEE –- **CEFTAZIDIME**

TAZIDIME –-SEE–- **CEFTAZIDIME**

TEARS, ARTIFICIAL (eg. ARTIFICIAL TEARS, TEARS NATURALE)
AHFS 52:36 MISC. EENT DRUGS

TEGRETOL --SEE-- **CARBAMAZEPINE**

TELEPAQUE --SEE-- **IOPANOIC ACID**

TEMAZEPAM (eg. RESTORIL)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **
** ORDERS MAY NOT EXCEED 7 DAYS IN ANY 6 MONTH PERIOD**
** LIMITED TO MEDICAL CENTERS ONLY**

TEMOVATE --SEE-- CLOBETASOL

TENORMIN --SEE-- **ATENOLOL**

TENSILON --SEE-- **EDROPHONIUM**

TERAZOL --SEE-- **TERCONAZOLE**

TERBUTALINE SULFATE (eg. BRETHINE, BRICANYL)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

TERCONAZOLE (eg. TERAZOL-3)
AHFS 84:04.08 ANTIFUNGALS

TESSALON --SEE-- **BENZONATATE**

TESTEX --SEE-- **TESTOSTERONE PROPIONATE**

TESTOSTERONE CYPIONATE (eg. DEPO-TESTOSTERONE, DURATEST)
CONTROLLED SUBSTANCE (C-III)
AHFS 68:08 ANDROGENS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS**
** PILL LINE ONLY **
** THERAPY MUST BE INITITED BY ONCOLOGIST OR ENDOCRINOLOGIST***

TESTOSTERONE ENANTHATE (eg. ANDRO L.A., DELATESTRYL)
CONTROLLED SUBSTANCE (C-III)
AHFS 68:08 ANDROGENS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS**
** PILL LINE ONLY **
** THERAPY MUST BE INITIATED BY ONCOLOGIST OR ENDOCRINOLOGIST**

TESTOSTERONE PROPIONATE
CONTROLLED SUBSTANCE (C-III)
AHFS 68:08 ANDROGENS
** PHYSICIAN USE ONLY **
** ORDER MAY NOT EXCEED 30 DAYS**
** PILL LINE ONLY **
** THERAPY MUST BE INITIATED BY ONCOLOGIST OR ENDOCRINOLOGIST**

TETANUS IMMUNE GLOBULIN (eg. HYPERTET, TIG)
AHFS 80:04 SERUMS

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (ADULT)
AHFS 80:08 TOXOIDS

TETRACAINE HCL (eg. PONTOCAINE)
AHFS 52:16 EENT LOCAL ANESTHETICS

TETRACYCLINE (eg. ACHROMYCIN V, SUMYCIN)
AHFS 8:12.24 TETRACYCLINES

THEOCRON --SEE-- **THEOPHYLLINE**

THEOPHYLLINE ANHYDROUS (eg. THEOCRON)
AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS
** NON-SUBSTITUTABLE--USE **THEOCRON** ONLY **

THIAMINE HCL (VITAMIN B-1)
AHFS 88:08 VITAMIN B COMPLEX

THIABENDAZOLE (eg. MINTEZOL)
AHFS 8:08 ANTIHELMINTICS

THIOGUANINE
AHFS 10:00 ANTINEOPLASTIC AGENTS

THIOPENTAL SODIUM (eg. PENTOTHAL)
CONTROLLED SUBSTANCE (C-III)
AHFS 28:00 ANESTHETICS, BARBITURATE
** PHYSICIAN USE ONLY **
** FOR SURGERY/ANESTHESIA USE ONLY**

THIORIDAZINE HCL (eg. MELLARIL)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

THIOTEPA
AHFS 10:00 ANTINEOPLASTIC AGENTS

THIOTHIXENE (eg. NAVANE)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY**
** PILL LINE ONLY **

THORAZINE --SEE-- **CHLORPROMAZINE**

THROMBIN, BOVINE
AHFS 20:12.16 HEMOSTATICS

THYTROPAR --SEE-- **THYROTROPIN**

THYROTROPIN (eg. THYTROPAR, TSH)
AHFS 36:60 THYROID FUNCTION (DIAGNOSTIC TEST)

TIG --SEE-- **TETANUS IMMUNE GLOBULIN**

TIGAN --SEE-- **TRIMETHOBENZAMIDE**

TILADE --SEE-- **NEDOCROMIL**

TIMOLOL MALEATE (TIMOPTIC)
AHFS 52:36 MISC. EENT DRUGS

TIMOPTIC --SEE-- **TIMOLOL**

TINACTIN --SEE-- **TOLNAFTATE**

TOBRAMYCIN SULFATE (eg. NEBCIN)
AHFS 8:12.02 AMINOGLYCOSIDES
USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE

TOFRANIL --SEE-- **IMIPRAMINE**

TOLNAFTATE (eg. TINACTIN)
AHFS 84:04.08 TOPICAL ANTIFUNGALS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

TORADOL --SEE-- **KETEROLAC**

TPA --SEE-- **ALTEPLASE, RECOMBINANT**

TPN --SEE-- **PARENTERAL NUTRITION**

TRAZODONE HCL (eg. DESYREL)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

TRENTAL --SEE-- **PENTOXIFYLLINE**

TRANSDERM NITRO --SEE-- **NITROGLYCERIN**

TRIAMCINOLONE (eg. ARISTOCORT, KENALOG)
AHFS 68:04 ADRENALS
84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

TRIAMTERENE (eg. DYRENIUM)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

TRIAMTERENE & HYDROCHLOROTHIAZIDE (eg. MAXZIDE)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

TRICITRASOL --SEE--**ANTICOAGULANT SODIUM CITRATE CONCENTRATE**

TRIFLUOPERAZINE HCL (eg. STELAZINE)
AHFS 28:16.08 TRANQUILIZERS
** PHYSICIAN USE ONLY **
**PILL LINE ONLY **

! **TRIFLURIDINE** (eg. VIROPTIC)
AHFS 8:18 ANTIVIRALS
AHFS 52:04.06 EENT ANTIVIRALS
** PHYSICIANS AND OPTOMETRISTS USE ONLY **

TRIHEXYPHENIDYL HCL (eg. ARTANE)
AHFS 12:08.04 ANTIPARKINSONIAN AGENT
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

TRILAFON --SEE-- **PERPHENAZINE**

TRIMETHOBENZAMIDE (eg. TIGAN)
AHFS 56:22 ANTIEMETICS

TRIMETHOPRIM & SULFAMETHOXAZOLE (eg. BACTRIM DS, CO-TRIMOXAZOLE, SEPTRA DS)
AHFS 8:40 MISC. ANTI-INFECTIVES

* **TRIPROLIDINE AND PSEUDOEPHEDRINE** (eg. ACTIFED)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
AHFS 4:00 ANTIHISTAMINE DRUGS
** RESTRICTED TO FIVE DAYS THERAPY ONLY**

TROPICAMIDE (eg. MYDRIACYL)
AHFS 52:24 MYDRIATICS

TRUSOPT --SEE-- **DORZOLAMIDE**

TRYPSIN/BALSAM PERU/CASTOR OIL (eg. GRANULEX)
AHFS 84:36 MISC SKIN AND MUCOUS MEMBRANE AGENTS

TSH --SEE-- **THYROTROPIN**

TUBERCULIN, PURIFIED PROTEIN DERIVATIVE (eg. TUBERSOL)
AHFS 36:84 DIAGNOSTIC AGENTS-TUBERCULOSIS

TUBERSOL --SEE-- **TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**

TYLENOL --SEE-- **ACETAMINOPHEN**

TYLENOL WITH CODEINE --SEE-- **CODEINE/ACETAMINOPHEN**

TYLOXAPOL (eg. ENUCLENE)
AHFS 52:36 MISC EENT DRUGS
** NOTE: FOR ARTIFICIAL EYES **

TYROPANOATE SODIUM (eg. BILOPAQUE)
AHFS 36:68 ROENTGENOGRAPHY

ULTANE --SEE-- **SEVOFLURANE**

UNASYN --SEE-- **AMPICILLIN SODIUM/SULBACTAM SODIUM**

UNIPEN --SEE-- **NAFCILLIN SODIUM**

URACIL MUSTARD (eg. URAMUSTINE)
AHFS 10:00 ANTINEOPLASTIC AGNETS

URECHOLINE --SEE-- **BETHANECHOL**

UROCIT K --SEE-- **POTASSIUM CITRATE**

UROKINASE (eg. ABBOKINASE OPENCATH)
AHFS 20:40 THROMBOLYTIC AGENTS
INJECTION, 5000 IU
*** NO OTHER DOSAGES APPROVED ***
*** FOR USE IN CATHETER CLEARANCE ***

UROMITEXAN --SEE-- **MESNA**

UROVIST --SEE-- **DIATRIZOATE SODIUM**

VALISONE --SEE-- **BETAMETHASONE VALERATE**

VALIUM --SEE-- **DIAZEPAM**

* **VALPROIC ACID** (eg. DEPAKENE)
AHFS 28:12.92 MISC ANTICONVULSANTS
** PILL LINE ITEM WHEN USED AS A PSYCHOTROPIC**

VANCENASE --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCENASE AQ --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCERIL --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCOCIN --SEE-- **VANCOMYCIN**

VANCOMYCIN HCL (eg. VANCOCIN, VANCOR)
AHFS 8:16 ANTIBIOTICS

VANCOR --SEE-- **VANCOMYCIN HCL**

VASOCON-A --SEE-- **NAPHAZOLINE & ANTAZOLINE**

VELBAN --SEE-- **VINBLASTINE**

VELSAN --SEE-- **VINBLASTINE**

VELVACHOL --SEE-- **HYDROPHILIC CREAM**

▬ **VENLAFAXINE** (eg. EFFEXOR)
AHFS 28:16.04 ANTIDEPRESSANTS
** PHYSICIAN USE ONLY **
** PILL LINE ONLY **

VENTOLIN --SEE-- **ALBUTEROL**

VEPESID --SEE-- **ETOPOSIDE**

VERAPAMIL HCL (eg. CALAN, CALAN-SR, ISOPTIN, ISOPTIN-SR)
AHFS 24:04 CARDIAC DRUGS

VECURONUIM BROMIDE (eg. NORCURON)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

VERMOX --SEE-- **MEBENDAZOLE**

VERSED --SEE-- **MIDAZOLAM**

VIBRAMYCIN --SEE-- **DOXYCYCLINE**

VIDEX --SEE-- **DIDANOSINE**

VINBLASTINE SULFATE (eg. VELBAN, VELSAR)
AHFS 10:00 ANTINEOPLASTIC AGENTS

VINCRISTINE (eg. ONCOVIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

VIOKASE --SEE-- **PANCRELIPASE**

VIRACEPT –-SEE–- **NELFINAVIR**

VIRAMUNE --SEE-- **NEVIRAPINE**

VIROPTIC --SEE-- **TRIFLURIDINE**

VISKEN --SEE-- **PINDOLOL**

VITAMIN A & D (eg. A AND D OINTMENT)
AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

VITAMIN B-1 --SEE-- **THIAMINE**

VITAMIN B-6 --SEE-- **PYRIDOXINE**

VITAMIN B-12 --SEE-- **CYANOCOBALAMIN**

VITAMIN C --SEE-- **ASCORBIC ACID**

▬ **VITAMIN E**
AHFS 88:20 VITAMIN E
RESTRICTED TO TREATMENT OF TARDIVE DYSKINESIA

VITAMIN K-1 --SEE-- **PHYTONADIONE**

VITAMINS, MULTIPLE (eg. MVI-12)
AHFS 88:28 MULTIVITAMIN PREPARATIONS

VITAMINS, PRENATAL
AHFS 88:28 MULTIVITAMIN PREPARATIONS

VOLTAREN --SEE-- **DICLOFENAC**

VOSOL-HC --SEE-- **HYDROCORTISONE & ACETIC ACID**

VP-16 --SEE-- **ETOPOSIDE**

WARFARIN SODIUM (COUMADIN)
AHFS 20:12.04 ANTICOAGULANTS
** NON-SUBSTITUTABLE -- USE **COUMADIN** ONLY **

WATER, STERILE
AHFS 40:12 REPLACEMENT PREPARATIONS
AHFS 40:36 IRRIGATING SOLUTIONS

WELLBUTRIN --SEE-- **BUPROPRION**

WELLCOVORIN --SEE-- **LEUCOVORIN CALCIUM**

WITCH HAZEL AND GLYCERIN
AHFS 84:36 MISC. TOPICAL AGENTS

WYCILLIN --SEE-- **PENICILLIN G, PROCAINE**

XERO-LUBE --SEE-- **SALIVA SUBSTITUTE**

X-PREP --SEE-- **SENNA**

XYLOCAINE --SEE-- **LIDOCAINE**

XYLOSE (eg. D-XYLOSE)
AHFS 36:40 KIDNEY FUNCTION

ZALCITABINE (eg. DDC, HIVID)
AHFS 8.20 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

ZERIT --SEE-- **STAVUDINE**

ZESTRIL --SEE-- **LISINOPRIL**

ZIAGEN –-SEE–- **ABACAVIR**

ZIDOVUDINE (eg. AZT, RETROVIR)
AHFS 8.20 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

*** ZIDOVUDINE/LAMIVUDINE** (eg. COMBIVIR)
AHFS 8.20 ANTIVIRALS
** PHYSICIAN INITIATION ONLY**

ZINC OXIDE
AHFS 84:80 SUNSCREEN AGENTS

ZITHROMAX –-SEE–- **AZITHROMYCIN**

ZOFRAN --SEE-- **ONDANSETRON HCL**

ZOLOFT --SEE-- **SETRALINE**

ZOSYN --SEE-- **PIPERACILLIN/TAZOBACTAM**

ZOSTRIX --SEE-- **CAPSAICIN**

ZYPREXA --SEE-- OLANZAPINE

ZYRTEC --SEE-- CETIRIZINE

AHFS CLASSIFICATION

THIS INDEX IS A CROSS-REFERENCED LIST OF THE MEDICATIONS CATALOGED IN THE PRECEDING DRUG FORMULARY. PHARMACOLOGIC CLASSIFICATIONS SHOWN BELOW ARE CONSISTENT WITH THOSE FOUND IN THE AMERICAN HOSPITAL FORMULARY SERVICE.

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 & COAGULATION
24:00 CARDIOVASCULAR DRUGS
28:00 CENTRAL NERVOUS SYSTEM AGENTS
36:00 DIAGNOSTIC AGENTS
40:00 ELECTROLYTIC, CALORIC, & WATER BALANCE
44:00 ENZYMES
48:00 ANTITUSSIVES, EXPECTORANTS & MUCOLYTIC AGENTS
52:00 EYE, EAR, NOSE & THROAT PREPARATIONS
56:00 GASTORINTESTINAL DRUGS
60:00 GOLD COMPOUNDS
68:00 HORMONES & SYNTHETIC SUBSTITUTES
72:00 LOCAL ANESTHETICS
76:00 OXYTOCICS
80:00 SERUMS, TOXOIDS, & VACCINES
84:00 SKIN & MUCOUS MEMBRANE AGENTS
86:00 SMOOTH MUSCLE RELAXANTS
88:00 VITAMINS
92:00 UNCLASSIFIED THERAPEUTIC AGENTS

4:00 ANTIHISTAMINE DRUGS

CETIRIZINE (ZYRTEC)
CHLORPHENIRAMINE MALEATE (CTM)
CYPROHEPTADINE (PERIACTIN)
DIPHENHYDRAMINE (BENADRYL)
PROMETHAZINE (PHENERGAN)
TRIPROLIDINE & PSEUDOEPHEDRINE (ACTIFED)
See also: Cimetidine 56:22
Hydroxyzine 28:24.92
Meclizine 56:22.00

8:00 ANTI-INFECTIVE AGENTS

8:04 AMEBICIDES

See also:
Metronidazole 8:40

8:08 ANTHELMINTICS

MEBENDAZOLE (VERMOX)
THIABENDAZOLE (MINTEZOL)

8:12 ANTIBIOTICS

8:12.02 AMINOGLYCOSIDES

GENTAMYCIN (GARAMYCIN)
NEOMYCIN SULFATE
STREPTOMYCIN
TOBRAMYCIN (NEBCIN)

8:12.04 ANTIFUNGAL ANTIBIOTICS

AMPHOTERICIN B (FUNGIZONE)
CLOTRIMAZOLE (MYCELEX)
FLUCONAZOLE (DIFLUCAN)
ITRACONAZOLE (SPORONOX)
KETOCONAZOLE (NIZORAL)
NYSTATIN (MYCOSTATIN)

8:12.06 CEPHALOSPORINS

CEFAZOLIN (ANCEF, KEFZOL)
CEFTAZIDIME (FORTAZ, TAZIDIME)
CEFTRIAXONE (ROCEPHIN)
CEPHALEXIN (KEFLEX)

8:12.07 MISC. B-LACTAM ANTIBIOTICS

PIPERACILLIN/TAZOBACTAM (ZOSYN)

8:12.12 ERYTHROMYCINS

ERYTHROMYCIN
AZITHROMYCIN (ZITHROMAX)
CLARITHROMYCIN (BIAXIN)

8:12.16 PENICILLINS

AMOXICILLIN
AMOXICILLIN & CLAVULANIC ACID (AUGMENTIN)
AMPICILLIN SODIUM
AMPICILLIN & SULBACTAM (UNASYN)
DICLOXACILLIN (DYNAPEN)
NAFCILLIN (NAFCIL)
PENICILLIN G, BENZATHINE (BICILLIN LA)
PENICILLIN G, POTASSIUM
PENICILLIN G, PROCAINE (WYCILLIN)
PENICILLIN V, POTASSIUM (PEN VK)

8:12.24 TETRACYCLINES

DEMECLOCYCLINE (DECLOMYCIN)
DOXYCYCLINE (VIBRAMYCIN)
TETRACYCLINE

8:12.28 MISC. ANTIBIOTICS

CLINDAMYCIN (CLEOCIN)
VANCOMYCIN (VANCOCIN)

8:16 ANTITUBERCULOSIS AGENTS

AMINOSALICYLATE SODIUM (PARA-AMINOSALICYLATE)
ETHAMBUTOL (MYAMBUTOL)
ISONIAZID (INH)
PYRAZINAMIDE (PZA)
RIFABUTIN (MYCOBUTIN)
RIFAMPIN

see also: Ciprofloxacin 8:22
Clofazamine 8:40
Streptomycin 8:12.02

8:18 ANTIVIRALS

ABACAVIR (ZIAGEN)
ACYCLOVIR (ZOVIRAX)
AMANTIDINE (SYMMETREL)
AMPRENAVIR (AGENERASE)
DELAVIRDINE (RESCRIPTOR)
DIDANOSINE (VIDEX)
EFAVIRENZ (SUSTIVA)
FOSCARNET (FOSCAVIR)
GANCICLOVIR (CYTOVENE)
INDINAVIR (CRIXIVAN)
INTERFERON ALFA 2B/RIBAVIRIN (REBETRON)
INTERFERON ALFA CON-1 (INFERGEN)
LAMIVUDINE (EPIVIR)
NELFINAVIR (VIRACEPT)
NEVIRAPINE (VIRAMUNE)
RITONAVIR (NORVIR)
SAQUINAVIR (FORTOVASE)
STAVUDINE (ZERIT)
TRIFLURIDINE (VIROPTIC)
ZALCITABINE (HIVID)
ZIDOVUDINE (RETROVIR)
ZIDOVUDINE/LAMIVUDINE (COMBIVIR)
see also: Interferon Alfa 2-a 10:00
Interferon Alfa 2-b 10:00

8:20 ANTIMALARIAL AGENTS

HYDROXYCHLOROQUINE (PLAQUENIL)
PYRIMETHAMINE
see also:
Tetracyclines 8:12.24
Quinidine 24:04

8:22 QUINOLONES

CIPROFLOXACIN (CIPRO)
LEVOFLOXIN (LEVAQUIN)

8:24 SULFONAMIDES

SULFADIAZINE
SULFASALAZINE (AZULFIDINE)

8:26 SULFONES

DAPSONE

8:36 URINARY ANTI-INFECTIVES

METHENAMINE MANDELATE
NITROFURANTOIN (MACRODANTIN)

8:40 MISC. ANTI-INFECTIVES

ATOVAQUONE (MEPRON)
METRONIDAZOLE (FLAGYL)
PENTAMIDINE (NEBUPENT, PENTAM)

TRIMETHOPRIM & SULFAMETHOXAZOLE (BACTRIM DS)

10:00 ANTINEOPLASTIC AGENTS

ASPARIGINASE (ELSPAR)
BLEOMYCIN
BUSULFAN (MYLERAN)
CARBOPLATIN
CARMUSTINE (BCNU)
CHLORAMBUCIL
CISPLATIN (PLATINOL)
CYCLOPHOSPHAMIDE (CYTOXAN)
CYTARABINE (CYTOSAR)
DACARBAZINE
DACTINOMYCIN (COSMEGEN)
DAUNORUBICIN (CERUBIDINE)
DOXORUBICIN (ADRIAMYCIN)
ETOPOSIDE (VP-16)
FLUDARABINE (FLUDARA)
FLUOROURACIL (5FU)
FLUTAMIDE (EULEXIN)
HYDROXYUREA (HYDREA)
IFOSFAMIDE (IFEX)
INTERFERON ALFA 2-a
INTERFERON ALFA 2-b
LEUPROLIDE
LEVAMISOLE (ERGAMISOLE)
LOMUSTINE
MECHLORETHAMINE (MUSTARGEN)
MEGESTROL (MEGASE)
MELPHALAN (ALKERAN)
MERCAPTOPURINE (6-MP)
METHOTREXATE (MTX)
MITOMYCIN (MUTAMYCIN)
MITOTANE (LYSODREN)
PACLITAXEL (TAXOL)
PLICAMYCIN (MITHRACIN)
PROCARBAZINE (MATULANE)
TAMOXIFEN (NOLVADEX)
THIOGUANINE
THIOTEPA
URACIL MUSTARD
VINBLASTINE
VINCRISTINE

12:00 AUTONOMIC DRUGS

12:04 PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE (URECHOLINE)
NEOSTIGMINE (PROSTIGMIN)
PHYSOSTIGMINE (ANTILIRIUM)
PYRIDOSTIGMINE BROMIDE (MESTINON)

see also:
Edrophonium 36:56

12:08 ANTICHOLINERGIC AGENTS

12:08.04 ANTIPARKINSONIAN AGENTS

BENZTROPINE MESYLATE (COGENTIN)
TRIHEXYPHENIDYL (ARTANE)

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ATROPINE SULFATE
DICYCLOMINE (BENTYL)
GLYCOPYRROLATE (ROBINUL)
IPRATROPIUM (ATROVENT)
SCOPOLAMINE HBR

12:12 SYMPATHOMIMETIC AGENTS

ALBUTEROL (PROVENTIL, VENTOLIN)
DOBUTAMINE
DOPAMINE
EPINEPHRINE
ISOPROTERNOL HCL (ISUPREL)
METAPROTERENOL (ALUPENT)
NOREPINEPHRINE (LEVOPHED)
PHENYLEPHRINE (NEO-SYNEPHRINE)
PSEUDOEPHEDRINE & TRIPROLIDINE (ACTIFED)
RITODRINE (YUTOPAR)
TERBUTALINE (BRETHINE)

12:16 SYMPATHOLYTIC AGENTS

ERGOTAMINE (ERGOSTAT)
ERGOTAMINE & CAFFEINE (CAFERGOT)
PHENOXYBENZAMINE (DIBENZYLINE)
PHENTOLAMINE (REGITINE)

See also:
Atenolol 24:04
Esmolol 24:04
Labetalol 24:08
Metoprolol 24:04
Nadolol 24:08
Pindolol 24:08
Propranolol 24:04
Sotalol 24:04

12:20 SKELETAL MUSCLE RELAXANTS

BACLOFEN (LIORESAL)
CYCLOBENZAPRINE (FLEXERIL)
DANTROLENE
MIVACURIUM (MIVACRON)
PANCURONIUM (PAVULON)
SUCCINYCHOLINE CHLORIDE (ANECTINE)
VERCURONIUM (NORCURON)

16:00 BLOOD DERIVATIVES

ALBUMIN HUMAN

PLASMA PROTEIN FRACTION

20:00 BLOOD FORMATION AND COAGULATION

20:04 ANTIANEMIA DRUGS

20:04.04 IRON PREPARATIONS

FERRIC GLUCONATE SODIUM COMPLEX (FERRLECIT)
FERROUS GLUCONATE
IRON DEXTRAN
POLYSACCHARIDE-IRON COMPLEX

See also:

Epoetin alfa 20:16

20:04.08 LIVER & STOMACH PREPARATIONS

LIVER INJECTION, see Vitamin B-12 88:08

20:12 COAGULANTS AND ANTICOAGULANTS

20:12.04 ANTICOAGULANTS

ANTICOAGULANT SOCIUM CITRATE CONCENTRATE
ARDEPARIN (NORMIFLO)
DALTEPARIN (FRAGMIN)
ENOXAPARIN (LOVENOX)
HEPARIN
WARFARIN (COUMADIN)

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULFATE

20:12.16 HEMOSTATICS

AMINOCAPROIC ACID (AMICAR)
ANTIHEMOPHILIC FACTOR
THROMBIN

See also:

Desmopressin 68:28

20:24 HEMATOPOIETIC AGENTS

EPOETIN ALFA (ERYTHROPOIETIN, EPO)
FILGRASTIM (G-CSF, NEUPOGEN)

20:24 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE (TRENTAL)

20:40 THROMBOLYTIC AGENTS

ALTEPLASE, RECOMBINANT (ACTIVASE, tPA)
STREPTOKINASE
UROKINASE

24:00 CARDIOVASCULAR DRUGS

24:04 CARDIAC DRUGS

AMIODARONE (CORDARONE)
AMLODIPINE (NORVASC)
AMRINONE (INOCOR)
ATENOLOL (TENORMIN)
BRETYLIUM (BRETYLOL)
CAPTOPRIL (CAPOTEN)
CARVEDILOL (COREG)
DIGOXIN (LANOXIN)

DILTIAZEM (CARDIZEM)
DISOPYRAMIDE (NORPACE)
ESMOLOL (BREVIBLOC)
LIDOCAINE (XYLOCAINE)
LISINOPRIL (PRINIVIL, ZESTRIL)
METOPROLOL (LOPRESSOR)
MEXELITINE (MEXITIL)
NADOLOL (CORGARD)
NIFEDIPINE (ADALAT CC)
NISOLDIPINE (SULAR)
PROCAINAMIDE (PROCAN)
PROPAFENONE (RHYTHMOL)
PROPRANOLOL (INDERAL)
QUINIDINE GLUCONATE
QUINIDINE SULFATE
SOTALOL (BETAPACE)
VERAPAMIL (CALAN, ISOPTIN)

24:06 ANTILIPEMIC AGENTS

COLESTIPOL (COLESTID)
GEMFIBROZIL (LOPID)
LOVASTATIN (MEVACOR)
NIACIN
SIMVASTATIN (ZOCOR)

24:08 HYPOTENSIVE AGENTS

CLONIDINE (CATAPRES)
DIAZOXIDE (HYPERSTAT)
DOXAZOSIN (CARDURA)
HYDRALAZINE (APRESOLINE)
LABETALOL (NORMODYNE)
LISINOPRIL (PRINIVIL, ZESTRIL)
MINOXIDIL (LONITEN)
PINDOLOL (VISKEN)
PRAZOSIN (MINIPRESS)
RESERPINE (SERPASIL)
SODIUM NITROPRUSSIDE (NIPRIDE)

see also:

Amlodipine 24:04
Atenolol 24:04
Captopril 24:04
Carvedilol 24:04
Diltiazem 24:04
Esmolol 24:04
Metoprolol 24:04
Nadolol 24:04
Nifedipine 24:04
Nisoldipine 24:04
Phenoxybenzamine 12:16
Phentolamine 12:16
Propranolol 24:04

Verapamil 24:04

24:12 VASODILATING AGENTS

DIPYRIDAMOLE (PERSANTINE)
ISOSORBIDE DINITRATE (ISORDIL)
NITROGLYCERIN
see also:
Amlodipine 24:04
Diltiazem 24:04
Verapamil 24:04

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:04 GENERAL ANESTHETICS

DESFLURANE (SUPRANE)
ENFLURANE (ETHRANE)
ISOFLURANE (FORANE)
LARYNGOTRACHEAL ANESTHESIA KIT (LTA)
KETAMINE (KETALAR)
SEVOFLURANE (ULTANE)

ANESTHETICS, BARBITURATE

THIOPENTAL SODIUM (PENTOTHAL)

28:08 ANALGESICS AND ANTIPYRETICS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ASPIRIN
DICLOFENAC (VOLTAREN)
IBUPROFEN (MOTRIN)
INDOMETHACIN (INDOCIN)
KETOROLAC (TORADOL)
NAPROXEN SODIUM (ANAPROX)
PIROXICAM (FELDENE)
SALSALATE (DISALCID)
SODIUM SALICYLATE
SULINDAC (CLINORIL)

28:08.08 OPIATE AGONISTS

CODEINE PHOSPHATE
CODEINE & ACETAMINOPHEN (TYLENOL WITH CODEINE)
FENTANYL (SUBLIMAZE, DURAGESIC)
MEPERIDINE (DEMEROL)
METHADONE
MORPHINE
OPIUM & BELLADONNA SUPPOSITORY (B&O)
OXYCODONE & ACETAMINOPHEN (PERCOCET)

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE (BUPRENEX)
BUTORPHANOL (STADOL)
NALBUPHINE (NUBAIN)

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN (TYLENOL)
ACETAMINOPHEN & DICHLORALPHENAZONE & ISOMETHEPTENE

(MIDRIN)

28:10 OPIATE ANTAGONISTS

NALOXONE (NARCAN)

28:12 ANTICONVULSANTS

28:12.04 BARBITURATES

PHENOBARBITAL

PRIMIDONE (MYSOLINE)

28:12.08 BENZODIAZEPINES

CLONAZEPAM (KLONOPIN)

see also:

Diazepam 28:24.08

28:12.12 HYDANTOINS

PHENYTOIN (DILANTIN)

28:12.92 MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE (TEGRETOL)
FELBAMATE (FELBATOL)
GABAPENTIN (NEURONTIN)
MAGNESIUM SULFATE
VALPROIC ACID (DEPAKENE)

28:16 PSYCHOTHERAPEUTIC AGENTS

28:16.04 ANTIDEPRESSANTS

AMITRIPTYLINE (ELAVIL)
BUPROPION (WELLBUTRIN)
CITALOPRAM (CELEXA)
DESIPRAMINE (NORPRAMIN)
DOXEPIN (SINEQUAN, ADAPIN)
FLUOXETINE (PROZAC)
IMIPRAMINE (TOFRANIL)
MIRTAZAPINE (REMERON)
NEFAZODONE (SERZONE)
NORTRIPTYLINE (PAMELOR)
PAROXETINE (PAXIL)
SERTRALINE (ZOLOFT)
TRAZODONE (DESYREL)
VENLAFAXINE (EFFEXOR)

28:16.08 TRANQUILIZERS

CHLORPROMAZINE (THORAZINE)
CLOAPINE (CLOZARIL)
DROPERIDOL (INAPSINE)
FLUPHENAZINE (PROLIXIN)
HALOPERIDOL (HALDOL)
LOXAPINE (LOXITANE)
OLANZAPINE (ZYPREXA)
PERPHENAZINE (TRILAFON)
PROCHLORPERAZINE (COMPAZINE)
QUETIAPINE (SEROQUEL)
RISPERIDONE (RISPERIDOL)
THIORIDAZINE (MELLARIL)
THIOTHIXENE (NAVANE)
TRIFLUOPERAZINE (STELAZINE)

28:20 RESPIRATORY AND CEREBRAL STIMULANTS

AMMONIA INHALANTS
DOXAPRAM (DOPRAM)
METHYLPHENIDATE (RITALIN)

28:24 ANXIOLYTICS, SEDATIVES AND HYPNOTICS

28:24.04 BARBITURATES

PHENOBARBITAL

28:24.08 BENZODIAZEPINES

DIAZEPAM (VALIUM)
LORAZEPAM (ATIVAN)

MIDAZOLAM (VERSED)
TEMAZEPAM (RESTORIL)
see also:
Clonazepam 28:12.08

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

BUSPIRONE (BUSPAR)
CHLORAL HYDRATE
HYDROXYZINE (ATARAX, VISTARIL)
PROMETHAZINE (PHENERGAN)
PROPOFOL (DIPRIVAN)
see also:
Diphenhydramine 4:00

28:28 ANTIMANIC AGENTS

LITHIUM CARBONATE
LITHIUM CITRATE

36:00 DIAGNOSTIC AGENTS

ANERGY PANEL (MULTITEST CMI)

36:04 ADRENOCORTICAL INSUFFICIENCY

CORTICOTROPIN (ACTH)
COSYNTROPIN (CORTROSYN)

36:18 CARDIAC FUNCTION

36:32 FUNGI

HISTOPLASMIN

36:34 GALLBLADDER FUNCTION

SINCALIDE

36:36 GASTRIC FUNCTION

HISTAMINE PHOSPHATE
PENTAGASTRIN

36:38 INTESTINAL ABSORPTION

XYLOSE

36:40 KIDNEY FUNCTION

MANNITOL

36:44 LIVER FUNCTION

36:56 MYASTHENIA GRAVIS

EDROPHONIUM (ENLON)
see also:
Neostigmine 12:04

36:60 THYROID FUNCTION

THYROTROPIN

36:61 PANCREATIC FUNCTION

SECRETIN

36:64 PHEOCHROMOCYTOMA

HISTAMINE
see also:
Phentolamine 12:16

36:66 PITUITARY FUNCTION

ARGININE

see also:
Insulin 68:20.08

36:68 ROENTGENOGRAPHY

DIATRIZOATE (HYPAQUE)
DIATRIZOATE MEGLUMINE & DIATRIZOATE SODIUM
GADOPENTETATE DIMEGULMINE (MAGNEVIST)
IOHEXOL INJECTION
IOPANOIC ACID (TELEPAQUE)
IOTHALAMATE MEGLUMINE
IOVERSOL
TYROPANOATE SODIUM (BILOPAQUE)

36:84 TUBERCULOSIS

TUBERCULIN, PPD

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

PARENTERAL NUTRITION

40:04 ACIDIFYING AGENTS

40:08 ALKALINIZING AGENTS

SODIUM BICARBONATE
SODIUM CITRATE AND CITRIC ACID (SHOHL'S SOLTUION)

40:10 AMMONIA DETOXICANTS

LACTULOSE (CEPHULAC)

40:12 REPLACEMENT PREPARATIONS

CALCIUM CARBONATE/VITAMIN D (OS-CAL 250+D)
CALCIUM CHLORIDE
CALCIUM CITRATE (CITRACAL)
CALCIUM GLUCONATE
CALCIUM LACTATE
DEXTROSE & LACTATED RINGERS
DEXTROSE & SODIUM CHLORIDE
HETASTARCH (HESPAN)
MAGNESIUM OXIDE (MAG-OX)
PHOSPHORUS (NEUTRA-PHOS)
POTASSIUM CITRATE (UROCIT K)
POTASSIUM CHLORIDE
RINGERS, LACTATED
SODIUM CHLORIDE
WATER, STERILE

40:18 POTASSIUM-REMOVING RESINS

SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)

40:20 CALORIC AGENTS

DEXTROSE
DEXTROSE & LACTATED RINGERS
DEXTROSE & SODIUM CHLORIDE
GLUCOSE
NUTRITIONAL SUPPLEMENTS

40:28 DIURETICS

FUROSEMIDE (LASIX)
HYDROCHLOROTHIAZIDE (HYDRODIURIL)

MANNITOL
METOLAZONE (DIULO, ZAROXYLIN)
see also:
Acetazolamide 52:10
Theophylline 86:16

40:28.10 POTASSIUM-SPARING DIURETICS
SPIRONOLACTONE (ALDACTONE)
TRIAMTERENE (DYRENIUM)
TRIAMTERENE & HYDROCHLOROTHIAZIDE (MAXZIDE)

40:36 IRRIGATING SOLUTIONS
ACETIC ACID
RINGER'S LACTATE
SODIUM CHLORIDE
WATER, STERILE
see also:
MANNITOL 40:28

40:40 URICOSURIC AGENTS
PROBENECID (BENEMID)

44:00 ENZYMES
HYALURONIDASE
LACTASE ENZYME (LACTAID)
see also:
Alteplase 20:40
Asparaginase 10:00
Fibrinolysin and Desoxyribonuclease 84:36
Pancrelipase 56:16
Streptokinase 20:40
tPA 20:40
Urokinase 20:40

48:00 ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS

48:08 ANTITUSSIVES
BENZONATATE (TESSALON)
CODEINE
GUAIFENESIN & DEXTROMETHORPHAN (HUMIBID DM)
see also:
Diphenhydramine 4:00

48:16 EXPECTORANTS
GUAIFENESIN & DEXTROMETHORPHAN (HUMIBID DM)

48:24 MUCOLYTIC AGENTS
ACETYLCYSTEINE (MUCOMYST)

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS
ERYTHROMYCIN OPHTHALMIC
GENTAMYCIN OPHTHALMIC (GENTAMYCIN)
NEOMYCIN & DEXAMETHASONE (NEO-DECADRON)
NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (MAXITROL)

NEOMYCIN & POLYMYXIN B & HYDROCORTISONE (CORTISPORIN)
POLYMIXIN B & BACITRACIN (POLYSPORIN)

52:04.06 ANTIVIRALS

TRIFLURIDINE (VIROPTIC)

52:04.08 SULFONAMIDES

SULFACETAMIDE (SULAMYD)

52:04.12 MISCELLANEOUS ANTI-INFECTIVES

ACETIC ACID OTIC (DOMEBORO)
CARBAMIDE PEROXIDE (DEBROX)
CHLORHEXIDINE GLUCONATE (PERIDEX)
CIPROFLOXACIN (CILOXAN)
HYDROCORTISONE & ACETIC ACID (VOSOL-HC)
OFLOXACIN (FLOXIN)
SILVER NITRATE

52:08 ANTI-INFLAMMATORY AGENTS

BECLOMETHASONE (VANCENASE)
DICLOFENAC (VOLTAREN)
FLUOROMETHOLONE (FML)
FLUTICASONE (FLOVENT)
HYDROCORTISONE & ACETIC ACID (VOSOL-HC)
NEOMYCIN & DEXAMETHASONE (NEO-DECADRON)
NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (MAXITROL)
NEOMYCIN & POLYMYXINB & HYDROCORTISONE (CORTISPORIN)
PREDNISOLONE (PRED MILD, PRED-FORTE)

52:10 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE (DIAMOX)

52:16 LOCAL ANESTHETICS

BENZOCAINE & ANTIPYRINE (AURALGAN)
BENZOCAINE & BUTAMBEN & TETRACAINE (CETACAINE)
PROPARACAINE (OPHTHAINE)
TETRACAINE

52:20 MIOTICS

ACETYLCHOLINE CHLORIDE (MIOCHOL)
ECHOTHIOPHATE (PHOSPHOLINE IODIDE)
PILOCARPINE

52:24 MYDRIATICS

ATROPINE SULFATE
CYCLOPENTOLATE (CYCLOGYL)
DIPIVEFRIN (PROPINE)
EPINEPHRINE
HOMATROPINE
PHENYLEPHRINE
TROPICAMIDE (MYDRIACYL)

52:28 MOUTHWASHES AND GARGLES

HYDROGEN PEROXIDE

52:32 VASOCONSTRICTORS

EPINEPHRINE
NAPHAZOLINE & ANTAZOLINE (VASOCON A)

PHENYLEPHRINE

52:36 MISCELLANEOUS EENT DRUGS

ACETIC ACID & ALUMINUM ACETATE (DOMEBORO)
APRACLONIDINE (IOPIDINE)
BETAXOLOL (BETOPTIC)
BRIMONIDINE (ALPHAGAN)
DORZOLAMIDE (TRUSOPT)
FLUORESCEIN SODIUM
GLYCERIN
IRRIGATING SOLUTION, EXTRAOCULAR (DACRIOSE)
IRRIGATING SOLUTION, INTRAOCULAR (BSS)
LATANOPROST (XALATAN)
LUBRICANT, OCCULAR (LACRILUBE)
SODIUM CHLORIDE NASAL SPRAY
TEARS, ARTIFICAL
TIMOLOL (TIMOPTIC)
TYLOXAPOL (ENUCLENE)
see also:
Cromolyn Sodium 92:00

56:00 GASTROINTESTINAL DRUGS

56:04 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE & SIMETHICONE
ALUMINUM HYDROXIDE
ALUMINUM & MAGNESIUM TRISILICATE & ALGINIC ACID (GAVISCON)
CHARCOAL, ACTIVATED
MAGNESIUM HYDROXIDE (MILK OF MAGNESIA)
SODIUM BICARBONATE (SODA MINTS)

56:08 ANTIDIARRHEA AGENTS

BISMUTH SUBSALICYLATE (PEPTO-BISMOL)
KAOLIN MIXTURE & PECTIN (KAOPECTATE)
LOPERAMIDE (IMODIUM)

56:10 ANTIFLATULANTS

SIMETHICONE (MYLICON)

56:12 CATHARTICS AND LAXATIVES

BISACODYL (DULCOLAX)
CASCARA & MILK OF MAGNESIA
CASTOR OIL
DOCUSATE SODIUM (COLACE)
GLYCERIN
MAGNESIUM CITRATE
MINERAL OIL
POLYETHYLENE GLYCOL & ELECTROLYTE SOLUTION (GoLYTELY)
PSYLLIUM HYDROPHILIC MUCILLOID (METAMUCIL)
SENNA (X-PREP)
SODIUM PHOSPHATE RECTAL ENEMA (FLEETS)
SORBITOL

56:16 DIGESTANTS

PANCRELIPASE (VIOKASE)

56:20 EMETICS

IPECAC

56:22 ANTIEMETICS

GRANISETRON (KYTRIL)
MECLIZINE (ANTIVERT)
ONDANSETRON (ZOFRAN)
PROCHLORPERAZINE (COMPAZINE)
SCOPOLAMINE
TRIMETHOBENZAMIDE (TIGAN)

See also:

Antihistamines 4:00
Phenothiazines 28:16.08
Promethazine 28:24.92

56:40 MISCELLANEOUS GI DRUGS

CIMETIDINE (TAGAMET)
LANSOPRAZOLE (PREVACID)
MESALAMINE (ASACOL, ROWASA)
METOCLOPRAMIDE (REGLAN)
MISOPROSTOL (CYTOTEC)
RANITIDINE (ZANTAC)
SUCRALFATE (CARAFATE)

See also:

Sulfasalazine 8:24
Octreotide 92:00

60:00 GOLD COMPOUNDS

GOLD SODIUM THIOMALATE (MYOCHYRSINE)

64:00 HEAVY METAL ANTAGONISTS

DEFEROXAMINE (DESFERAL)
PENICILLAMINE (CUPRIMINE)

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04 ADRENALS

BECLOMETHASONE (VANCERIL, BECONASE)
DEXAMETHASONE (DECADRON)
FLUDROCORTISONE (FLORINEF)
FLUTICASONE (FLOVENT)
HYDROCORTISONE (CORTEF)
METHYLPREDNISOLONE (MEDROL)
PREDNISONE
TRIAMCINOLONE (KENALOG, ARISTOCORT, AZMACORT)

68:08 ANDROGENS

DANAZOL (DANOCRINE)
METHYLTESTOSTERONE
NANDROLONE (DURABOLIN)
TESTOSTERONE CYPIONATE, ENANTHATE, PROPIONATE

68:12 CONTRACEPTIVES

LEVONORGESTREL & ETHINYL ESTRADIOL (LEVLEN, NORDETTE)
NORETHINDRONE & ETHINYL ESTRADIOL (O-N 1/35, 7/7/7)
NORETHINDRONE & MESTRANOL (ORTHO NOVUM 1/50)
See also:
Diethylstilbestrol 68:16
Medroxyprogesterone 68:32
Progestins 68:32

68:16 ESTROGENS

CHLOROTRIANISENE (TACE)
DIETHYLSTILBESTROL (DES)
ESTERIFIED ESTROGENS (ESTRONE, ESTRATAB)
ESTRADIOL
ESTROGENS, CONJUGATED (PREMARIN)
ETHINYL ESTRADIOL
See also:
Estrogen-Progestin combinations 68:12

68:20 ANTIDIABETIC AGENTS

68:20.08 INSULINS

INSULIN, LENTE HUMAN U-100
INSULIN, NPH HUMAN U-100
INSULIN, REGULAR HUMAN U-100
INSULIN, 70/30 HUMAN U-100
INSULIN, ULTRA-LENTE HUMAN U-100

68:20.20 SULFONYLUREAS

GLYBURIDE (MICRONASE)

68:20.92 MISCELLANEOUS ANTIDIABETIC AGENTS

GLUCAGON
METFORMIN (GLUCOPHAGE)

68:24 PARATHYROID

CALCITONIN

68:28 PITUITARY

CORTICOTROPIN
DESMOPRESSIN (DDAVP)

68:32 PROGESTINS

HYDROXYPROGESTERONE
MEDROXYPROGESTERONE (CYCRIN, PROVERA)
NORETHINDRONE ACETATE
PROGESTERONE
See also:
Estrogen-Progestin combinations 68:12
Megestrol 10:00

68:36 THYROIDS AND ANTITHYROID AGENTS

68:36.04 THYROID AGENTS

LEVOTHYROXINE (SYNTHROID, LEVOTHROID)
LIOTHYRONINE (CYTOMEL)

68:36.08 ANTITHYROID AGENTS

METHIMAZOLE (TAPAZOLE)
PROPYLTHIOURACIL (PTU)

72:00 LOCAL ANESTHETICS

BUPIVACAINE (MARCAINE)
BUPIVACAINE & EPINEPHRINE (MARCAINE WITH EPI)
LIDOCAINE (XYLOCAINE)
LIDOCAINE & EPINEPHRINE (XYLOCAINE WITH EPI)
MEPIVACAINE (POLOCAINE)

see also:

Antipruritics and Local Anesthetics 84:08
Local Anesthetics 52:16

76:00 OXYTOCICS

ERGONOVINE MALEATE (ERGOTRATE)
METHYLERGONOVINE (METHERGINE)
OXYTOCIN (PITOCIN)

80:00 SERUMS, TOXOIDS, AND VACCINES

80:04 SERUMS

HEPATITIS B IMMUNE GLOBULIN (HBIG)
IMMUNE GLOBULIN, HUMAN
RHo IMMUNE GLOBULIN (RHoGAM)
TETANUS IMMUNE GLOBULIN

80:08 TOXOIDS

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED

80:12 VACCINES

BACILLUS CALMETTE-GUERIN
HEPATITIS A VACCINE (HEPTAVAX)
HEPATITIS B VACCINE, RECOMBINANT (ENGERIX)
INFLUENZA VIRUS VACCINE
MEASLES, MUMPS. RUBELLA VACCINE (MMR-II)
MUMPS VIRUS VACCINE
PNEUMOCOCCAL VACCINE

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04 ANTI-INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN & POLYMYXIN B POWDER
GENTAMYCIN
MUPIROCIN (BACTROBAN)
NEOSPORIN & POLYMYXIN B (NEOSPORIN GU IRRIGANT)
POLYMYXIN B & BACITRACIN (POLYSPORIN)

84:04.08 ANTIFUNGALS

CLOTRIMAZOLE (LOTRIMIN, MYCELEX)
KETOCONAZOLE (NIZORAL)
MICONAZOLE (MONISTAT)
NYSTATIN (MYCOSTATIN)
TERCONAZOLE (TERAZOL)
TOLNAFTATE (TINACTIN)

84:04.12 SCABICIDES AND PEDICULICIDES

LINDANE (KWELL)

PERMETHRIN (NIX)

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES

CHLORHEXIDINE GLUCONATE
METRONIDAZOLE
POVIDONE-IODIDE (BETADINE)
SELENIUM SULFIDE (SELSUN)
SILVER NITRATE
SILVER SULFADIAZINE (SILVADENE)

84:06 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE (DIPROSONE)
BETAMETHASONE VALERATE (VALISONE)
CLOBETASOL (TEMOVATE)
FLUOCINONIDE (LIDEX)
HYDROCORTISONE (HYTONE, ANUSOL HC, CORTENEMA)
TRIAMCINOLONE (KENALOG, ARISTOCORT)

84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

CAMPHOR & MENTHOL LOTION (SARNA)
DIBUCAINE (NUPERCAINAL)
ETHYL CHLORIDE SPRAY
PHENAZOPYRIDINE (PYRIDIUM)
See also:
Diphenhydramine 4:00

84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

BENZOIN TINCTURE
HYDROPHILIC CREAM (EUCERIN)
LACTIC ACID & AMMONIUM HYDROXIDE (LAC-HYDRIN)
LOTION, HOSPITAL
TRYPSIN/PERU BALSAM/CASTOR OIL (GRANULEX)
VITAMINS A AND D OINTMENT

84:28 KERATOLYTIC AGENTS

COAL TAR/SALICYLIC ACID/SULFUR
PODOPHYLLUM
SALICYLIC ACID

84:32 KERATOPLASTIC AGENTS

COAL TAR
COAL TAR/SALICYLIC ACID/SULFUR

84:36 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACETIC ACID FOR IRRIGATION
ALUMINUM ACETATE
ALUMINUM SULFATE & CALCIUM ACETATE
BORIC ACID TOPICAL
CALAMINE LOTION
CAPSAICIN (ZOSTRIX)
COLLAGENASE (SANTYL)
DICHLOROACETIC ACID (BICHLORACETIC)
FIBRINOLYSIN & DESOXYRIBONUCLEASE (ELASE)
FLEXIBLE HYDROACTIVE DRESSING/GRANULES (DUO DERM)
FLUOROURACIL (EFUDEX)

GELATIN & PECTIN & SODIUM CARBOXYMETHYLCELLULOSE (ORABASE)
LUBRICANT, SURGICAL
OATMEAL, COLLOIDAL (AVEENO OILATED BATH)
WITCH HAZEL

84:50 DEPIGMENTING AND PIGMENTING AGENTS

84:50.06 PIGMENTING AGENTS

METHOXSALEN (8-MOP, OXSORALEN)

84:80 SUNSCREEN AGENTS

SUNSCREEN
ZINC OXIDE

86:00 SMOOTH MUSCLE RELAXANTS

86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNIN (DITROPAN)

86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE
THEOPHYLLINE (THEOCRON)

See also:

Anticholinergic Agents 12:08
Sympathomimetic Agents 12:12
Vasodilating Agents 24:12

88:00 VITAMINS

88:08 VITAMIN B COMPLEX

CYANOCOBALAMIN (VITAMIN B-12)
FOLIC ACID
NIACIN
PYRIDOXINE (VITAMIN B-6)
THIAMINE (VITAMIN B-1)

88:12 VITAMIN C

ASCORBIC ACID (VITAMIN C)

88:16 VITAMIN D

CALCITRIOL

88:20 VITAMIN E

VITAMIN E

88:24 VITAMIN K ACTIVITY

PHYTONADIONE

88:28 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS
MULTIVITAMINS, INJECTION (MVI 12)
MULTIVITAMINS, PRENATAL

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ABSORBABLE GELATIN SPONGE (GELFOAM)
ADENOSINE (ADENOCARD)
ALENDRONATE (FOSAMAX)
ALLOPURINOL (ZYLOPRIM)
AMANTADINE (SYMMETREL)
AZATHIOPRINE (IMURAN)

BROMOCRIPTINE (PARLODEL)
CALCIPOTRIENE (DOVONEX)
CALCIUM ACETATE (PHOS-EX, PHOSLO)
CLOPIDOGREL (PLAVIX)
COLCHICINE
CONTACT CARE ITEMS
CROMOLYN SODIUM (OPTICROM)
CYCLOSPORINE (SANDIMMUNE)
FLUMAZENIL (MAZICON)
LEUCOVORIN
LEVODOPA & CARBIDOPA (SINEMET)
MESNA
METHYLENE BLUE
MONTELUKAST (SINGULAIR)
NEDOCROMIL SODIUM (TILADE)
OCTREOTIDE ACETATE (SANDOSTATIN)
OXIDIZED CELLULOSE (SURGICEL)
PAMIDRONATE
POTASSIUM IODIDE (LUGOL'S)
SALIVA SUBSTITUTE (XERO-LUBE)
SELEGILINE (ELDEPRYL)
SEVELAMER (RENAGEL)
SODIUM BISULFITE
SODIUM HYALURONATE
SUMATRIPTAN (IMITREX)

96:00 PHARMACEUTICAL AIDS

ALCOHOL, ISOPROPYL
ALUMINUM ACETATE CREAM (ACID MANTLE)
GLYCERIN
HYDROPHILIC CREAM
PETROLATUM

FEDERAL BUREAU OF PRISONS MEDICAL SERVICES REQUEST FOR ADDITION TO FORMULARY

1) Nonproprietary (generic) name:_____

2) American Hospital Formulary classification:_____

3) Proprietary name(s) and manufacturer(s):_____
_____

4) Pharmacologic classification:_____

5) To what other drugs is this drug closely related structurally:
_____
_____
_____

6) What similar acting drugs are presently on the formulary:
_____
_____

7) Dosage forms and potencies desired stocked:_____
_____
_____

8) What are the indications for the use of this drug:_____
_____
_____

9) What is the proposed mode of action of this drug:_____
_____
_____
_____

10) What are the expected advantages (therapeutic, cost, compliance, administration) of this drug over similar acting drugs on the formulary:_____
_____
_____
_____
_____
_____
_____
_____

11) Which of the similar acting drugs on the formulary should be deleted in favor of this new agent:_____

12) What major side effects have been reported for this drug:

_____

_____

13) What contraindications and precautions have been designated for this new drug:_____

_____

_____

_____

14) List the usual methods of administration, including any special techniques which may be required:_____

_____

_____

15) Indicate the source of your information giving pertinent journal references:_____

_____

16) What is the cost of this agent? How does it compare to other agents for the same indication(s) (if applicable):

_____

_____

_____

_____

_____

17) Pharmacist comments:_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Requestor Date
Institution
(please print name and title)

_____ _____

Clinical Director Date

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION IN SECTION I

***** NON-FORMULARY DRUG AUTHORIZATION *****

I PATIENT NAME _____ ID NUMBER _____

REQUESTOR _____ INSTITUTION _____

DRUG REQUESTED _____

Generic Brand

DOSE AND REGIMEN _____

DATE REQUESTED _____ EXPIRATION OF ORDER _____

DIAGNOSIS _____

_____

REASON(S) WHY FORMULARY AGENT(S) CANNOT BE USED:

FORMULARY AGENT(S) TRIED:

COST OF THIS THERAPY: COST OF FORMULARY AGENT:

_____ _____

CLINICAL DIRECTOR Date

INSTITUTION PHARMACY COMMENTS:

_____ _____

PHARMACIST Date

II BOP CHIEF PHARMACIST COMMENTS:

_____ _____

BOP CHIEF PHARMACIST Date

MEDICAL DIRECTOR COMMENTS:

APPROVED: _____ _____ PAGE _____ OF _____

MEDICAL DIRECTOR, BOP Date FROM:
Newton E. Kendig, MD TITLE:
INSTITUTION:
DISAPPROVED: _____ _____ PHONE #:
MEDICAL DIRECTOR, BOP Date FAX#:
Newton E. Kendig, MD TO: CHIEF PHARMACIST, BOP
PHONE #: (202) 307-2867
FAX#: (202) 305-0862

Algorithm for Treatment of Hepatitis C / Approval Form (Use in conjunction with new algorithm, "Evaluating Inmates for Hepatitis C Treatment," issued 4/18/2000 in the Clinical Issues Update)

I. Anti-HCV+ by EIA (high risk) Date: _____
Anti-HCV+ by RIBA (low risk) Date: _____

II. ALT at least 1.5 times the upper limit of normal x 3 over 12 months (consistent elevation is the key issue):

Result: _____/Date: _____ Result: _____/Date: _____ Result: _____/Date: _____

III. Physician clearance: Date: _____
No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy):_____

IV. No contraindications to interferon or ribavirin tx (see Appendix 4) _____

V. Anticipated incarceration > 12 months Projected Release Date: _____

VI. Psychiatry or psychology clearance: Date: _____

VII. HCV RNA positive: Date: _____

VIII. Screening liver ultrasound: Date: _____

Findings/Comments: _____

IX. Subspecialty evaluation and liver biopsy
* (include copy of consultation and biopsy report when submitting request for treatment)

X. Prior anti-viral treatment (if any):
Drug(s)_____Dates_____

At conclusion of prior treatment, what was ALT?_____What was HCV RNA?_____

XI. Candidate for: ribavirin/interferon or interferon (circle one)
Previous interferon: relapser or nonresponder (circle one)
HCV genotype: 1 or 2 or 3 or other (circle one)

XII. Comments / treatment plan:_____
_____
_____

Recommendation by Clinical
Director:_____

APPROVED_____Medical Director
DATE_____

DISAPPROVED_____Medical Director
DATE_____

PART 2
PHARMACY SERVICES ORIENTATION & REFERENCE GUIDE

SECTION 1 INSTITUTION FACTS FOR THE PHARMACIST

SECTION 2 FORMS & HOW TO USE THEM PAGE
2.1 CONTROLLED SUBSTANCES 1
2.2 NEEDLES & SYRINGES 6
2.3 INSPECTIONS 7
2.4 EXPIRED DRUGS 8
2.5 OTHER 10

SECTION 3 PRIME VENDOR
3.1 GENERAL INFORMATION 1
3.2 Amerisource . . . . . .
. . . 8

SECTION 4 NATIONAL FORMULARY
4.1 FORMULARY SYSTEM 1
4.2 NON-FORMULARY DRUGS 2
EXCEPTIONS . . . . . .
2
ADDITIONS 2
4.3 RESTRICTED DRUGS 3

SECTION 5 LOCAL FORMULARY
5.1 LOCAL P & T COMMITTEE 2

SECTION 6 AWARDS
6.1 PUBLIC HEALTH SERVICE 1
AWARDS BOARD 1
INDIVIDUAL AWARDS 1
UNIT AWARDS 2
6.2 CIVIL SERVICE 4

SECTION 7 CORRECTIONAL INFORMATION PHARMACY SYSTEM (CIPS)

SECTION 8 DRUG INFORMATION
8.1 FMC ROCHESTER 1

SECTION 9 ADVERSE DRUG REACTION MONITORING AND PREVENTION

SECTION 10 DIRECTORY OF PHARMACISTS
10.1 MENTORS 10

SECTION 11 ADDITIONAL INFORMATION
11.1 MISCELLANEOUS 1
11.2 RESOURCES 3
11.3 PSYCHOTROPIC INFORMED CONSENTS . . . . . .

. . 5

INTRODUCTION

This handbook is intended as a resource for pharmacists in the Bureau of Prisons. It is especially helpful for the new pharmacist as an introduction to BOP Pharmacy Services. But it will also be valuable to experienced BOP pharmacists as a quick source for forms, phone numbers, and how-to's.

It will be updated as needed. I encourage all BOP pharmacists to make suggestions for improvements or additions.

John T. Babb, R.Ph., M.P.A.
Chief Pharmacist, BOP

1. INSTITUTION FACTS FOR THE PHARMACIST

This is a quick list of facts for the new pharmacist to be able to function in the institution pharmacy. The list should be completed by the pharmacist anticipating leave or departure or by the Health Services Administrator if the position is unfilled. The arriving pharmacist should request this information from the Health Services Administrator if it is not provided.

I. General Information
   a. Population
   b. Security Level
   c. Number of days of sick call per week
   d. Average number of prescriptions per day
   e. Camp Information (if applicable)

II. Staffing Information - Number of positions (filled and vacant) for each of the following:
   a. Physicians
   b. Physicians Assistants
   c. Dentists
   d. Pharmacists and Pharmacy Assistants

III. Reviews
   a. Date of most recent Program Review and next scheduled
   b. Date of most recent Operational Review and next scheduled
   c. Date of JCAHO Accreditation Survey and next scheduled
   d. Location in the Health Services Unit where copies of results of all these reviews can be found

IV. Purchasing and Receiving
   a. Name and phone extension of usual Business Office contact
   b. Name and phone extension of usual Warehouse contact
   c. Information on how goods are moved from Warehouse to Pharmacy
   d. All pertinent Prime Vendor information (especially Account Manager and phone number)
   e. Sources other than Prime Vendor

V. Pharmacy Organization
   a. Location of all files kept in Pharmacy (includes Policy and Procedures Manual, Health Services Manual, Formulary, etc.)

b. Organization of Pharmacy stock
c. Location of all medications outside of Pharmacy (emergency carts, trauma room, etc.)
d. Needle and syringe policy and locations of substocks
e. Budget information
f. Local Pharmacy and Therapeutics Committee information
g. Pharmacy policy for after-hours, pharmacist leave, etc.
h. Copy of local Restricted Drug List.

VI. DEA Controlled Substances
a. How to order using Prime Vendor
b. Explanation of records
c. Quarterly Narcotic Audit team members
d. Date of most recent quarterly audit and next scheduled
e. Date of most recent biennial inventory and next scheduled
f. Location of and responsible individual (key control) for all substocks
g. How to arrange for new combination for mainstock
h. Location of DEA Registration.
i. DEA numbers of prescribers or alternative numbers assigned.

VII. Miscellaneous
a. How to be added as a new provider and sign onto CIPS computer system
b. How to obtain password. How to log on to SENTRY. How to access pharmacy mailbox. How to send messages.
c. How to obtain LAN access through computer services.
d. Groupwise orientation
e. How to obtain proxy access to “Pharmacy” mailbox on LAN

2.1 FORMS AND HOW TO USE THEM

CONTROLLED SUBSTANCE FORMS

BIENNIAL INVENTORY - This inventory shall be done when a facility opens, and on the two-year anniversary of that opening date. It is also legal to take the biennial inventory on any other fixed date (eg. during a normally scheduled inventory time, quarterly narcotic audit, etc.) as long as it does not vary from the two-year anniversary by more than 6 months. If you choose to change the date, the Regional Director of the DEA must be notified in writing, and you must keep a copy of that notification.

If you are not a new facility, continue to take the inventory on the two-year anniversary of the previous inventory. The actual inventory date may not vary by more than 4 days from the biennial inventory date. For most facilities, that anniversary date will be May 1 of odd-numbered years (May 1, 1995, 97, 99).

The INVENTORY RECORD must contain:

- The name, address, and DEA number of your facility
- The date and time (open or close of business) the inventory is taken
- Signature(s) of the person or persons responsible for the inventory
- An indication that the inventory is maintained for at least two years at this location
- An indication that the inventory records of Schedule II drugs, as well as other records of Schedule II drugs, are kept separately from all other controlled substances
- The name of the controlled substance
- The dosage form and unit strength
- The number of units or volume in each container
- The number of commercial containers of each finished form

The inventory should not be sent to the DEA. The current inventory should be displayed in the pharmacy. The previous inventory should be kept for at least two years after the next inventory is taken. In addition, all controlled substances records (invoices, inventories, prescriptions, destruction records) should be retained for the period 2 years prior to the most recent Biennial Inventory.

INITIAL DEA REGISTRATION - Call the DEA at (202) 307-7255 to request a new application for registration (form DEA 224). This can be done by leaving a message on an electronic recording (listen for instructions). When the form is

received: Enter the mailing address of the institution pharmacy. Check the "Hospital/Clinic" box. Mark all Schedule II, III, IV, and V blocks on the application. Complete the left side of the form. Check box to receive order forms. Mark "Not Applicable" for state license and controlled substance numbers. ALTHOUGH IT DOES NOT REQUEST AN EXPLANATION, ENTER "FEDERAL FACILITY." This will prevent a potential delay in processing. You do NOT pay a fee with this registration. Send the form to the Chief Pharmacist, BOP. The Chief of Health Programs, BOP, will verify your fee exemption and send it to the DEA. A Registration Certificate (DEA Form 223) will be mailed directly to the address given.

NOTE: It is likely that the HSA will already have filed this application before you arrive.

RENEWAL - Approximately 60 days prior to the expiration of your previous DEA Registration, you will receive a renewal form (DEA 224a). Complete as the initial registration (Check all schedules, mark "Not Applicable.") Send the form to the Chief Pharmacist, BOP. The Chief of Health Programs, BOP, will verify your fee exemption and send it to the DEA. You should receive your new Registration Certificate (Form 223) before your previous certificate expires. Complete this renewal form as soon as possible. If your registration goes out of date, the prime vendor WILL NOT ship anything to you.

ORDER FORMS - DEA Form 222 is the controlled substance order form issued by the U.S. Department of Justice/DEA. Check item 4 on the new registration application to receive an order form requisition (DEA Form 222d). Submit this requisition form to receive order forms. After the initial order is received, DEA Form 222b is in the back of the envelope. Use this form to order new order forms.

Send requests for order forms to DEA's registration branch:

Registration Branch
Drug Enforcement Administration
Registration Unit ODRR
1405 I Street, NW
Washington, DC 20537
202-254-8259

QUARTERLY CONTROLLED SUBSTANCE INVENTORY - This form is used not only to monitor your internal controls, but also as a method to compare current usage with that of the previous year. For that reason, it is necessary to complete the entire form, including the column on the extreme right side of the form. Keep one copy of this form in pharmacy and send copies

to the HSA, and the Chief Pharmacist, BOP. Correctional Services and the Business Office may also request a copy for their files. A cover memo should be attached to this form that verifies the count and is signed by the two members of the Quarterly Controlled Substances Inventory Team. OR - The two members of the Quarterly Controlled Substances Inventory Team may sign the Quarterly Controlled Substances Inventory Sheet, along with the Chief Pharmacist.

PERPETUAL CONTROLLED SUBSTANCES INVENTORY FORM - This form tracks the perpetual inventory of one particular controlled substance. You should have a form for each controlled substance in your bulk
stock. These forms should be in a binder which is stored in the bulk stock safe.

CERTIFICATE OF DISPOSITION AND REQUISITION - This two part form is used for controlled substances which are put into substock. The first section, the Requisition Form, is given a requisition number, and is recorded on the Perpetual Controlled Substances Inventory Form as a withdrawal from bulk stock. The Disposition Form is placed in the Substock Controlled Substances Binder and is used to track the use of individual doses of a controlled substance. When it is completed, it is attached to the corresponding Requisition Form, recorded in the Perpetual Controlled Substances Inventory Form, and stored in the binder in the bulk stock safe. Forms can be ordered from :

UNICOR Print Shop
FMC Fort Worth
3150 Horton Road
Fort Worth, TX 76119
(817) 535-2111

SUBSTOCK CONTROLLED SUBSTANCES INVENTORY FORM - This form is used to count Controlled Substances at each shift change. The form should have two signature lines - one for oncoming and one for outgoing staff. If your institution has no Morning Watch (midnight to 6:00 or 7:00 AM) then only the outgoing staff member will sign the substock log when he goes off duty - and the oncoming staff member will sign on the **next line** when he takes over responsibility in the morning.

DEA DISPOSAL FORM - A registrant wishing to dispose of controlled substances in any schedule should request DEA Form 41, and upon receipt, list the substances and submit three copies of the completed form to the DEA Regional Director.

The addresses of the DEA Regional offices are:

Drug Enforcement Administration Northeastern Regional Office 555 W 57th St. New York, NY 10019 212-399-5131	Northeastern Region: CN, DE, ME, MA, NH, NJ, NY, PA, RI, and VT
Drug Enforcement Administration Southeastern Regional Office 8400 NW 53rd Street Miami, FL 33166 305-591-4880	Southeastern Region DC, FL, GA, MD, NC, SC, TN and VA
Drug Enforcement Administration 3838 North Causeway Blvd Suite 1800 3 Lakeway Center Metarie, LA 70002 504 840-1100	Southern Region LA, MS, AL, AR
Drug Enforcement Administration North Central Regional Office 500 Dirksen Federal Building 312-353-1234	North Central Region IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, OH, SD, Chicago, Illinois 60604
Drug Enforcement Administration South Central Regional Office UT, Dallas Field Division 1880 Regal Row Dallas, TX 75235 214-767-7250	South Central Region AZ, CO, NM, OK, TX, and WY
Drug Enforcement Administration Western Regional Office 350 S. Figueroa Street Suite 800 Los Angeles, CA 90071 213-894-2650	Western Region AK, CA, HI, ID, MT, NV, OR, and WA

If you are one of most facilities that are advised that the DEA will not accept your controlled substances for disposal, you may be directed to a Controlled Substances Disposal Center, or one of several others licensed by the DEA. These facilities will dispose of controlled substances for a fee. This is perfectly within policy, because you are acting under the direction of the DEA.

Remember to retain a copy of the disposal form until you receive notification from the DEA (or BFI) that they have

received and destroyed your controlled substances. Retain this form as part of your permanent controlled substances records.

A third method is to contact the DEA and request permission, in writing to "self destruct" controlled substances. You can only do this with their permission in writing.

THEFT OR LOSS OF CONTROLLED SUBSTANCES - According to the Health Services Manual, any theft or loss of controlled substances must be reported in writing to the Chief Pharmacist at your facility, the HSA, and the Warden. The Warden will direct you to notify the DEA. You should notify the regional DEA office and request DEA Form 106. The pharmacy must then file a report using Form 106. You will keep one copy of this form for your permanent records and file two copies with your Regional DEA Office.

PRESCRIBER DEA NUMBERS - All prescriptions for DEA controlled substances must contain a DEA registrant number. All prescribers must have an individual DEA number or be specifically exempted from having a DEA number. (1) A prescriber may use his personal DEA number, (2) A Public Health Service prescriber may use his Social Security number, prefixed by the letters PHS (i.e. PHS-214-30-5621), or (3) A prescriber may use the institution DEA number, followed by an assigned suffix number for his own use (i.e. AD6232626-12). One of these numbers must be on all controlled substance prescriptions on file at your facility. If your facility uses hospital medication orders rather than prescriptions, then only the facility DEA number must be on the order form. This order form can be used as your hard copy for the Controlled Substance. One copy must be retained in the pharmacy and filed separately as a Controlled Substance prescription record. Remember that if you have a controlled substances prescription from a consultant physician, it must be co-signed or rewritten entirely by a staff physician.

ASSUMING RESPONSIBILITY FOR DEA CONTROLLED SUBSTANCES - A new Chief Pharmacist who arrives at an existing institution should immediately arrange for a Controlled Substances Inventory. The inventory should be done with the person who has responsibility for Controlled Substances up to that point - this may be the outgoing pharmacist or the HSA. Any recordkeeping errors or inventory problems should be addressed at this time, before you assume responsibility. The combination to the Controlled Substances safe should be changed at the time the new pharmacist assumes responsibility. A memorandum with the combination should be placed in a sealed envelope and delivered to the warden to be placed in his/her safe. This combination should be changed on an annual basis at a minimum. It also should be done when responsibility changes, or when you believe the security of the combination has been compromised. A suggestion is to keep a written record, signed by you and the locksmith, as to when the combination is changed - for the benefit of Program Review.

OTHER RECORDS - Pharmacy registrants are required under the Controlled Substances Act to keep the following records:

Registration Certificate
Biennial Inventory
Records of Receipt of Controlled Substances
Records of Disposal of Controlled Substances
Records of Dispensing of Controlled Substances

Remember that Schedule II prescriptions, order forms,

invoices, and disposal records must be kept separate from Schedule III, IV, & V. Your filing system must be "readily retrievable".

2.2 NEEDLES AND SYRINGES FORMS

BULK STOCK INVENTORY - You should have a Bulk Stock Needle & Syringe Inventory Sheet that reflects your bulk stock. When you requisition needles/syringes from this stock you should use some sort of Requisition Form. One such form that is readily available is the AF-1. You should assign a consecutive numbering system to these forms. One copy of the Requisition Form should be kept with the Bulk Stock Inventory and one copy should accompany the needles/syringes to the Sub-stock. This second copy should be placed in the Sub-stock Inventory Book.

SUB-STOCK INVENTORY - Every area that stores needles/syringes should have a Sub-stock Inventory Book (pharmacy, laboratory, dental, emergency cart, satellite station, and emergency kit bag). This Sub-stock Inventory Book should reflect the level of sub-stock in that particular area. The Sub-stock Use Sheets in this book have two signature spaces on each line. One space is for on-coming staff and one is for out-going. Sub-stock inventories should be done at each shift change. If your sub-stock is used infrequently, it is much easier to affix a security seal to the cart or bag or box. Then the contents need only be inventoried when the seal is broken, or during the pharmacy inspection, whichever comes first.

*** **NOTE**: Remember that ALL needles and syringes are to be accounted for. This includes pre-filled syringes.

*** **NOTE**: If you use security seals, a numbering system must be used to differentiate one seal from another. Unused seals should be stored separately from areas that are sealed. ***

NEW PHARMACIST TAKING RESPONSIBILITY FOR NEEDLES/SYRINGES - When a new pharmacist comes to an existing institution he/she should perform a Needle/Syringe Inventory with the current responsible party - if the new pharmacist will be designated as the responsible party by the HSA. Inventories should be performed for the Bulk Stock as well as all Sub- Stocks throughout the facility. Access to the bulk stock should henceforth be restricted to the new pharmacist.

2.3 PHARMACY INSPECTION FORMS

All areas of the institution where medication is dispensed, stored, or administered should be inspected by the pharmacist at least quarterly. This inspection needs to be documented. Keep these inspection forms for Program Review.

The most obvious method is to draw up an Inspection Form that requires a positive/negative response for several questions. Your inspection should address things like expiration dates, security issues, and control of distribution.

Remember that this inspection includes:

- Pharmacy
- Pharmacy Stockroom
- Emergency Room
- Treatment Rooms
- Emergency Room Cart
- Emergency Kit or Bag
- Anyplace else where medication is "hoarded away" in the Health Services Unit (i.e. exam room desk drawers, etc.)

You have two choices for inspection of areas that are sealed with security seals. (1) During the inspection you break the seal, check expiration dates, accuracy of inventory, and inventory levels, and put a new seal on the area. (2) Provide spaces on the inspection sheet for expiration dates and verification of seal. Thus, if the seal is intact and expiration dates are good, the seal does not have to be broken.

*** **NOTE**: If you use security seals, a numbering system must be used to differentiate one seal from another. Unused seals should be stored separately from areas that are sealed. ***

{**NOTE**: Program Review will also want to see a written record of inspection for non-pharmacy items that are stored with medications (oxygen, battery checks for the defibrillator, etc.). These should be addressed on your pharmacy inspection form or on a separate inspection.}

2.4 FORMS RELATED TO EXPIRED MEDICATIONS

INDEXING OF EXPIRATION DATES - It is no longer necessary to keep expiration date cards or sheets. It is now only necessary to do a visual inspection of your shelves each month to remove expired drugs. If you feel it is necessary to keep a written card system, go right ahead. Program Review will now be satisfied if you address expired drugs on your written pharmacy inspection done each month.

RETURNABLE ITEMS - The Prime Vendor MAY accept for credit all UNOPENED packages of medications. However, they are not **required** to issue credit for items that were not received as a result of their error. Contact your Prime Vendor Account Manager or Representative for details.

NON-RETURNABLES - The Prime Vendor will not accept OPENED packages of medications, or, in many cases, unopened packages for credit. There are two alternatives for disposal of non-returnables:

1) Contract with a returned-goods company such as

- **!** Rx Returns, Inc 215 679-9481
- **!** Reverse Management Systems 1 800 783-3773
- **!** Pharmaceutical Recovery Services 1 800 238-7774
- **!** Reverse Distribution Services 817 868-5300
- **!** Capital Returns 414 527-9912

These companies are generally approved by the DEA to accept controlled substances as well as opened and unopened packages of legend drugs.

Remember that you must complete a Request for Purchase and obtain authorization to expend govt. funds BEFORE you obligate the govt. to spend money on your returns. Generally the return company will accept your returns, figure out how much they are worth, and bill you a percentage of that (usually 15%). You must pay them before you receive credit for the returns on your Prime Vendor account.

If you are unable to substantiate that the medications you are returning were purchased in the current fiscal year, the Business Office may advise you that the credit you receive will be credited to the General Fund of the U.S. Government

rather than to your Prime Vendor Account or to your institution.

2) Use the old BOP system of counting and destroying outdated merchandise. This is the WORST option.

- Complete a Report of Survey form for expired non-returnables.
- Give this completed Report of Survey to your institution Property Management Specialist.
- He/she will return it to you with proper signatures and number codes affixed.
- Place the expired non-returnables in a Medical Waste Container.
- Make a copy of the completed Report of Survey. Keep one copy for Program Review and send one copy to the Chief Pharmacist, BOP. This is so the Central Office will have a method to track the value of non-returnables.
- Contact your Medical Waste company and tell them you wish to dispose of medications that may contain Hazardous Waste. They might not accept this waste. If not, you are forced to select Option 1.

CONFISCATED MEDICATIONS - Medications that are confiscated from inmates should not be recorded on a Report of Survey because they have already been dispensed. This includes medications that are confiscated from new admissions to the prison system that bring medications in from the street. This medication should be 1)placed directly in a Medical Waste Container and reported to the Medical Waste company as above. This avoids the possible environmental contamination of pouring it down the sink or toilet, OR 2) sent back to a Return Goods Company (see previous page).

INMATES ENTERING WITH PERSONAL MEDICATIONS For inmates who enter the institution with medication brought in as personal property:

1. They should be evaluated by a medical provider to determine whether or not the inmate needs the medication.

2. If there is a need, be sure that the institution pharmacy stocks that medication or a suitable substitute.

3. If the institution pharmacy has the medication or suitable substitute in stock, a prescription will be written for the inmate and the medication will be dispensed to him/her. The personal medication will be

confiscated, turned in to the pharmacy, and properly disposed of.

4. If the institution pharmacy does not have the medication or suitable substitute, then enough of the inmate's personal medication will be given to him/her to last until the pharmacy can obtain the medication from the Prime Vendor. The remainder of the private medication will be disposed of via Medical Waste, or a Return Goods Company.

5. At no time will personal property medication be returned to the inmate's family.

6. For inmates who arrive with claims of active prescribed medication, an attempt should be made to verify this information with a pharmacy or prescribing physician.

2.5 OTHER FORMS

SIGNATURE LOG - The Sig Log should be located in the pharmacy as a method to identify prescribers who are authorized to write prescriptions in your facility. One method is to attach a sheet of paper to your Controlled Substances Substock Ledger Book that has a list of all your prescribers with a signature line and an initial line. Some disadvantages to this method are that (1) Every time a new prescriber is credentialed at your institution, you need to recirculate a Sig Log to have them included, and (2) If a question about a prescription, chart entry, or medication use sheet comes up several months or years after a prescriber leaves your facility, the Sig Log sheet that he/she was on may be long gone. An alternative is to use a hard bound book that is subdivided into years. All prescribers would sign in the log book for the current year. Any new prescribers that come on duty during the year would simply add their names to that year's list of signatures. The next year, all prescribers would re-enter their signatures. The book would remain in the pharmacy and would be a ready reference source to identify signatures months or years after the fact.

MED-WATCH - Details for completing MED-WATCH forms for the FDA Medical Products Reporting Program have been included with the form.

OBRA - The CIPS program addresses the prospective review of prescriptions as required by OBRA 90 by utilizing the Pharmacist Intervention Form. The National Association of Boards of Pharmacy says "In regard to OBRA 90, documentation is the single most important thing pharmacists should do." JCAHO will be interested in error identification, trends, and corrective procedures. Program Review wants to see a Quality Assurance program in the pharmacy. The most important outcome from this program is that we can prove with hard data that pharmacists impact outcomes.

"Prospective Review" (review that occurs before the prescription is filled) happens when you review the prescription with respect to the patient's disease state, age, physical state, weight, drug allergies and prescription profile. We do it every time we fill a prescription. This intervention form is just a method of recording what you do. A prospective error does not become a retrospective error unless you fill the prescription without correcting the error.

"Retrospective Review" (review that occurs after the prescription is filled) happens when you review the

prescription after the patient has received it. This review can be accomplished by completing a Drug Utilization Review (DUR).

"Continuous Quality Improvement" is where you address plans to reduce prospective and retrospective error. The idea is to skow that you are attempting to track the data - and that you have a plan to address the problems. Some examples of CQI plans are:

- Patient education presentation to address topic of concern - to one patient or to a whole group of patients (i.e. diabetic patients)

- Prescriber education presentation to address topic of concern - whether to a single prescriber in the hallway or as a formal CME presentation to your medical staff.

- Review of appropriate multi-source product selection - a review for purely economic reasons, a review of an Adverse Drug Reaction, a review of therapeutic equivalence, or a patient complaint addressing undesirable effects of one brand vs. another.

- Pharmacy Personnel Education Presentation - may address training of pharmacists, technicians, nurses, physician assistants, etc. - usually in response to pharmacy error or procedure changes.

Use the CIPS form to present errors and solutions to the local Pharmacy and Therapeutics as concerns to be addressed by the committee. Keep the sheets to compare future rates of error.

3 PRIME VENDOR

3.1 GENERAL INFORMATION

*** Carefully read the instructions for computerized ordering procedures for the Prime Vendor Contractor, Amerisource.

ROUTINE ORDERING

1. Enter a list of items for purchase into the on-line computer system. This list will be put into "hold status." If on-line system is inoperable, PV should accept phone or facsimile orders.

2. Generate a hard copy of the order. Complete the appropriation data on the Request for Purchase (RP), attach the computer-generated copy of the order, and sign the RP. It is a good idea to write "estimated" next to the invoice total.

   *** NOTE: The pharmacist may be given signatory authority in preparing Requests for Purchase for pharmaceuticals. This must be designated in writing by the institution controller. ***

3. Deliver the RP to the Business Office for processing.

   *** NOTE: The requirement for certification by the Inventory Management Specialist has been waived for all drugs and pharmaceutical products. ***

4. The approved RP shall be assigned an RP number and be provided to the pharmacist. Enter the RP number into the on-line computer system to remove the order from "hold status" and transmit it to the contractor.

5. The contractor will provide a printback, confirming the shipment of in-stock items. Substitutions for out-of-stock items are to be arranged at this time. Follow contractor procedure for substitutions.

   *** NOTE: Sometimes the printback price is not the actual price that may be charged at a later date. This occurs if the contractor does not update its prices daily, or if your order is placed earlier in the day than price changes are entered. ***

6. Orders may be placed Monday thru Friday, with the understanding that orders placed on Friday will not be delivered until the following Monday.

7. Pharmaceuticals will be delivered the next scheduled delivery day. Med/Surgical supplies will be delivered within 2 days.

8. New computer requirements: Prime Vendor shall supply 2 hand-held ordering devices, 1 personal computer, a modem, printer, and cables.

Institution is responsible for furnishing recurring supplies (ie., paper, ribbons). PV is responsible for maintenance of equipment and shall respond within 24 hours after notification. The institution shall not be without order entry for more than 48 hours after the PV was notified.

RECEIVING

Pharmaceutical drugs and products will be delivered to the rear gate or warehouse unless otherwise directed at the institutional level. A copy of the itemized order attached to the RP will be provided to the warehouse by the business office at the time the order is placed (to ensure the RP is available in the warehouse prior to the goods arrival at the institution). The pharmacist is responsible for inventorying and verifying receipt of the contents of the bulk packages. Sign the invoice and corresponding receiver.

Price Loading: Upon notification by the VA National Acquisition Center, the PV shall load contract charges including price changes, contract extensions, and contract expirations within 5 calendar days of receipt of information. Price changes to FSS contracts will be effective on the 1st and 15th of each month.

Rebills: Must be done within 30 days.

Training: Contractor shall provide training for a maximum of 4 personnel.

<u>ORDER OF PRIORITY</u>: The order of priority for use of these PV contracts for drugs and pharmaceutical products are as contained in the Federal Acquisition Regulations Part 8.001 (a) (1) (vi). If the items are identified on the computer database as non-contract items, normal procurement procedures are to be used.

<u>ORDERING</u>: The prime vendor system allows the BOP to place drug orders directly into an on-line computer system which is provided by the contractor. Recognizing that individual

institutions may benefit from relaxing the specific ordering instructions contained in the previous OM, no specific ordering instructions are provided in this OM. Institutions may continue to use the previous OM ordering instructions or develop local ordering

instructions that provide more institutional flexibility that fully meet all applicable policy and procedure and the terms and conditions of the contract.

Note: The Pharmacist can be authorized to sign the RP as the Cost Center Manager for the purchase of pharmaceutical drugs and supplies, only. The Health Services Administrator must approve this signature authority for the Pharmacist.

Note: The requirement for certification by the Inventory Management Specialist has been waived for all drugs and pharmaceutical products.

- For orders over the small purchase limitation, the Contracting Officer shall complete an SF-279, "Individual Contract Action Report (ICAR)," as a delivery order under a requirements type contract. Individual orders under $1,000 are not to be included on the SF-281, "FPDS Summary Contract Action Report ($1,000 or Less)."

- Delivery Orders under $1,000 will be reported by keying the project code in the project block of the Delivery order using the project codes assigned to each Region as indicated below. Additionally, three asterisks will be keyed into the designator code block of the Delivery Order.

Project Codes

Use the following Project Codes for all purchases from the Pharmaceutical Prime Vendor. The separate coding for HIV drugs is necessary in order to allow your institution to receive reimbursement for these purchases from the Regional Office on a quarterly basis.

PROJECT CODE Regular Purchases	PROJECT CODE HIV Drug Purchases	REGION
72I	73L	NER
73I	74L	MAR
74I	75L	SER
75I	76L	SCR
76I	77L	NCR
77I	78L	WR

CUSTOMER SERVICE: Each BOP facility has been provided with a contact list containing names and responsibilities of Contractor personnel as well as the toll-free telephone number to reach customer service staff. A professional hospital representative from each Contractor will contact the facility Pharmacist monthly. Physical site visits can be arranged at a

mutually agreeable time with all Contractors. Institutions can add new

items to the database, if they are on Federal Supply Schedule **and** the manufacturer is a participant in the PV program, by calling the local distributor and providing the necessary information.

MONITORING OF CONTRACT:

a. Management Reports A variety of management reports are available through the computer system at each facility. All Contractors will provide the following reports within fifteen (15) calendar days following the end of the reporting period specified:

(1) Institution Level (Pharmacist)

Velocity Report (dollars spent) - Monthly
Velocity Report (generic description) - Monthly
Usage Report - Monthly
Therapeutic Report - Quarterly
Contract Compliance Report - Quarterly
Narcotic Report - Monthly

(2) Central Office (Chief, Pharmacist, BOP)

Usage Report - Monthly
Narcotic Report - Monthly
Vendor Report - Quarterly
Diskettes with data for each BOP facility - Quarterly (copy also provided to DVA)

b. Contracting Officer's Technical Representative (COTR) Routine, day-to-day situations referring to the contract should be addressed to the BOP COTR, John Babb, Chief, Pharmacist, at (202) 307-2867, extension 128. Any contracting issues should be addressed to the National Acquisition Center, P.O. Box 510, Hines, Illinois 60141,

PAYMENT PROCEDURES Invoices will normally be received at the time of delivery of the pharmaceutical products. Invoices received between the 1st and 15th day of the month shall be paid by the 28th day of the month. Invoices received between the 16th and the end of the month shall be paid by the 15th day of the ensuing month. This payment procedure will be followed for both "open market" and "Federal Supply Schedule" purchases.

Each institution shall establish procedures to ensure the Business Office receives the invoice in a timely manner for processing.

NOTE: The PV is authorized to bill the BOP the FSS price less 2.25%, plus a negotiated fee of one-fourth percent. In the past year there have been problems with credit and rebills from the PV. The problems were caused by retroactive price increases to the FSS contractor and confusion caused by primary and secondary pricing. The BOP was not included in the primary pricing statute. However, the BOP must pay the FSS price, higher or lower, even when it is made retroactive.

COMPUTER SYSTEMS The prime vendor Contractor will provide the computer systems to be used under the prime vendor system. The institutions's Computer Services Manager or Computer Systems Security Officer is to be notified when the system is brought into the institution. The prime vendor Contractor is responsible for the installation and maintenance of the computer systems and software. Emergency service and repair calls shall be made on an unlimited basis at no additional cost, except in cases of neglect or abuse by a Government employee. The prime vendor Contractor shall, within 24 hours after notification by either the Pharmacist or the Contracting Officer, furnish a qualified factory trained service representative to inspect the equipment and perform all repairs and adjustments necessary to restore the equipment to normal and efficient operating condition. If repair is not feasible, the prime vendor Contractor shall provide replacement of the computer system or software, as necessary. By either repair or replacement, institutions shall not be without order entry capability for more than 48 hours.

3.2 Amerisource

1. At the main menu, move cursor to highlight ORDER ENTRY and press ENTER.

2. At ACTIVE PURCHASE ORDER window press INSERT and follow instructions to add a new PO. Input a temporary or bogus PO #which may be up to 4 characters. Screen will ask for customer number. Press ENTER and customer number will be input automatically.

3. Return to ACTIVE PURCHASE ORDER window. The bogus PO # will be highlighted - or use arrow keys to select correct PO #. Press ENTER.

4. Create the order by using arrow keys to select the ordering mode you prefer. Your options are ITEM NUMBER, DESCRIPTION, NDC NUMBER, or your own USER number.

5. Press ESCAPE key until ACTIVE PURCHASE ORDER window appears. The temporary PO # will be highlighted, or use arrow keys to select correct PO #. Press the letter P to access PRINT menu.

6. In the PRINT menu, the temporary PO # will be highlighted, or use the arrow keys to select correct PO #. Press ENTER.

7. Screen will input "YES" next to temporary PO # and the highlighter will move down one line. Press and hold down CONTROL key. Press ENTER key and release both keys immediately.

8. SELECT FORM TYPE will appear in middle of screen. Of the five forms available, the system will automatically select REGULAR PO FORM. Press ENTER. The printer will generate a hard copy of the order for you to present to the Business Office. At this point the order has not been transmitted to ALCO.

9. Attach a copy of the order to a REQUEST FOR PURCHASE (RP). You must fill in the financial data, source information, date, and obtain a signature from the HSA (or yourself if you are designated). Write "estimated" next to the invoice total. Take this paperwork to the business office to obtain signatures and a valid PO #.

10. Return to the computer and the ACTIVE PURCHASE ORDER window. Highlight the temporary PO # with the arrow keys. Press letter C to copy.

11. COPY PURCHASE ORDER will appear in screen. Left side of screen will indicate PO numbers. Use arrow keys to highlight the temporary PO #. Enter valid PO # from Business Office. Screen will ask for customer number. Press ENTER and this number will be input automatically.

12. Return to ACTIVE PURCHASE ORDER window. Valid PO # will be highlighted - or use arrow keys to select it. Press ESCAPE which will return you to the Main Menu.

13. Use arrow key and highlight COMMUNICATIONS. Press ENTER. Screen will display COMMUNICATION menu. SEND ORDERS will be highlighted, or use arrow keys to select SEND ORDERS. Press ENTER. Screen will display ORDER menu. Highlight the valid PO # you desire to transmit. Press ENTER. [Be sure you don't transmit the bogus # instead]

14. The screen will input "YES" next to the PO # and the highlighter will move down one line. Hold down the CONTROL key and press the ENTER key and release both keys simultaneously immediately.

15. The last action will transmit the order. The screen will automatically return to the last screen. After a few minutes, a four digit number will appear in the acknowledgement number column. If this doesn't happen - repeat steps 13 and 14.

16. In order to determine what merchandise you will receive in your order you should request a PRINTBACK. This can be done by waiting one hour or more after transmitting the order. The prices should also be up to date on the printback - but don't bet on it.

17. Go to the COMMUNICATIONS menu. Tab to CALL FOR PRINTBACK. Press ENTER. The data will appear on the screen.

18. If you want a printed copy - go to the ORDER ENTRY menu. Select PRINT. Press ENTER. The screen will input YES next to the PO #. Hold down the CONTROL key and hit the ENTER key. Release both keys simultaneously immediately.

4 NATIONAL FORMULARY

4.1 FORMULARY SYSTEM

The Pharmacy and Therapeutics Committee is responsible for the development and maintenance of a National Formulary for use throughout the Federal Bureau of Prisons. All drugs and dosage forms included in the formulary have been chosen after careful consideration of clinical effectiveness, usefulness, safety, relative costs, and security concerns in order to provide prescribers with a choice of agents that are clinically useful and cost-effective in the treatment of patients. The formulary system provides for the procuring, prescribing, dispensing, and administration of drugs by their generic names. Use of medications that are generic equivalents to trade names are considered acceptable. All prescribers in the Bureau of Prisons should limit prescriptions to those agents listed in the National Formulary.

The National Formulary is a compendium of all therapeutic or diagnostic agents recommended as essential for patient care by the Pharmacy and Therapeutics Committee and approved by the Medical Director, BOP, for use in the Bureau of Prisons.

The Pharmacy and Therapeutics Committee (P & T) is a committee that is comprised of pharmacists and physicians from the field and the Central Office. The P & T Committee is responsible for the development and surveillance of all drug policies and procedures within the Bureau of Prisons. The Committee assists in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and security procedures relating to drugs in the Bureau of Prisons. The Committee also performs the following functions:

- Advises the Medical Director, BOP on all matters pertaining to the use and choice of drugs.

- Develops and reviews periodically the National Formulary.

- Recommends the addition and deletion of drugs to/from the National Formulary.

- Develops and approves policies pertaining to "Restricted Drugs", "Over-the-Counter Medications", drugs for sale in the Commissary, and Controlled Substances.

4.2 NON-FORMULARY DRUGS

Non-formulary drugs will not be purchased by an institution pharmacy for a patient unless the pharmacy has obtained the written approval of the Medical Director, BOP.

NON-FORMULARY DRUG AUTHORIZATION

Any prescriber who wishes to use a non-formulary drug for a specific patient should fill out a Non-Formulary Drug Authorization. The prescriber should include the patient's diagnosis, formulary drugs used, and a reason why formulary agents cannot be used. The Non-Formulary Drug Authorization should then be signed by the Clinical Director and given to Pharmacy Services. Pharmacy Services will add pricing information and their own comments on the request, and then send the Non-Formulary Drug Authorization to the Chief Pharmacist, BOP. (Fax number is on form.) He/she will add comments and obtain the approval or disapproval of the Medical Director, BOP. The Chief Pharmacist, BOP will then fax the completed form to the institution. If you feel the situation warrants a phone call, please feel free to call the Chief Pharmacist, BOP to request an expedient decision.

*** NOTE: The Non-Formulary Drug Authorization is a request to treat a SPECIFIC PATIENT - not a blanket authorization. ***

REQUEST FOR ADDITION TO FORMULARY

Any physician or dentist may request addition or deletion of a drug to/from the National Formulary. The request should be made in writing on a Request for Addition to Formulary form and sent to the Chief Pharmacist, BOP. Supporting documentation should be attached to the request. This request will be placed on the agenda of the next Pharmacy and Therapeutics Committee meeting.

The Pharmacy and Therapeutics Committee will rule upon the appropriateness of the request and send their recommendation to the Medical Director, BOP. Supporting documentation is an important part of this process. If your request and supporting research articles make a justifiable case for addition to the formulary, it will probably be approved.

*** NOTE: The Request for Addition to Formulary is a request to add a product to the National Formulary for use in the ENTIRE patient population. ***

4.3 RESTRICTED DRUGS

Restricted drugs have been approved for use only under specific and restricted conditions. Requests for use of a restricted drug for a non-approved indication must be approved via a request for exemption to policy. This should be submitted to the Chief Pharmacist, BOP for his/her comments to be presented for approval to the Medical Director, BOP. Any physician, dentist or pharmacist may request in writing that a restriction on a particular drug be removed. This request should be submitted to the Chief Pharmacist, BOP to be considered at the next P & T Meeting. Use the Request for Addition to Formulary form.)

5 LOCAL FORMULARY

There should be a Local Formulary in place so that local prescribers will have a means of reviewing what is available for their use. The Local Formulary is the subset of items on the National Formulary that will normally be stocked at your institution. The local Pharmacy and Therapeutics Committee shall determine what drugs in the National Formulary are in the Local Formulary. No item should be on the Local Formulary which is not also on the National Formulary. No restrictions that appear on the National Formulary may be removed.

In addition to highlighting those items that are normally stocked by the institution pharmacy, the Local Formulary may also contain more information than the National Formulary for each of these items. You may choose to add:

- strengths available locally
- dosage forms available locally
- prescribing information
- prescribing cautions.

5.1 INSTITUTION PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics Committee shall meet at least quarterly. It should be comprised of Medical Staff, Dental Staff, Pharmacy Services, Physician Assistants, Nursing Services, and Health Services Administration. The Institution P & T Committee should be chaired by the Clinical Director. The pharmacist usually acts as coordinator.

The Institution P & T Committee shall:

- Determine what drugs in the National Formulary shall be available locally.
- Determine what strengths and dosage forms are available locally.
- Determine if any drugs on the National Formulary should be restricted further (i.e. designated as "Pill Line").
- Discuss errors in prescribing, dispensing, and administering medications in the institution.
- Discuss Adverse Drug Reactions that occur in the institution.
- Approve Drug Use Evaluations (DUEs) used in the institution.
- Review DUE data and track problems over time.
- Review changes in the National Formulary.
- Present drug information.
- Recommend that a "Request for Addition to Formulary" be completed for a specific drug.
- Discuss Improving Organizational Performance.

MINUTES - The Institution P & T Committee Meeting minutes should contain:

- Date of meeting
- List of attendees
- Reading and acceptance of previous minutes
- Policy and Procedure Review
- Review of Past Issues
- Formulary Issues
- Investigational Drugs
- Drug Related Research Projects
- Monitoring and Enforcement Activities
  Medication Recalls
  Medication Errors
  Adverse Drug Reactions and Monitoring
  QA/QI Activities
  Pharmacy Interventions
- Floor Stock Medications
- Drug Utilization Review
- Issues referred to Medical Executive Staff

Completed DUEs
DUE Proposals

Minutes should be signed by Chairman (Clinical Director) and Recorder (Pharmacist). One copy of the P & T Committee meeting minutes should be mailed to the BOP Chief Pharmacist.

6 AWARDS

6.1 PHS AWARDS

AWARDS BOARD

The BOP Awards Board is comprised of the Chief Professional Officers, the PHS Liaison, and a Senior Deputy Assistant Director (Health Services Division). This group reviews each award nomination that is received from the field by the end of the quarter. The Awards Board critiques the nomination, votes on same, and then makes its recommendation to the Medical Director, BOP. Most awards can be awarded on the signature of the Medical Director. A few must go on to a Public Health Service Awards Board.

The BOP Awards Board meets during the first week of every quarter. They review all awards submitted during the previous quarter. Make sure any awards are received by the Awards Coordinator by March 31, June 30, Sept 30, or Dec 31 in order to be considered in a timely manner.

The BOP Awards Board may take one of several actions:

- Approve the nomination as received
- Raise or lower the level of the award
- Refuse to approve the nomination
- Send the nomination back to the institution for clarification or (usually) with a suggestion to rewrite the justification for the award.
- Recommend the award for submission to PHS (for those that cannot be awarded by the Agency)

The Medical Director has the same options available to him.

The members of the Awards Board take their responsibility very seriously. They are committed to the effort to be consistent and fair in their recommendations.

The PHS Awards Coordinator at the Central Office is Freda Muse.
All award nominations are to be sent to her at:

Health Services Division
320 First Street, NW
Washington, DC 20534
202-307-2867 Ext. 123.

INDIVIDUAL AWARDS

HAZARDOUS DUTY AWARD - An officer is automatically eligible to receive this award after 6 months on duty in a BOP facility (except Federal Prison Camps). If you have not received this award and meet the qualifications, contact the Chief Pharmacist, BOP.

PHS CITATION - This award is generally for an accomplishment beyond what is normally expected from a PHS officer. The accomplishment or special program is usually one of short duration (3 to 6 months). This award is given to those officers who achieved Honor Graduate status at Glynco. Again, if you were a Glynco Honor Graduate and have not recieved this award, be sure your facility has submitted a nomination. The Central Office needs a nomination from your supervisor, signed by your warden.

ACHIEVEMENT AWARD - This award can be considered one step above the PHS Citation. It is generally for a sustained accomplishment or program, a very high level of performance for a considerable length of time, or a program that goes beyond your practice setting.

COMMENDATION MEDAL - This award represents (1) sustained high quality work performance in scientific, administrative, or other professional fields; (2) application of unique skill or creative imagination to the approach or solution of problems; or (3) noteworthy technical and professional contributions that are significant to a limited area. This award requires a level of proficiency and dedication DISTINCTLY greater than that expected of the average commissioned officer. A reminder - the award nomination must reflect this level of performance. The Awards Board can only judge your suitability for the award based on what is written.

THE OUTSTANDING SERVICE MEDAL - This award is normally presented to officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS, or performed a single accomplishment which has had a major effect on the health of the Nation, or performed a heroic act resulting in the preservation of health or property. Differentiation between the Outstanding Service Medal and Meritorious Service Medal concerns the magnitude of the impact. This award must be approved by DCP and the Surgeon General.

Refer to your Commissioned Officer Booklet for other individual award information.

UNIT AWARDS

THE UNIT COMMENDATION - This award is an acknowledgement of outstanding accomplishments by a designated organizational unit within PHS. The award is made to commissioned officers in a PHS unit which has demonstrated a significant level of performance well above that normally expected (but somewhat lower than that required for the Outstanding Unit Citation). The period recognized is normally short, marked by definite beginning and ending dates.

THE OUTSTANDING UNIT CITATION - This award represents acknowledgement of outstanding achievement by a designated organizational unit within PHS. The award is made to commissioned officers in PHS components who exhibit superior service toward achieving the goals and objectives of PHS. The award requires the performance of exceptional service of NATIONAL or INTERNATIONAL significance. The period recognized will normally be short and marked by definite beginnning and ending dates. The Awards Board focuses on the national impact of the achievement. Without that impact, it would be considered as a Unit Commendation rather than the Outstanding Unit Citation.

NOTE: All Unit Awards should also contain the names of the Civil Service employees in that unit.

CASH AWARDS

Commissioned Officers are NOT eligible for cash awards based on performance.

6.2 CIVIL SERVICE AWARDS

Awards for Civil Service employees are covered by MANY pages of Human Resource Management Program Statements. In essence, the awards all require nomination and documentation by your supervisor to the Institution Awards Committee. The Committee then weighs the substance of your performance and decides the format of your recognition. You may recieve a Letter of Commendation, a Commendation Plaque, a monetary award, a Step-In-Grade increase, or Time Off with Pay. The amount of money may vary according to the level of activity recognized. The amount of time off with pay may vary from 4 to 40 hours - with a maximum of 80 hours in one calendar year.

EMPLOYEE OF THE MONTH - Usually a monetary award.

EMPLOYEE OF THE QUARTER - Usually a monetary award.

EMPLOYEE OF THE YEAR - Usually a monetary award and a plaque or letter.

SUPERVISOR OF THE QUARTER - Usually a monetary award.

SUPERVISOR OF THE YEAR - Usually a monetary award and a plaque or letter.

SPECIAL ACT AWARD - Usually a monetary award, though recently time off with pay has been utilized. If you were an Honor Graduate at Glynco, this is normally the award you would receive.

QUALITY STEP INCREASE - This requires a nomination from your supervisor accompanied by your most current performance evaluation. You would receive an unscheduled step increase within your pay grade.

SUSTAINED SUPERIOR PERFORMANCE - This requires a nomination from your supervisor accompanied by your most current performance evaluation. You would normally receive a monetary award or time off with pay.

Correctional Institution Pharmacy System

The following pages give quick, simple answers to commonly asked questions concerning the CIPS computer system.

ORDERING EQUIPMENT

1. What printer is required to operate the CIPS computer

system?

There are a couple of alternatives:

* Use a Lexmark Optra T 610 for new prescriptions and a second printer with a tractor-feed for refills. When you run reports, replace the new prescription label paper with regular paper.

* Use a Lexmark Optra T 1855 - which has three trays. One tray for new prescriptions, one for reports, and one for refills.

2. Where can I order prescription labels and MARs?

• Prescription labels (new and refill) and MARs can be ordered from Kalos, Inc at 800 264-0068. The MARs can be ordered as either 7 or 31 day paperwork.

• All MARs - $71.40/1000
New Rx Labels $55.00/1500
Refill Labels $11.63/3750

3. Where can I order back-up tapes? What are the specifications I need?

• The back-up tape is a Compaq QIC3220 TR5 minicartridge 10/20 gigabyte or equivalent. These can be acquired from your local office supply company at a price ranging from $46 to $59 each. You need at least 5 tapes for the system.

<u>ADDING PROVIDERS</u>

4. How do I add a new provider?

NOTE: Only the pharmacist can add providers or pharmacy personnel

• At the CIPS menu bar, select ‘File’, the ‘Doctor’, select ‘new’ and fill in the required information and save it. This should be done for each provider.

5. How do I add pharmacy personnel into the system?

- Pharmacy personnel need to be added by a pharmacist who has system access. At the CIPS menu bar, select ‘File’, the ‘Security’, the ‘Operator’, then ‘New’. Fill in the required information and then save it. Exit out of the program and try to enter CIPS using the new operator’s user name and password to verify that the operation was successful.

ENTERING DRUGS

NOTE: Only a pharmacist can add drugs

6. How can I add a non-formulary drug?

- Almost all of the drugs that you will use are in the drug file of the CIPS system, however, when you belive you need to enter a drug: first search the system by both name and NDC number before attempting to add a new drug. At the CIPS menu bar, select ‘File’, then ‘drug’, then select ‘New’. Follow the prompts and enter as much information as possible. After adding a drug to the drug file, the drug list needs to be re-built. At the CIPS menu bar, select ‘Update’, then ‘Drug List Build’.

GENERATING REPORTS

7. How do I print a list of all prescriptions filled on a given day?

- At the CIPS menu bar, select ‘Report’, then ‘Daily Reports’, then ‘Script Journal’. This will print a list of all prescriptions generated for any given day. It also allows for separate reports to be generated for controlled substance logs.

HELP

8. Who can I call if I have other questions or need more information?

- The BOP pharmacist who trained you
- BOP Information Systems 202 307-3065 (Chris Barnes, Earl Franks)
- KALOS Staff 800 264-0068

DRUG INFORMATION

Providing drug information and education is an important part of a pharmacist's job. As you are likely the sole source for this in your institution, you'll need to know where to find it. Section 12 of this handbook offers listings of several reference books to order for use in the pharmacy. For the latest in-depth information, contact the Drug Information Service at FMC Rochester. These drug information sources will also be helpful in preparing comments on non-formulary request forms.

8.1 **FMC ROCHESTER**

DRUG INFORMATION SERVICE

Featuring the Iowa Drug Information Service (IDIS)

- **!** Quick, accurate source of information
- **!** Complete database, updated monthly
- **!** Over 160 journals, worldwide
- **!** Receive actual article not just references
- **!** Summary and opinion by researching pharmacist

NEED INFORMATION FOR: Please call us!

A presentation ? (507) 287-0674, ext 480
FTS 787-1480

A non-formulary request ? FAX FTS 787-1585

Update your knowledge ?

Medical staff inquiry ?

SUBJECT/TITLE: ADVERSE DRUG REACTION MONITORING AND PREVENTION

Applicability: Medical Staff, Pharmacy, Nursing, Respiratory Therapy, Dietary, Physical Therapy, Radiology, Dental, Medical Records, Risk Management

Purpose/Principle(s): The goals of the Adverse Drug Reaction Monitoring and Prevention Program are:

- Preventing or minimizing the occurrence of adverse drug reactions;
- Reducing the severity of adverse drug reactions;
- Improving the detection and reporting of adverse drug reactions;
- Providing the appropriate care when adverse drug reactions occur.

Procedural Guideline(s):

12 DEFINITION OF AN ADVERSE DRUG REACTION

An adverse drug reaction (ADR) is:

"Any unexpected, unintended, undesired, or excessive response to a drug that

1. requires discontinuing the drug (therapeutic or diagnostic),
2. requires changing the drug therapy,
3. requires modifying the dose (except for minor, routine dosage adjustments),
4. necessitates admission to a hospital,
5. prolongs stay in a health care facility,
6. necessitates supportive treatment,
7. significantly complicates diagnosis,
8. negatively affects prognosis, or,
9. results in temporary or permanent harm, disability, or death."

13 RESPONSIBILITY

The pharmacy department will coordinate the activities of the Adverse Drug Reaction Monitoring and Prevention Program within the institution and will prepare and submit reports to the F.D.A. Medwatch Program when indicated.

All healthcare providers are encouraged to participate in the Adverse Drug Reaction Monitoring and Prevention Program by reporting known or suspected reactions to the

pharmacy on the "Suspected Adverse Drug Reaction Report" form.

14 ADR DETECTION AND CLASSIFICATION

14.1 Symptoms

Signs and symptoms of reactions that may be due to a drug include:

- Changes in a patient's physical or mental condition;
- Bleeding problems;
- Blood dyscrasia;
- Cardiac arrhythmias;
- Skin rashes or hives;
- Anaphylactic type reactions;
- Convulsions;
- Hallucinations; and,
- Renal failure.

14.2 Indirect Indicators of ADRs (by Patient Groups)

- Patient who have previously experienced one or more adverse drug reactions
- Patients who receive "stat" doses of drugs that are often used for managing ADRs (e.g., diphenhydramine, epinephrine, hydrocortisone, aminophylline, etc.)
- Patients who have "stat" serum drug concentrations ordered
- Patients who only receive one or two doses of drugs that are usually administered on a regular schedule for a long period
- Patients who have an abrupt dosage reduction or discontinuation of long-term maintenance drugs

14.3 Target Drugs or Drug Groups for Close Observation

- Drugs frequently associated with ADRs (e.g., aminoglycosides, antibiotics, anticoagulants, diagnostic agents, HIV therapy, etc.)
- Radiology or nuclear medicine preparations
- Respiratory therapy drugs
- Drugs recently approved for general use by the FDA

14.4 Classifying ADR's

14.4.1 *Confirmed or Definite ADR* -

- The reaction was first noted after administering the drug (patient challenge),
- the reaction ceased or diminished when the drug was stopped (dechallenge),
- the reaction recurred when the drug was readministered (rechallenge), and,
- there is a known association of the reaction with the drug (literature documentation).

14.4.2 *Likely ADR* - Same indicators as for "confirmed ADR" except the patient is not rechallenged (May be contraindicated due to severity of ADR)

14.4.3 *Possible ADR* -

- The reaction appears to be due to the drug (e.g., temporal relationship between administration and reaction less conclusive; however, most other causes have been ruled out), and,
- there is a known association of the reaction with the drug (literature documentation).

14.4.4 *Unlikely or Doubtful ADR* -

- There is reason to believe that another drug or cause is responsible for the reaction, or,
- there is no support for associating the reaction with the suspected drug.

14.5 Ranking ADR's

14.5.1 *Serious ADRs* - (potentially life-threatening or harmful)

- The reaction required immediate discontinuation of the drug, and,
- initiation of supportive treatment; or,
- the reaction contributed to death or disability.
  (Rechallenge is contraindicated)

14.5.2 Moderate ADRs -

- The reaction required a significant reduction in dose, or,
- discontinuation of the drug, or,
- an extension of stay in the hospital.

14.5.3 *Insignificant ADRs* -

- The reaction required little or no treatment or change in therapy,
- no discontinuation of the drug, and,
- no extension of stay in the institution.

15 PROVISION OF CARE FOR PATIENTS WITH ADRs

15.1 Emergency Drugs and Antidotes

15.1.1 The *Antidote Kit* will contain a collection of medications for use in poisonings and/or overdoses. The contents will be reviewed and approved by the medical staff through the Pharmacy and Therapeutics Committee. The Antidote Kit will be maintained in the Treatment Room.

15.1.2 *Crash Carts* will contain a collection of medications and supplies intended for use in medical emergencies. The crash carts' contents shall be guided by current ACLS guidelines as defined by the *American Heart Association*. To minimize confusion in emergencies, it is essential that emergency carts be standardized both in their contents and in the arrangement of those contents within the drawers of the

carts. The contents of the crash carts must be reviewed and approved by the medical staff through the Pharmacy and Therapeutics Committee. Any subsequent changes to the established list of contents must likewise be presented to the Pharmacy and Therapeutics Committee for review and approval. Emergency carts shall be located in areas that house high-risk patient groups, where high-risk procedures are routinely performed, and in areas designated for urgent care.

15.2 Notification of provider - Appropriate patient care includes notifying the provider immediately if an adverse drug reaction is suspected. The provider may then

15.2.1 Initiate any required supportive therapy;

15.2.2 Discontinue the drug if the reaction poses a risk to the patient;

15.2.3 Substitute a less toxic drug.

15.3 Patient education - A patient who has experienced an adverse drug reaction should be provided with:

15.3.1 information regarding the drug or type of drug responsible for the reaction, and, precautions to take to prevent or minimize further reactions.

16 PREVENTION OF ADRs

Actions that may be taken to prevent or minimize the occurrence of adverse drug reactions include:

16.1 Interview patients for a past history of allergies, ADRs, and intolerance to drugs prior to dispensing or administering medications; especially the first time a medication is ordered.

16.2 Administer test doses or conduct skin testing to identify patient at risk for allergic reactions to selected medications (e.g., iron dextran test dose, penicillin skin testing).

16.3 Indicate sensitivities or known allergies on the medical record, the medication administration record, and the patients' profile in the pharmacy computer.

16.4 Administer drugs within recommended dosage ranges.

16.5 Administer drugs by an appropriate technique (e.g., at the appropriate infusion rate)

16.6 Monitor to ensure that serum drug concentrations remain within an acceptable therapeutic range.

16.7 AIMS Testing for the detection of extra-pyramidal symptoms

17 REPORTING REQUIREMENTS

17.1 The pharmacy department will submit quarterly reports summarizing data regarding adverse drug reactions to the Pharmacy and Therapeutics Committee. ADRs classified as "serious" or "moderate" will be reviewed individually by the Committee. The Pharmacy and Therapeutics Committee will determine which ADRs will be reported to the FDA. The FDA is particularly interested in:

17.1.1 Serious reactions;

17.1.2 Events not described in the labeling (unexpected reactions);

17.1.3 Reports of cancer or birth defects;
17.1.4 Unexpected drug-drug and food-drug interactions; and
17.1.5 Reactions to newly approved drugs (within three years of approval.)

17.2 When indicated, written reports of ADRs will be submitted to the Food and Drug Administration on form *Adverse Reaction Report*, FDA Form #1639. A copy of this form will be included in the institution's Pharmacy and Therapeutics Committee Minutes.

17.3 The FDA requires persons who administer selected vaccines to report specified adverse events. Adverse events to be reported under the Vaccine Adverse Event Reporting System (VAERS) are those related to the administration of diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella vaccines. Form VAERS-1 is used to report these events.

SUSPECTED ADVERSE DRUG REACTION REPORT

Monitor and treat the patient and report the reaction to the primary physician.
Enter the reaction in the patient's medical record and place red allergy sticker on front of record.

INMATE NAME _____ **INMATE NUMBER**_____

INPATIENT _____ **OUTPATIENT** _____ **PHYSICIAN** _____

AGE _____ **SEX** _____ **RACE** _____ **DATE/TIME REACTION NOTED** _____

DIAGNOSIS _____

CURRENT DRUG THERAPY (Last 24 hours)

DRUG	STRENGTH	FREQUENCY	ROUTE	DATE/TIME STARTED

DRUG SUSPECTED OF CAUSING REACTION (drug, dose, route, date/time started, time(s) administered)
_____
_____

Reaction was first noted after drug was started. Yes _____ No _____ N/A _____
Reaction ceased or diminished when drug was stopped. Yes _____ No _____ N/A _____
Reaction recurred when drug was readministered. Yes _____ No _____ N/A _____
Reaction is know to be associated with the drug. Yes _____ No _____ N/A _____
Was the drug suspected noted in the patient's allergy data prior to administration?Yes _____ No _____

Was the drug suspected obtained from the commissary or from the pharmacy?_____

REACTION (physical symptoms and patient complaints) CHECK ALL APPLICABLE:

____ Blurred Vision ____ Chills ____ Confusion ____ Constipation
____ Dark, Tarry Stools ____ Dec. Blood Pressure ____ Diarrhea ____ Dizziness
____ Drooling ____ Drowsiness ____ Dry Mouth ____ El Blood Pressure
____ Eye Pain ____ Fainting ____ Fatigue ____ Fever
____ Headache ____ Hearing Loss ____ Hemorrhage ____ Inflammation
____ Insomnia ____ Itching ____ Loss of Appetite ____ Mouth Ulcers
____ Muscle Pain ____ Nasal Congestion ____ Nausea ____ Numbness
____ Pain ____ Paralysis ____ Photosensitivity ____ Rapid Heart Rate
____ Rash ____ Renal Failure ____ Rigidity ____ Ringing in Ears
____ Shock ____ Sweating ____ Swelling ____ Tingling
____ Tremors ____ Vomiting ____ Other (list below)

_____

_____**ONSET WAS:** ____ **SLOW** (more than 3 hrs) ____ **MODERATE** (½ to 3 hrs) ____ **FAST** (less than ½ hr)

TREATMENT GIVEN OR ACTION TAKEN

_____

_____

_____

_____ **DRUG DISCONTINUED** _____ **DOSE REDUCED** (from _____ to _____)
_____ **DRUG CONTINUED**

DRUGS USED TO TREAT THE REACTION:

DRUG	STRENGTH	ROUTE	FREQUENCY

NAME OF PHYSICIAN NOTIFIED_____ **DATE/TIME NOTIFIED** _____

PERSON PREPARING REPORT _____ **DATE OF REPORT** _____

REVIEWING PHYSICIAN'S ASSESSMENT/COMMENTS

_____

_____

_____

_____

_____

REVIEWING PHYSICIAN'S SIGNATURE _____ **DATE** _____

_____

PHARMACY AND THERAPEUTICS COMMITTEE REVIEW AND CLASSIFICATION

Classification: _____ (**C**)onfirmed or definite, (**L**)ikely, (**P**)ossible, (**U**)nlikely or doubtful
Severity: _____ (**S**)erious, (**M**)oderate, (**I**)nsignificant
Action taken: _____ (**E**)ducation, (**R**)estriction, (**N**)ot needed (state reason)
Recorded: _____ Reaction recorded on patient's medical record: (**Y**)es, (**N**)o
FDA report: _____ Report sent to FDA (**Y**)es, (**N**)o, and date sent

_____

_____

_____

_____

_____

ADVERSE DRUG REACTION SUMMARY

YEAR _____ PAGE _____
of _____

Drug	Date	Reaction	Class	Sever	Action	Rec	FDA Rpt

Class(ification): (**C**)onfirmed or definite, (**L**)ikely, (**P**)ossible, (**U**)nlikely or doubtful
Sever(ity): (**S**)erious, (**M**)oderate, (**I**)nsignificant
Action (taken): (**E**)ducation, (**R**)estriction, (**N**)ot needed (state reason)
Rec(orded): Reaction recorded on patient's medical record: (**Y**)es, (**N**)o
FDA rpt: Report sent to FDA (**Y**)es, (**N**)o, and date sent

Approved by: _____ Chief, Pharmacy Department _____ Health Services Administrator _____ Clinical Director _____ Director of Nursing _____ AW (Medical)	**Related Accrediting Standards:** P.I.4.5.4 **Resources: (if applicable)** **Cross References:** **Literature References**: "ASHP Guidelines on Adverse Drug Reaction Monitoring and Reporting", *Practice Standards of ASHP, 1996,* pp. 56 - 58. Coe, C.,*The Elements of Quality in Pharmaceutical Care,* ASHP, 1992, pp. 39 - 45.
Revision:____ New: X	
Effective Date:	
Review Date:	
Developed & Submitted By: Improving Organizational Performance Committee	
Distribution: Patient Care Manual	

DIRECTORY OF PHARMACISTS

FEDERAL BUREAU OF PRISONS

FPC ALDERSON GLEN RAY ROAD BOX B ALDERSON, WV 24910	RX. 700 924-3260 FAX 304 445-2457	INST. 304 445-2901 700 924-3000 HSA 700 924-3292
LSCI ALLENWOOD 602 LIBERTY ST WATSONTOWN, PA 17777	GINA BROWN RX. 700 531-1483 FAX 717 547-0345	INST. 717 547-1990 HSA DAN DESANTOS EXT 467
FPC ALLENWOOD P.O. BOX 1000 MONTGOMERY, PA 17752	FRED MAIER RX. 700 592-1156 FAX 717 547 6571	INST. 717 547-1641 700 592-1100 HSA 700 592 1154
MSCI ALLENWOOD P.O. BOX 2500 WHITE DEER, PA 17887	RICK STALLKAMP RX. Ext 5612 FAX 717 547-7710	INST. 717 547-7950 HSA HOWARD WEIGAND 717 727-9466
USP ALLENWOOD P.O. BOX 3500 WHITE DEER, PA 17887	RAELENE SKERDA RX. 700 727-1465 FAX 717 547-1496	INST. 717 547-0963 HSA RON LAINO EXT 458
FCI ASHLAND P.O. BOX 888 ASHLAND, KY 41101	TERESA PORTER RX. 700 358-8134 FAX 606 928-2049	INST. 606-928-6414 700-358-8011 HSA AMANDA WAUGHAMAN 700 358-8144
USP ATLANTA 601 MCDONOUGH BLVD SE ATLANTA, GA 30315	WALTER HOLT RX. 404 730-9545 FAX 404 331-3806 PATRICIA WIGGINS TOFIQUE USTA	INST. 404 622-6241 700 251-0100 HSA KETTA MARTIN 700 251-0235
FCI BASTROP BOX 730 HIGHWAY 95 BASTROP, TX 78602	MARK GOUDEAU RX. 700 521-3290 FAX 512 321-1676	INST. 512 321-3903 700 521-3050 HSA JOHN STONE 700 521-3244
BEAUMONT COMPLEX BOX 26035 BEAUMONT, TX 77720-6035	DAVE MILLER 409 727-8188 EXT 4119	

FCI BECKLEY INST. 304 252-9758
1600 INDUSTRIAL PARK RD EXT 4302
BEAVER, WV 25813 FAX 304 256-4969 HSA MILES MATTHEWS
700 295-4300

FCI BIG SPRING BILL SAGE INST. 915 263-
6699 1900 SIMLER AVE. RX. EXT 6910
BIG SPRING, TX 79720 FAX 915 268-6865 HSA ARLENE BALINAO
EXT 6908

MDC BROOKLYN INST. 718 832-1039
100 29TH ST RX. EXT. 5260
BROOKLY, NY 11232 FAX 718 840-4220 HSA MANUEL COLL
EXT 5246

FPC BRYAN GORDON QUINN INST. 409 823-1879
P.O. BOX 2197 RX. 700 521-2503 700 521-2500
1100 URSULINE FAX 409 775-0444 HSA
BRYAN, TX 77803 700 521-2507

FCI BUTNER RALEIGH PUTNAM INST. 919 575-4541
P.O. BOX 1000 RX. 919 575-2020 700 629-8011
OLD HIGHWAY 75 FAX 919 575-2018 HSA JAMES REED
BUTNER, NC 27509 STEVE DITTERT 700 629-8464
MURRAY POTTER

FMC BUTNER SYRENA GATEWOOD INST 919 474-3900
P.O. BOX 1500 505 552-5393
OLD NC HIWAY 75 HSA BOB ELLIS
BUTNER, NC 27509-1500

LSCI BUTNER MIKE LONG INST 919 856-4205
P.O. BOX 999 919 575-1109
BUTNER, NC 27509 ROBYN TILLEY HSA BONNIE HALVORSEN
EXT 1303

FMC CARSWELL JOHN WARE INST. 817 782-4002
J STREET, BLDG 3000 RX. 817-782-4622
CARSWELL FAX 817 782-4627 HSA DAN CHASTAIN
FT. WORTH, TX 76123 RITA HERRING JAMES TEAGUE
CAROL FELDOTTO ROBERT GRIFFITH
PAM SIMPSON

MCC CHICAGO RYAN RUSSELL INST. 312 322-0567
71 WEST VAN BUREN ST RX. 700-383-0409
CHICAGO, IL 60605 FAX 312 353-2252 HSA RAMON SOTO
700 383-0491

LSCI COLEMAN CARMEN GALINDO INST. 904 330-3100

868 NE 54TH TERRACE EXT 4232
COLEMAN, FL 33521-8999 FAX 352 330-3152 HSA MELODY SILVERBERG

MSCI COLEMAN PAUL GAILARD INST. 904 330-3200
811 NE 54TH TERRACE 352 330-3252
COLEMAN, FL 33521-8997 FAX 904 330-3274 HSA MIKE GRIZZLE
EXT 3240

FPC COLEMAN MINDY JONES
RX. 352 330-3284
FAX 352 330-3270

FCI CUMBERLAND RUSSELL BYRD INST. 301 722-1976
11001 BURBRIDGE RD. SE 700 220-2012
CUMBERLAND, MD 21502 FAX 904 330-3274 HSA
700 220-2030

FCI DANBURY INST. 203 743-6471
33 ½ PEMBROKE RX. 203 746-9411 700 642-9071
DANBURY, CT 06811 FAX 203 746-9066 HSA DON TENANT
203 746-9422

FPC DULUTH RON DEFRANCE INST. 218 722-8634
P.O. BOX 1400 RX. 700 787-0149 700 787-0011
DULUTH, MN 55814 FAX 218 726-0937 HSA RON DEFRANCE
700 787-0146

FCI EDGEFIELD ANDY LITAVECZ INST 803 637-5298
211A NORRIS ST 803 637-1500 X 1430
EDGEFIELD, SC 29824 FAX 803 637-7191 HSA

FPC EGLIN JANEY WILES INST. 850 882-8522
591 INVERNESS RX. 850 729-8167 700 534-9100
EGLIN AFB, FL 32542 FAX 850 729 8287 HSA ROLAND WILLIAMS
850 729-8278

FCI ELKTON RICK SCHALLICK INST 330 424-7448
8730 SCROGGS RD EXT 1189
LISBON, OH 44432 330 424-7165 HSA MOHAMMAD AZAM
WILLIAM BENDER EXT 1292

FCI EL RENO DICK ABEL INST. 405 262-4875
P.O. BOX 1000 RX. 700 743-1219 700 743-1011
HIGHWAY 66 WEST FAX 405 262-6841 HSA MIKE MAIZE
EL RENO, OK 73036 TERRY HOOKS 700 743-1124

FCI ENGLEWOOD WILLIAM WELCH INST. 303 985-1566
9595 WEST QUINCY AVE. RX. 700 320-1287 700 320-1566

LITTLETON, CO 80123 FAX 303 793-2540 HSA MARK IPPOLITO
ERIC MUELLER 700 320-1281

FCI ESTILL GARY FISLER INST. 803 625-4607
610 EAST RAILROAD AVE RX. EXT 4217
HIGHWAY 321 SOUTH FAX 803 625-3139 HSA
ESTILL, SC 29918

FCI FAIRTON BRIAN WALTERS INST. 609 453-1177
P.O. BOX 280 RX. EXT 4061 700 298-1177
HIWAY 698 FAX 609 453-4146 HSA
FAIRTON, NJ 08320 EXT 4053

ADX FLORENCE INST. 719 784-9464
5880 STATE HIWAY 67 S. EXT. 6540
PO BOX 8500 FAX 719 784-5297 HSA ROD BAUER
FLORENCE, CO 81226-8500 700 739-6213

FCI FLORENCE HAL MARTIN INST. 719 784-9100
5880 HIGHWAY 67 SOUTH RX. EXT 4213
P.O. BOX 6500 FAX 719 784-5035 HSA CHRIS LAMB
FLORENCE, CO 81226 EXT 4200

USP FLORENCE DENNIS VETTESE INST. 719 784-9454
5880 STATE HWY 67 SOUTH RX. 719 784-5156 HSA GUY DRENNAN
FLORENCE, CO 81226 FAX 700 739-5221

FCI FORREST CITY MARGARET RINCON INST 870 630-6000
310 N. FOREST ST 870 630-6206 HSA
FORREST CITY, AR 72335 870 630-6253 870 633-6150

FMC FORT DEVENS DAVID HUANG INST 978 772-0582
36 INDEPENDENCE DRIVE EXT 4660 HSA JOANN ROSEMAN
DEVENS, MA 01432 FAX 978 796-1537 978 796-1501
RICHARD OAKLEY KAREN MCNABB-NOON
KRISTINA JOYCE

FCI FORT DIX GAYLE LAWSON INST. 609 723-1100
BLDG 5853 DOUGHBOY LOOP RX. EXT 171
FORT DIX, NJ 08640 FAX 700 866-6962 HSA
ANN MARIE RANDOW

FCI FORT DIX WEST JOE ZAGAME INST. 609 723-1100
P.O. BOX 5000 EXT 784
FORT DIX, NJ 08640 609 723-2059 HSA
EXT. 777

FMC FORT WORTH ARDEN HANSON INST. 817 534-8400
3150 HORTON ROAD RX. 817 413-3487 700 738-4011

FORT WORTH, TX 76119 FAX 817 413-3343 HSA SCOTT VINEYARD
TOM SINWELL DAMON MARSDEN 817 413-3209

FCI GREENVILLE KENNETH LIPPERT INST. 618 664-6200
P.O. BOX 4000 RX. 618 664-6237
U.S. ROUTE 40 & 4TH ST FAX 618 664-6238 HSA FRANK LABORRE
GREENVILLE, IL 62246 618 664-6236

MDC GUAYNABO DYNIA GUZMAN INST. 787 749-4480
P.O. BOX 2146 RX. 700 749-4323
SAN JUAN, PR 00922 FAX 787 775-7939 HSA JOHN JONES

MDC HOUSTON FRED LARECY INST
1200 TEXAS AVE 713 221-5400 X 2318
HOUSTON, TX 77002 NORMAN COCO JASON TERRIS
713 229-4109

FCI JESUP NINA WATSON INST. 912 427-0870
2600 HIGHWAY 301 SOUTH RX. 700 230-0429 700 230-0111
JESUP, GA 31545 FAX 912 427-1240 HSA CINDY TOPPING

FCI LA TUNA SHEILA VEIKUNE INST. 915 886-3422
P.O. BOX 1000 RX. 700 572-3323 700 572-3313
TEXAS HIWAY 20 FAX 915 886-2604 HSA JIM CLAIRE
ANTHONY, NM 88021 700 572-3320

USP LEAVENWORTH TOM GAMMARANO INST. 913 682-8700
1300 METROPOLITAN RX. 700 758-1177 700 758-1000
LEAVENWORTH, KS 66048 FAX 913 682-3617 HSA JERRY OXFORD
MATTHEW HOLMES 700 758-1250

USP LEWISBURG INST. 717 523-1251
R.D. #5 RX. 700 487-1273 700 591-3800
LEWISBURG, PA 17837 FAX 717 523-9336 HSA
HAROLD COZZA 700 487-1402

FMC LEXINGTON MARTHA BANDY INST. 606 255-6812
3301 LEESTOWN RD. RX. 606 253-8834 700 355-7000
LEXINGTON, KY 40511 FAX 606 253-8834 HSA GERALD PAYNE
DONNA MANNING 700 355-7240
THERESA BURT TENA JESSING
JILL GEOGHEGHAN SHARON OESTERICH

FCI LOMPOC ALEX JONES INST. 805-736-4154
3600 GUARD ROAD RX. 700 795-2811 700 795-2600
LOMPOC, CA 93436 FAX 805 736-5384 HSA MARTHA J REICHERT
700 795-2801

USP LOMPOC JOHN BENSON INST. 805 735-2771

3901 KLEIN BLVD	RX. 700 795-2378		700 795-2000
LOMPOC, CA 93436	FAX 805 737-3105	HSA	QUINCY HECK
	TOM TRUONG		700-795-2447
FCI LORETTO	MIKE LILLA	INST.	814 472-4140
P.O. BOX 1000	RX. 700 592-0270		700 592-0000
RURAL ROUTE #276	FAX 814 472-4582	HSA	
LORETTO, PA 15940			
MDC LOS ANGELES		INST.	213 485-0439
535 N. ALAMEDA ST.	RX. 700 996-7179		700 996-7000
LOS ANGELES, CA 90053	FAX 213 253-9525	HSA	DAVE HENRY
			700 996-7114
FCI MANCHESTER	JEFF HOLMES	INST.	606 598-1900
P.O. BOX 3000	RX. EXT 4473		
MANCHESTER, KY 40962	FAX 606 5990-4196	HSA	MIKE MYNATT
CI MARIANNA	BURT HILL	INST.	904 526-2313
3625 FCI ROAD	RX. EXT 327		700 848-0514
MARIANNA, FL 32446	FAX 904 526-7054	HSA	JOHN SEAY
USP MARION	JIM ZELLO	INST.	618 964-1441
RT 5	RX. 700 277-5242		700 277-5400
P.O. BOX 2000	FAX 618 964-1973	HSA	TERRY BAKKE
MARION, IL 62959			700 277-5241
FPC MAXWELL		INST.	334 293-2100
MAXWELL AFB	RX. 334 293-2129		700 221-2100
MONTGOMERY, AL 36112	FAX 334 293-2276	HSA	BABS MCCRORY
			700 534-2220
FCI MCKEAN	CINDY OYLER	INST.	814 362-8900
P.O. BOX 5000	RX. EXT 480		
BRADFORD, PA 16701	FAX 814 362-1584	HSA	CHUCK CHURCH
			EXT 3470
FCI MEMPHIS	CRAIG KESSLER	INST.	901 372-2269
1101 JOHN DENIE RD	RX. 901 380-2459		700 228-8200
MEMPHIS, TN. 38134	FAX 901 380-2458	HSA	DAVE ROFF
	GARY TOMLINSON		700 228-8239
FDC MIAMI	FERNANDO QUINTANA	INST.	305 597-4882
1638 NW 82ND	RX. 305 252-9436		
MIAMI, FL 33126	FAX 305 982-1343	HSA	GOMEZ
			305 982-1114
FCI MIAMI	FELICITA GONZALEZ	INST.	305 259-2100
15801 SW 137TH AVE	RX. 700 822-1177		700 822-1100

MIAMI, FL 33177 FAX 305 259-2389 HSA 700 822-1186

FCI MILAN PATRICIA PACHECO INST. 734 439-1511
P.O. BOX 9999 RX. 700 378-0279 700 378-0011
ARKONA ROAD FAX 734 439-7330 HSA
MILAN, MI 48160 700 378-0270

FCI MORGANTOWN MARTIN JOHNSTON INST. 304 296-4416
GREENBAG ROAD RX. 700 285-9349 700 285-9000
MORGANTOWN, WV 26505 FAX 304 284-3615 HSA BRENDA VANDERVORT
700 285-9347

FPC NELLIS DAVE KATSULAS INST. 702 644-5001
NELLIS AFB, AREA II RX. 700 449-5336 700 449-5312
CS 4500 FAX 702 644-2517 HSA
LAS VEGAS, NV 89191 700 449-5330

MCC NEW YORK PETER WEISS INST. 212 240-9656
150 PARK ROW RX. EXT 461
NEW YORK, NY 10007 FAX 212 417-7680 HSA KEVIN MCDONALD
KENNETH SCHMIDT 700 641-6445

FCI OAKDALE JANA ENICKE INST. 318 335-4070
P.O. BOX 5050 RX. 700 687-9210 700 687-9000
OAKDALE, LA 71463 FAX 318 215-2638 HSA ERNIE BRISTOL
700 687-
9201

FDC OAKDALE KENDALL JOHNSON INST. 318 335-4466
P.O. BOX 5060 RX. EXT 4126
OAKDALE, LA 71463 FAX 318 215-2135 HSA 700 490-8201

FCI OKLAHOMA CITY MARK HORN INST. 405 682-4075
4200 HIGHLINE BLVD RX 700 760-5039
OKLAHOMA CITY, OK 73108 FAX 405 680-4035
HAL KESSLER HSA LECHERYL SMITH
KENT OFFICER 700 760-4091

FCI OTISVILLE TIM HUSSON INST. 914 386-5855
P.O. BOX 600 RX. 700 887-1265 700 887-1055
TWO MILE DRIVE FAX 914 386-4358 HSA
OTISVILLE, NY 10963 GINI ARGIROPOULOS 700 887-1262

FCI OXFORD TINA SPENCE INST. 608 584-5511
BOX 500 RX. 700 364-2216 700 364-2000
OXFORD, WI 53952 FAX 608 584-6233 HSA GINGER JONES
700 364-2210

FCI PEKIN BILL GOULD INST. 309 457-8588

2988 COURT ST RX. 700 935-1560
PEKIN, IL 61554 FAX 309 477-4690 HSA EDDIE SAMALIO
BARBARA FINNEGAN 700 935-1550

FPC PENSACOLA M. BERNIE GREENWOOD INST. 850 457-1911
SAULEY FIELD RX. 850 458-7248
PENSACOLA, FL 32509 FAX 850 458-7290 HSA BERNIE GREENWOOD
850 458-7242

FCI PETERSBURG TED PALAT INST. 804 733-7881
P.O. BOX 1000 RX. 700 285-7308 700 285-7000
PETERSBURG, VA 23804 FAX 804 862-1971 HSA
700 285-7360

MDC PHILADELPHIA WILLIAM LONG INST 215 521-4000
700 ARCH ST 215 521-4098
BOX 572 PAUL SHEDD RALPH RITTER
PHILADELPHIA, PA 19106 215 521-4094

FCI PHOENIX PAUL BUTLER INST. 602 256-0924
37900 N. 45TH AVE. RX. 700 762-8162 700 762-8000
BOX 1680 FAX 602 465-5116 HSA DEANNA LANDRUM
PHOENIX, AZ 85027 TIM DEY 700 762-8163

CI PLEASANTON JIM MOORE INST. 415 833-7500
5701 8TH STREET RX. 510 833-7564 700 462-0000
CAMP PARKS FAX 510 833-7597 HSA FERNANDO AREOLA
DUBLIN, CA 94568 700 833-7585

FCI RAYBROOK INST. 518 891-5400
P.O. BOX 300 RX. 700 561-3474 700 561-3500
RAYBROOK, NY 12977 FAX 518 891-4357 HSA EVELYN MILLER
700 561-3470

FMC ROCHESTER JIM HALVORSEN INST. 507 287-0674
P.O. BOX 4600 RX. 700 787-1480 700 787-1110
2110 EAST CENTER ST FAX 700 287-9604 HSA JEANNE SMITH
ROCHESTER, MN 5590 JAMES ROBEY 700 787-1453
KARL AAGENES DOUG HEROLD

FCI SAFFORD TY BINGHAM INST. 602 428-6600
1529 W US HIWAY 366 RX. EXT 144
SAFFORD, AZ 85546 FAX 602 428-6251

MCC SAN DIEGO NICK KARPACHINSKI INST. 619 232-4311
808 UNION ST. RX. 700 890-0366 700 890-0000
SAN DIEGO, CA 92101 FAX 619 232-4531 HSA JORGE TORRES
700 890 0466

FCI SANDSTONE CASSONDRA WHITE INST. 320 245-2262
KETTLE RIVER ROAD RX. EXT 274 700 782-0011
SANDSTONE, MN 55072 FAX 320 245-5545 HSA XANDRA GUITIERREZ
700 782-0421

FCI SCHUYLKILL KATHLEEN DOTSON INST. 717 544 7100
P.O. BOX 700 RX. 717 544-7204
MINERSVILLE, PA 17954 FAX 717 544-7218 HSA RALPH ROCES
717 544-7202

FCI SEAGOVILLE DAVID WILCOX INST. 214 287-2911
2113 NORTH HIWAY 175 RX. 700 749-0261 700 749-0011
SEAGOVILLE, TX 75159 FAX 214 287-4956 HSA GORDON TRUEBLOOD
700 749-0268

FDC SEATAC JIM WATKINS 206 870-7382
425 S. 200TH ST 206 870-5737 HSA BETTY RUFUS
SEATAC, WA 98148

FPC SEYMOUR JOHNSON INST. 919 735-9711
SEYMOUR JOHNSON AFB RX. 700 248-2136 700 248-2488
CALLER BOX 8004 FAX 919 735-9160 HSA RICHARD SHOOK
GOLDSBORO, NC 27533 700 248-2132

FCI SHERIDAN JIM MANNING INST. 503 843-4442
27072 BALLSTON RD RX. 700 425-4271
P.O. BOX 5001 FAX 503 843-4065 HSA IGNACIO DELAHARES
SHERIDAN, OR 97378 SHAYNE BLACKMON 700 425-4265

MCFP SPRINGFIELD CHRIS BINA INST. 417 862-7041
P.O. BOX 4000 RX. 417 837-1757 700 271-8000
SPRINGFIELD, MO 65808 FAX 417 874-1612 HSA
BEN GLIDEWELL SCOTT SCHNEIDER
JOANNA HIERS

FCI TALLADEGA GRADY JAMES INST. 205 362-0410
565 EAST RENFROE RD RX. 700 534-1127 700 534-1011
TALLADEGA, AL 35160 FAX 205 761-1368 HSA
700 534-1124

FCI TALLAHASSEE ALLISON UNDERWOOD INST. 850 878-2173
501 CAPITAL CIRCLE, NE RX. 700-965-2269 700 681-7543
TALLAHASSEE, FL 32301 FAX 850 878-0331 HSA SHAKIB SYED
700 965-2270

FCI TERMINAL ISLAND LARRY HOWELL INST. 310 831-8961
1299 SEASIDE AVE. RX. 310 732-5259 700 793-1160
TERMINAL ISLAND, CA 90731 FAX 310 732-5320 HSA KATHY ROYCE
310 732-5250

USP TERRE HAUTE ANDREW JANCOSEK INST. 812 238-1531
HIWAY 63 SOUTH RX. EXT 430 700 335-0531
TERRE HAUTE, IN 47808 FAX 812 238-2067 HSA MARIE GRAHAM
700 335-0426

FCI TEXARKANA GLEN PREWETT INST. 903 838-4587
P.O. BOX 9500 RX. 700 255-1252 700 255-1100
TEXARKANA, TX 75501 FAX 903 838-7895 HSA STUART GESSELMAN
700 255-1250

FCI THREE RIVERS ROBERT GARCIA INST. 512 786-3576
P.O. BOX 4000 RX. 700 477-0237 700 477-0000
THREE RIVERS, TX 78071 FAX 512 786-0201 HSA RICARDO WILLIS
700 477-0201

FCI TUCSON 8901 SOUTH WILMOT ROAD TUCSON, AZ 85706	MICHAEL WOODFORD RX. EXT 286 FAX 520 574-7118	INST. 520 574-7100 700 762-6921 HSA PRATAP MISRA 700 741-3123
FCI VICTORVILLE 15115 NISQUALLI RD VICTORVILLE, CA 92392	RICHARD FULLER 760 951-7588 760 246-2603 BILL WILSON	INST 760 951-3086 HSA JAYNE MURTY
FCI WASECA 1000 UNIVERSITY DR. SW WASECA, MN 56093	JULIE PLATTE EXT 2303 507 837-4588	507 837-4525 HSA ALAN JORGENSON 700 839-2300
PC YANKTON BOX 680 YANKTON, SD 57078	RX. 700 782-1055 FAX	INST. 605 665-3262 700 782-1400 HSA SONNY BARGER 700 782-1038
FCI YAZOO CITY P.O. BOX 1449 YAZOO CITY, MS 39194	DONNA HEIDEL EXT 5785 601 751-4956 CATHY MARLER	INST 601 751-4800 HSA FLO MORLOTE EXT 5760
CENTRAL OFFICE 320 FIRST ST. NW ROOM 1000 WASHINGTON, DC 20534	CHIEF PHARMACIST	202 307 2867 X 128 800 800 2676 X 128

MENTORS FOR NEW PHARMACISTS

MID-ATLANTIC REGION

Steve Dittert
FCI Butner
P.O. Box 1000
Old Highway 75
Butner, NC 27509-1000
(919) 575-2020
FAX 919 575-2018

Theresa Burt
FMC Lexington
3301 Leestown Road
Lexington, KY 40511-8799
(606) 253-8834
FAX 606 253-8834

NORTHEAST REGION

Mike Lilla
FCI Loretto
P.O. Box 1000
Loretto, PA 15940
(700) 592-0270

FAX (814) 472-4582

Tim Husson
FCI Otisville
P.O. Box 600
Two Mile Drive
Otisville, NY 10963
(914) 386-5855, ext. 265
FTS 887-1265
FAX (914) 386-4358

NORTH CENTRAL REGION

Bill Gould
FCI Pekin
2988 Court St
Pekin, IL 61554
700 935-1560
FAX (309 477-4690

DENNIS VETTESE
USP Florence
5880 State Hwy 67 South
Florence, CO 81226
(719) 784-5156
FAX 719 784-5171

SOUTHEAST REGION

Allison Underwood
FCI Tallahassee
501 Capital Circle, NE
Tallahassee, FL 32301
(904) 878-2173 ext 269
700 965-2269
FAX (904) 942-8372

Bernie Greenwood
FPC Pensacola
Sauley Field
Pensacola, FL 32509-0001
(904) 458-7248
FAX 904 458-7290

SOUTH CENTRAL REGION

David Wilcox
FCI SEAGOVILLE
2113 NORTH HIWAY 175
SEAGOVILLE, TX 75159
700 749-0261
FAX 972 287-6769

BILL SAGE
FCI BIG SPRING
1900 SIMLER AVE
BIG SPRING, TX 79720
915 263-6699 X 6910
FAX 915 268-6865

WESTERN REGION

Mike Woodford
FCI Tucson
8901 South Wilmot Rd

Jim Watkins
MDC Seatac
2425 S 200th St

Tucson, AZ 85706
602 574-7100 ext 286
FAX 520 574-7118

Seatac, WA 98198
206 870-5737
FAX

REGIONAL HEALTH SYSTEMS ADMINISTRATORS

SE REGIONAL HSA	ED GAWRYSIAK	404 624-5211
SC REGIONAL HSA	EMMA MITCHELL	214 767-9713
MA REGIONAL HSA	FRANK COLEMAN	301 317-3218
NC REGIONAL HSA	BRIAN JETT	913 551-1158
NE REGIONAL HSA	BARBARA CADOGAN	215 597-6320
W REGIONAL HSA	GRACE TERRY	510 803-4718

11 ADDITIONAL INFORMATION

11.1 MISCELLANEOUS

NETWORKING

No, you are not the first person to feel this way or have these problems. Please utilize the phone list of pharmacists and mentors in this notebook for information, help, advice, and sympathy. Your peers are only a phone call away. Many times they have had to address similar problems and will be happy to share their experiences with you.

ELECTRONIC MAIL

Electronic communication with other institutions, regional offices, and Central Office is available via EMAIL. Contact your institution Computer Specialist for a password. Most email sent to all BOP pharmacists is sent via a “Pharmacy” mail box. You will need to get your Computer Specialist to give you “proxy” to this mailbox. WITHOUT EMAIL ACCESS, YOU WILL HAVE TO DEPEND ON YOUR HSA TO RETRIEVE AND FORWARD ALL COMMUNICATIONS.

ULTIMATE RESPONSIBILITY

However you slice it - you are responsible for the pharmacy. It will be necessary for you to spend some time training non-pharmacy personnel (physician assistants/nurses) in pharmacy procedures. Documenting the training and what it consisted of can be accomplished with the Pharmacy Staff Orientation and Training Evaluation (attached in this document).

CONTRACT PHYSICIANS

Most institutions utilize several physicians from the local community to provide specialty services to inmates. Usually these physicians are not made aware of our formulary when they begin providing contract care. The pharmacist would be well served to talk to each contract physician about the drugs that are on the formulary which might concern his specialty.

Other concerns for the contract physicians are:

1. To explain what medications are on the pill line and what that means.

2. Security concerns in a correctional environment regarding medication (hoarding, abuse, tonguing meds on pill line).

3. What transpires when the physician insists on a Non-Formulary drug being used - and asking for his help in justifying its approval.

PATIENT COUNSELING

The physical structure of your institution may make this a challenge. However, pharmacists who spend time counseling patients find that it not only improves the expected knowledge, compliance, and outcomes - but it has a significant impact on inmate attitudes.

SECURITY CONCERNS

The Bureau of Prisons is very insistent that all employees comply with security procedures. It would be best to assume that your pharmacy keys are now a part of your body. Where you go - they go. I can't emphasize how important security is to your employer.

DIRECTLY OBSERVED THERAPY

This is not meant to be condescending - HOWEVER, very few facilities run Pill Line in such a way as to avoid most pilfering/cheeking/noncompliance.

Inmates should come to the pill line window with their ID and a cup of water.

Their medication should be placed in a dose cup and given to the inmate. (Some facilities crush the tablet - particularly benzodiazepines) (Some facilities put the tablet in the water)

The inmate takes the medicine in front of the window, followed by a drink of water. He/she then places the dose cup in the water cup, shows it to you, and then throws it in the trash receptacle. check the mouth to be sure the drug was not cheeked if nonadherence is suspected.

If you allow inmates to put the pill in their mouth and turn away from the window for a drink, the drug can be palmed, cheeked, or spit into the empty water cup which they then wad up and walk out with the cup AND the drug.
Get into a system, and let the inmates know that the only way to take meds on pill line is your way. It works.

11.2 RESOURCES

Ordering information for helpful reference materials (even some free journals) can be found below.

Goodman & Gilman 99.50 8th Ed. 0080402968	McMillan Publishing Ordering Dept. 100 Front St. Riverside, NJ 08075 609-461-6500	
Pharmacist's Letter 64.50 (payment required with order)	Pharmacist's Letter Jane Thatcher, Office Mgr. 8834 Hildreth Stockton, CA 95212 209-931-2923	 (1 yr.)
American Hospital Formulary Service (1994 Ed.)	AHFS, Inc. 4630 Montgomery Ave. Bethesda, MD 20814	95.00
Title 21, CFR, 9.00 Part 1300 to End (DEA Law Book) 869-011-00074-6	Superintendent of Documents U.S. Govt. Printing Office Washington, DC 20402-9325 Fax 202-275-0019	
PDR for Non- Prescription Drugs 007187	Physicians Desk Reference P.O. Box 10689 Des Moines, IA 50336-0689 515-284-6714	35.95
P&T Journal	P&T Journal Core Publishing 105 Raider Blvd. Belle Meade, NJ 08502 908-874-8550	60.00 (1 yr.)
American Druggist	Pharmacy Practice News McMahon Group 148 West 24th St. 8th Floor NY, NY 10011	Free
Generic-Brand Comparison Handbook	UDL Laboratories, Inc P.O. Box 10319 Rockford, IL 61131-3019 800-435-5272	1.00

USP DI Volume I Drug Information for (includes Health Care Prof. (includes monthly updates)	USP Convention, Inc. Order Processing Dept 12601 Twinbrook Pkwy Rockville, MD 20852 800-227-8772	119.00 shipping)
Facts & Comparisons 180.00 c monthly updates	Facts & Comparisons 111 West Port Plaza Suite 423 St. Louis, MO 63146-9811 314-878-2515	
Drug Interactions Hansten & Horn c quarterly updates billing fee)	Applied Therapeutics, Inc P.O. Box 5077 Vancouver, WA 98668-5077 206-253-7123 FAX 206-253-8475	85.50 (includes
U.S. Pharmacist (monthly journal)	U.S. Pharmacist P.O. Box 7632 Riverton, NJ 08077-7632 800-852-9692	28.00 (payment must accompany order)
Hospital Pharmacy (monthly journal)	J.B. Lippincott Company P.O. Box 1543 Hagerstown, MD 21741-9910 ATTN: Lois Willman	Free
PEC Newsletter	PharmacoEconomic Center Bldg 4197 2107 17th St Ft. Sam Houston, TX 78234-5036 210 221-4311	Free
The Medical Letter (biweekly newsletter)	The Medical Letter 1000 Main Street New Rochelle, NY 10801	37.50

Computer Drug Information Resources

Clinisphere	Facts and Comparisons
	American Drug Index
	National Library of Medicine

Drug Interaction Facts

Patient Drug Facts

Manufacturer’s Index

BP-S689.060 **CONSENT TO USE OF ATYPICAL ANTIPSYCHOTIC MEDICATION**

BP-S690.060 **CONSENT TO USE OF BENZODIAZEPINES**

BP-S691.060 **CONSENT TO USE OF BUSPIRONE**

BP-S692.060 **CONSENT TO USE OF LITHIUM**

BP-S693.060 **CONSENT TO USE OF MAOI ANTIDEPRESSANT MEDICATION**

BP-S694.060 **CONSENT TO USE OF MISCELLANEOUS ANTIDEPRESSANT MEDICATION**

BP-S695.060 **CONSENT TO USE OF MOOD STABILIZING MEDICATION**

BP-S696.060 **CONSENT TO USE OF SEROTONIN REUPTAKE INHIBITOR ANTIDEPRESSANT**

BP-S697.060 **CONSENT TO USE OF TRICYCLIC ANTIDEPRESSANT MEDICATION**

BP-S698.060 **CONSENT TO USE OF TYPICAL ANTIPSYCHOTIC MEDICATION**