

FEDERAL BUREAU OF PRISONS  
HEALTH SERVICES

NATIONAL FORMULARY  
Part I

2013/2014



/s/

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

DATE April 15, 2014

**TABLE OF CONTENTS**

**PART I**

2013/2014 FORMULARY CHANGES ..... 3-5

NATIONAL BOP FORMULARY MISSION / PROCEDURAL STATEMENT ..... 6-7

DEFINITIONS / RULES ..... 8-12

FDA MEDICATION GUIDES AND SIDE EFFECTS STATEMENT ..... 9

HIV ANTIRETROVIRAL MEDICATION DISTRIBUTION RESTRICTION ..... 9

OVER THE COUNTER MEDICATIONS ..... 10

LOOK ALIKE / SOUND ALIKE GUIDANCE (SEE REPORT ON SALLYPORT) ..... 11

NON-SUBSTITUTABLE PRODUCTS ..... 11

RISK EVALUATION AND MITIGATION STRATEGIES (REMS) ..... 12

NON-CONTROLLED SUBSTANCES RESTRICTED TO PILL LINE ..... 13

CRITERIA / JUSTIFICATION TO BE MET FOR CONSIDERATION OF NON-FORMULARY APPROVAL  
..... 14-33

DONEPEZIL (ARICEPT) NON-FORMULARY ALGORITHM ..... 34

NUTRITIONAL SUPPLEMENTS NON-FORMULARY WORKSHEET ..... 35

NON-STERILE COMPOUNDING WORKSHEET ..... 36-38

URGENT CARE CART AND KIT CONTENT ..... 39

OVER THE COUNTER MEDICATION PRESCRIBING MATRIX ..... 40-42

HYPERTENSIVE EMERGENCY AND URGENCY GUIDANCE ..... 43-44

HIGH PRIORITY MEDICAL CONDITIONS/ MEDICATIONS LISTS FOR USE IN EMERGENCY SITUATIONS TO  
IDENTIFY PERTINENT INMATE PATIENTS ..... 45

BUREAU OF PRISONS MEDICAL SERVICES REQUEST FOR ADDITION TO FORMULARY ..... SALLYPORT  
FORMS

HEPATITIS C TREATMENT APPROVAL ALGORITHM ..... SALLYPORT FORMS

ITEMS RESTRICTED TO PILL LINE ..... BEMR RX REPORT

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

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

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

