

FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY
Part I

2013/2014



/s/

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Part 2

FORMULARY DRUG MONOGRAPHS BY GENERIC BEMR RX REPORT, SALLYPORT

2013/2014 Formulary Changes

The prescribing of medications against the restrictions, without an approved non-formulary request, is considered an unauthorized use of government funds. The procurement of non-formulary medications or the procurement of formulary medications used outside of formulary restrictions is considered an unauthorized procurement. The prescriber is responsible for justifying the non-formulary request.

The following is a summary of the major changes set forth in the 2013/2014 BOP Formulary; please refer to the 2013/2014 National P&T minutes for additional information and detailed discussion regarding all of the changes.

Medication/Review	Action
Advair™ (Fluticasone/Salmeterol)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Albuterol inhalers	RECOMMEND inhaler exchange program RECOMMEND 90 day duration / inhaler
Alendronate oral solution	DELETE
Angiotensin Receptor Blockers	EDIT non-formulary use criteria
Antifungals, Oral	ADD exclusionary dx criteria
AREDS	ADD non-formulary use criteria
Bacitracin zinc, neomycin, polymyxin B sulfate topical ointment (Neosporin™)	ADD 0.9 gm UD only ADD restriction
Baclofen (Lioresal™)	EDIT non-formulary use criteria
Beclomethasone (Qvar™) oral inhaler	ADD ADD inclusionary dx criteria RECOMMEND inhaler exchange program
Benzotropine 2 mg/2 mL injectable	REQUIRED to be in stock
Budesonide/Formoterol (Symbicort™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Carisoprodol (Soma™)	ADD non-formulary use criteria
Chlorhexidine Gluconate Oral Solution 0.12%	DELETE restriction
Chlorzoxazone (Parafon Forte™)	ADD non-formulary use criteria
Ciprofloxacin/Dexamethasone (Ciprodex™) otic susp	ADD
Ciprofloxacin/Hydrocortisone (Cipro HC™) otic susp	DELETE
Colchicine (Colcris™)	DELETE restriction ADD restriction
Complera™ (rilpivirine/tenofovir/emtricitabine)	ADD ADD advisory
Cromolyn (Nasal Crom™) nasal spray	DELETE
Cyclobenzaprine (Flexeril™)	EDIT non-formulary use criteria
Dantrolene (Dantrium™)	EDIT non-formulary use criteria
Darbepoetin (Aranesp™)	ADD non-formulary use criteria
Difluprednate (Durezol™) ophth	ADD non-formulary use criteria
Dipivefrin HCl Ophth sol 0.05% and 0.1% (5 mL and 10 mL)	DELETE

Doxycycline Monohydrate	ADD
Dulera™ (Mometasone/Formoterol)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Epinephrine 1:10000	ADD restrictions
Epoetin Alfa (Epogen™, Procrit™)	ADD non-formulary use criteria
Filgrastim (Neupogen™)	ADD non-formulary use criteria
Fluconazole (Diflucan™) oral	ADD exclusionary dx criteria
Fluticasone (Flovent™) oral inhaler	DELETE ADD non-formulary use criteria RECOMMEND inhaler exchange program
Fluticasone/Salmeterol (Advair™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Formoterol (Foradil™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Formoterol/Budesonide (Symbicort™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Formoterol/Mometasone (Dulera™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Haloperidol lactate 5 mg/mL injectable	REQUIRED to be in stock
Hepatitis C Treatment Algorithm	ADD non-formulary use criteria
Histoplasmin intradermal solution 1:100	DELETE
ICAPS	ADD non-formulary use criteria
Inhaler Exchange Program	RECOMMEND
Ipratropium bromide, HFA inhalation aerosol (Atrovent™)	RECOMMEND inhaler exchange program
Ipratropium bromide/ albuterol HFA inhalation aerosol (Combivent™)	DELETE RECOMMEND inhaler exchange program
Ketorolac (Toradol™) inj	DELETE restriction ADD restriction ADD advisory
Ketoconazole (Nizoral™) oral	DELETE ADD non-formulary use criteria
Levonorgestrel intrauterine device (Mirena™ or Skyla™)	DO NOT ADD ADD to BEMR, Device/Equipment
Lidocaine 20 mg/ml	ADD restrictions
Long Acting Beta Agonists (LABA)	UPDATE non-formulary use criteria
Lorazepam 2 mg/mL injectable	REQUIRED to be in stock
Meclizine chewable tab	ADD
Mesalamine (Apriso™)	ADD Apriso™ brand
Metaxalone (Skelaxin™)	ADD non-formulary use criteria
Methocarbamol (Robaxin™)	ADD non-formulary use criteria
Metronidazole topical 0.75% cream	ADD

	ADD advisory
Metronidazole topical gel	DELETE ADD advisory
Mometasone (Asmanex™) oral inhaler	RECOMMEND inhaler exchange program
Mometasone/Formoterol (Dulera™)	UPDATE non-formulary use criteria
Multivitamin chewable tablet	ADD ADD inclusionary dx criteria
Multivitamin liquid (thera-plus)	ADD ADD inclusionary dx criteria
Multivitamin with minerals tablet chewable	ADD ADD inclusionary dx criteria
Muscle Relaxants	EDIT non-formulary use criteria
Nutritional Supplement - Fiber	ADD ADD inclusionary dx criteria
Nutritional Supplements	ADD inclusionary dx criteria DELETE advisory ADD advisory
Ocuvite™	ADD non-formulary use criteria
Orphenadrine (Norflex™)	ADD non-formulary use criteria
Raltegravir (Isentress™)	ADD
Saliva Substitute	ADD inclusionary dx criteria
Salmeterol (Serevent™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Salmeterol/Fluticasone (Advair™)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Stribild™ (elvitegravir/ cobicistat/emtricitabine/ tenofovir)	ADD ADD advisory
Symbicort™ (Budesonide/Formoterol)	UPDATE non-formulary use criteria RECOMMEND inhaler exchange program
Tamsulosin (Flomax™)	ADD DELETE non-formulary use criteria
Tizanidine (Zanaflex™)	EDIT non-formulary use criteria
Tobramycin/Dexamethasone (Tobradex™) 0.3%/0.1% ophth	ADD ADD restriction
Triple Antibiotic Ointment (Neosporin™)	ADD 0.9 gm UD only ADD restriction
Vitamin A&D ointment	ADD inclusionary dx

