FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY
Part I

2013/2014

/S/
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Part 2

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
Benztropine 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 (Colcrys™)	**DELETE** restriction **ADD** restriction
Complera™ (rilpivirine/ tenofovir/emtricitabine)	**ADD** **ADD** advisory
Cromolyn (Nasalcrom™) 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

National BOP Formulary Mission / Procedural Statement

Purpose:
The formulary system, as defined in the "ASHP Statement on the Formulary System", is a method for evaluating and selecting suitable drug products for the formulary of an organized health-care setting.

The BOP formulary is a list of medications that are considered by the organization's professional staff to ensure high quality, cost-effective drug therapy for the population served. Participants of the Pharmacy, Therapeutics and Formulary Meeting are responsible for the development, maintenance and approval recommendations of the formulary to the BOP Medical Director. Periodically, medications are reassessed and extensively reviewed for inclusion, exclusion, or restrictions in the formulary as applicable per current evidence-based practices and security concerns. Regular maintenance of the BOP formulary ensures optimal treatment options are uniformly consistent and readily available.

The primary goals of BOP Formulary Management are to optimize therapeutic outcomes, optimize cost effectiveness of medications, and to ensure drug usage is conducive within the correctional environment.

Expectations:

1. ALL BOP institutions, including Medical Centers, are expected to abide by the formulary as outlined in the BOP Pharmacy Services Program Statement. It is expected that persons in the review process will NOT be circumvented in the event of a short term absence for non-urgent requests.
2. ALL comments made on the request are expected to be medically appropriate and of a nature conducive to being placed in the medical record.
3. It is expected that non-urgent non-formulary medications will not be initiated until AFTER authorization is received, even if the medication is on the shelf from a previous request. Doing so can be deemed an unauthorized procurement.
4. Prescribers (BOP Physician / MLP / Dentist/ Clinical Pharmacist) are expected to thoroughly justify the request including why the formulary agent cannot be used, and provide pertinent laboratory information. It is expected that non-formulary use criteria will be thoroughly addressed point by point and that all non-formulary justifications/criteria are met.
5. Clinical Directors are expected to support the BOP National Formulary and ensure compliance at their respective institution. The CD is expected to review all requests ensuring that appropriate justification and corresponding non-formulary use criteria are met. It is expected that the CD will allow the pharmacist to appropriately comment and provide pertinent information on the request even if not supportive. It is expected that the CD will disapprove, at the local level, any request which does not meet the non-formulary use criteria.
6. Institution Chief Pharmacists are expected to review all medication orders for formulary compliance. This will include reviewing all non-formulary requests for completeness and appropriate justification, and, if applicable, commenting on information provided by the prescriber regarding non-formulary use criteria. The pharmacist is also expected to provide pertinent information regarding patient compliance for formulary agents, drug cost information, and other comments as they pertain to the request.
7. Institution Administration (HSA, Associate Warden, and Warden) are expected to support and ensure compliance with the BOP National Formulary. Administrative decisions regarding medical care are expected to be consistent with the BOP National Formulary and not conflict with the medically necessary provision of medications and restrictions set forth in the BOP National Formulary.

8. Consultant Physicians are expected to utilize and stay within the guidelines of the BOP National Formulary when making recommendations and to provide specific and adequate justification if formulary medications cannot be utilized.
9. Court Orders: Court orders recommending or ordering specific treatments should be referred to the appropriate BOP attorney(s). All such orders/recommendations are still subject to the non-formulary approval process.
10. It is expected that all institution inventories and ordering procedures will be conducive to acceptable inventory practices (e.g. two week par levels on the shelf maintained with weekly medication ordering).

Compliance:

1. Completion and appropriateness of non-formulary medication requests are a review element of the Clinical Director (CD) Peer Review Process.
2. The Medical Director may request Regional Medical Director follow-up and/or issue a memo to the CD requesting a response and corrective action if problems are identified. This may be prompted by consistent failure of the institution staff to appropriately initiate or complete all elements of the non-formulary request, particularly the required supporting documentation.
3. The Medical Director may issue memos to the institution Warden regarding persistent problems or concerns with respect to the institution's compliance with this process.

Continuity of Care Provision:

There are times when inmates are processed into a facility after normal working hours, weekends, and holidays. In those cases where continuity of care is medically necessary because:

1. There is not a formulary substitute, or,
2. Changing to a formulary substitute will not allow for appropriate follow up monitoring until the next workday, **AND**
3. Not providing the medication would pose a significant risk to the patient,

An allowance is given to dispense/administer a non-formulary medication for four days while waiting for non-formulary approval. This four day allowance is to only be utilized for urgent continuity of care purposes, and not for initiating routine/non-emergency non-formulary medications without appropriate approval.

This provision is not a substitute for adequate follow up, monitoring, and initiation of non-formulary medications for patients maintained within the facility for chronic ongoing conditions. It is the prescriber's responsibility to ensure appropriate non-formulary submission prior to the expiration of a current non-formulary request.

Medication orders that do not meet the above continuity of care elements should not be written, entered into the pharmacy software system, or dispensed prior to the appropriate non-formulary approval.

DEFINITIONS / RULES

FORMULARY RULES

BRAND NAME PRODUCTS ARE FOR REFERENCE ONLY
THE LEAST EXPENSIVE GENERIC EQUIVALENT IS TO BE UTILIZED WHEN AVAILABLE, OTHERWISE NON-FORMULARY APPROVAL IS REQUIRED
USE AGAINST SPECIFIC RESTRICTIONS REQUIRES NON-FORMULARY APPROVAL
USE OF FORMULATION NOT SPECIFICALLY INCLUDED (E.G. EXTENDED RELEASE, NASAL, TOPICAL, OPHTHALMIC, RAPID DISSOLVE TABLET, COMBINATION PRODUCT, ETC.) IS NOT AUTHORIZED; REQUIRES NON-FORMULARY APPROVAL

COMPOUNDING

This is defined as the combining, mixing, or altering of ingredients by a pharmacist in response to a physician's prescription to create a medication tailored to the needs of an individual patient. All compounded prescription drugs are deemed "new drugs" within the meaning of the Federal Food, Drug, and Cosmetic Act (FDCA).

ALL compounded medications will be considered non-formulary and will go through the same non-formulary and addition to formulary processes as individual, commercially available entities.

DEA CONTROLLED SUBSTANCES

** ALL CONTROLLED SUBSTANCES ARE RESTRICTED TO PILL LINE **
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION **
** IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM **

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.

EPINEPHERINE AUTO-INJECTOR (EPIPEN™)

Epipen™ may be issued to inmates with known anaphylaxis utilizing the procedure outlined below.

1. Epipen™ is to be entered into BEMR as a pill line item with the recommended sig:- "Inject as directed for severe allergic reaction ** must present this device to pill-line daily for integrity inspection**"
2. The inmate will present the Epipen™ at pill line every day to insure the seal is intact and that no manipulation has occurred.
3. Health services staff will document the encounter in the Medication Administration Record daily.
4. The inmate should be counseled regarding the potential consequences and adverse actions that may occur if tampering is evident or the product is lost or manipulated.

FDA MEDICATION GUIDES AND SIDE EFFECTS STATEMENT

**FDA MEDICATION GUIDES AND DISPLAY OF THE SIDE EFFECTS STATEMENT ARE REQUIRED WITH PRESCRIPTIONS DISPENSED PURSUANT TO INMATES BEING RELEASED, OR SENT TO A RESIDENTIAL RELEASE CENTER (RRC) (E.G. HALF-WAY HOUSE) FDA WEBSITE: http://www.fda.gov/cder/Offices/ODS/labeling.htm

FDA Medication Guides and display of the side effects statement **ARE NOT** required to be provided to the patient when the inmate is:

1. Confined within a BOP institution.
2. Being transferred within BOP (intra-system) or to another correctional entity (inter-system).

FDA Medication Guides and display of the side effects statement **ARE** required to be provided to the patient with the inmate is:

1. Being released to the community. (including writs and furloughs)
2. Sent to a Residential Release Center. (RRC) (e.g. Half-Way House)

HIV ANTIRETROVIRAL MEDICATION DISTRIBUTION RESTRICTION

A staged administration of antiretroviral medications is recommended for most inmates. Complete adherence to antiretroviral medications is critical for treatment effectiveness. The following medication administration should be considered for inmates initiated on antiretroviral therapy:

Weeks 1 and 2:	Directly Observed Therapy (DOT), to monitor compliance and ability of inmate to tolerate medication.
Week 2 through 12:	If compliance is 100% with above with manageable side effects; issue one week supply.
Week 12 thru 6 mo:	If compliance is 100% with one week supply administration and side effects are manageable, inmate is not due to be transferred, and does not have history of going in/out of SHU; issue 2 week supply.
After 6 months:	If above criteria are met at 6 months and inmate's viral load and CD4 counts are indicative of successful therapy; issue 4 week supply. Ensuring successful therapy prior to increasing days' supply to inmate will avoid wasted medications from therapy changes.

NOTE: Physicians and nurses incorrectly predicted adherence to antiretrovirals 30-40% of the time in one study. Adherence should be assessed using objective measures.

Prescribers and pharmacists should have low threshold for resuming DOT if non-adherence is suspected clinically or virologically.

OVER THE COUNTER MEDICATIONS

Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a related chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix, Pages 34-36.

MEDICAL CENTER ONLY

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

MEDICATION RESTRICTIONS

Prescribing restrictions placed on certain medications. Variance from restrictions requires non-formulary authorization.

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. A report of medications that are pill line only is available in BOP electronic medical record. There are some medications that are designated as pill line only for certain indications (see page 12).

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.

PLACEBOS - STATEMENT ON USE

Placebos will not be utilized within the Federal Bureau of Prisons.

References:

AMA "Placebo Use in Clinical Practice" statement:

http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8083.shtml

"In the clinical setting, the use of a placebo without the patient's knowledge may undermine trust, compromise the patient-physician relationship, and result in medical harm to the patient".

ASHP "Ethical Use of Placebos statement"

http://www.ashp.org/DocLibrary/BestPractices/policypositions2011.aspx

Page 1116 Ethical use of Placebos "To affirm that the use of placebos in clinical practice is acceptable ethically only when patients have been informed of and agree to such use as a component of treatment…"

LOOK ALIKE / SOUND ALIKE MEDICATIONS

The Joint Commission has incorporated Medication Management Standards regarding Look Alike / Sound Alike medications. A Look Alike / Sound Alike medication list is available from ISMP (Institute of Safe Medicine Practices

Each BOP institution needs to incorporate look-alike / sound-alike drugs into the agenda of the local Pharmacy & Therapeutics Committee Meetings. The discussions, decisions, and respective local policy must follow the requirements set forth in the current Joint Commission Medication Management Standard Recommendations and options are also provided for identified medications.

This responsibility is deferred to the local level due to the varying missions of our institutions (e.g. Medical Referral Center, ambulatory institution, Detention Centers, implementation of levels of care) and not all institutions carry exactly the same items from the BOP National Formulary.

RESOURCES The Joint Commission
www.jointcommission.org

Institute of Safe Medicine Practices
www.ismp.org

ISMP's List of Confused Drug Names
http://www.ismp.org/Tools/confuseddrugnames.pdf

NON-SUBSTITUTABLE PRODUCTS

GENERIC DRUG NAME	REQUIRED BRAND PRODUCT
ESTROGENS, CONJUGATED	Premarin™ (Wyeth-Ayerst)
PURIFIED PROTEIN DERIVATIVE	Tubersol™
NIACIN	Niaspan™

RISK EVALUATION AND MITIGATION STRATEGIES (REMS)

REMS is defined by the FDA as a program to manage a known or potential serious risk associated with a drug or biologic product. Medications with REMS require differing levels of monitoring and control with the most extreme requiring written contracts between the pharmacy/physician and the manufacturer. Institution pharmacists/physicians should not sign any agreements without first being reviewed by the BOP Chief Pharmacist or designee. The BOP Chief Pharmacist/designee will consult with the BOP Office of General Counsel as appropriate. A list of current REMS drugs can be found at:

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm

BOP institutions with patients requiring "specialty pharmacy restricted REMS medications" (e.g., Revlimid™) should contact their Regional Chief Pharmacist or the Chief of Pharmacy Logistics Support for guidance. Institutions may be directed to obtain some complex REMs medications from a single BOP Pharmacy. Institutions and providers should not obtain REMS medications from a non-BOP pharmacy until all internal processes are exhausted and Central Office Pharmacy staff has instructed them to do so.

NON-CONTROLLED SUBSTANCES
RESTRICTED TO PILL LINE

REFER TO BEMR RX DRUG FILE REPORT FOR AN ALL INCLUSIVE LISTING

ANTIEPILEPTIC DRUGS used for treatment of psychiatric disorders

- CARBAMAZEPINE
- LAMOTRIGINE
- LEVETIRACETAM
- OXCARBAZEPINE
- VALPROIC ACID

GABAPENTIN all uses

HIV MEDICATIONS according to HIV Antiretroviral Medication Distribution Restrictions (refer to page 7)

METHICILLIN RESISTANT STAPH AUREUS (MRSA) TREATMENT

- CLINDAMYCIN
- DOXYCYCLINE
- LINEZOLID (NF)
- MINOCYCLINE (NF)
- RIFAMPIN
- TRIMETHOPRIM-SULFAMETHOXAZOLE

OXYBUTYNIN

PSYCHOTROPIC MEDICATIONS

TRICYCLIC ANTIDEPRESSANTS

**** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE ADMINISTRATION. THE PHARMACY AND THERAPEUTICS COMMITTEE AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. HEALTH CARE PROFESSIONALS MAY ALSO PLACE SPECIFIC PATIENT ORDERS ON PILL LINE.****

****ANY MEDICATIONS USED TO TREAT TUBERCULOSIS (INCLUDING QUINOLONES AND OTHER ANTIBIOTICS NOT LISTED ABOVE) MUST BE GIVEN BY DIRECTLY OBSERVED THERAPY.****

Non-Formulary Clinical Criteria/Justification Requirements, Algorithms, and Treatments

Adalimumab (Humira™) - See Immunomodulator TNF Inhibitors

Adult Attention Deficit Hyperactivity Disorder Medications/ Treatment: bupropion (Wellbutrin™), atomoxetine (Strattera™), methylphenidate (Ritalin™), amphetamine/dextroamphetamine (Adderall™/Dexedrine™)

1. Failure of non-pharmacologic / Education & Counseling / Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.
2. Failure of ALL formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum six weeks. Patient self-reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.
   a. desipramine/imipramine
   b. nortriptyline
   c. venlafaxine
3. Submitted documentation must include / show the following:
   a. Copy of full psychiatric and psychological behavioral function evaluations
   b. Evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)
   c. Doses of formulary medications have been maximized
   d. Six week minimum trial of medication occurred at maximized dose
   e. Copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial
   f. lab reports of plasma drug levels for desipramine / imipramine and nortriptyline
   g. History of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc.)
4. Additional Notes:
   a. Only approved on **pill line**
   b. **Long acting stimulants** will NOT be approved.
   c. Contingent to formulation compatibility, stimulant medications will be **crushed** prior to administration
   d. Stimulant medications (including atomoxetine) will be our last drug of choice and will only be approved if **function is significantly impaired**.
   e. The use of stimulant in persons with a history of stimulant **drug abuse** will not be approved.

Alfuzosin (Uroxatral™) - See Tamsulosin (Flomax™)

Amantadine (Symmetrel™)

1. Parkinson's Disease / syndrome
2. Drug induced extrapyramidal reactions not responsive to trihexyphenidyl or benztropine.
3. Institutional influenza outbreak - approval will be considered on a case by case basis **AFTER** discussion with the National Infectious Disease Coordinator or Chief Physician. Upon determining appropriateness per the CDC guidelines the institution will be advised to apply for non-formulary approval.

Anticoagulants: dabigatran (Pradaxa™), rivaroxaban (Xarelto™)

1. Patients being treated for atrial fibrillation with an INR that is unable to be stabilized on warfarin therapy despite being enrolled into an anticoagulation clinic
2. Patients previously stabilized on dabigatran with an appropriate diagnosis. NOTE: NFR for new intakes may be approved for 90 days at care level 1 and 2 institutions and for 30 days at care level 3 and 4 institutions pending appropriate assessment and conversion to warfarin.
3. The expectation is that patients will be converted to warfarin within the time frames listed in the Non-formulary use criteria.

Antiepileptic Medications: ethosuximide (Zarontin™), felbamate (Felbatol™), zonisamide (Zonegran™)

Approval of any non-formulary antiepileptic medications will be considered on an individual basis. When requesting approval please provide information necessary for evaluation of the request. This will include:

1. Previous medications, doses, and documented compliance; blood levels when appropriate.
2. EEG or clinical evidence of failure to achieve seizure-free state.
3. Documented adverse effects of formulary medications.
4. Results of any neurologic consultations.

Please be aware that many of the antiepileptic agents have potentially life-threatening side effects under certain conditions, or in some individuals. The prescriber should take special care:

1. To assess and follow the inmate for potential adverse side-effects.
2. Be aware of any potential drug-drug interactions.
3. Adjust dose no more quickly than recommended by the manufacturer.
4. Monitor compliance.

Antifungals - Oral for onychomycosis: itraconazole (Sporanox™), ketoconazole (Nizoral™), griseofulvin, fluconazole (Diflucan™), terbinafine (Lamisil™)

1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.
2. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil™) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.

Antihistamines - oral: (Benadryl™), hydroxyzine (Atarax™, Vistaril™) loratadine (Claritin™), cetirizine (Zyrtec™), cyproheptadine (Periactin™), and fexofenadine (Allegra™)

PILL LINE ONLY

1. Formulary - MRC use only, restricted to dialysis only
2. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexyphenidyl (diphenhydramine and hydroxyzine only)
3. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only)
4. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)
5. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only)
6. Non-formulary use approved via PILL LINE ONLY
7. **Urticaria**: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled.
8. **Urticaria**: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.
9. **Urticaria**: Documented failure (ensuring compliance) of steroid pulse therapy (i.e. prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder)**

ARB (Angiotensin Receptor Blocker): losartan(Cozaar™), valsartan (Diovan™), irbesartan (Avapro™), candesartan (Atacand™), telmisartan (Micardis™), eprosartan Tevetan™), olmesartan (Benicar™)

1. Documentation that patient was unable to tolerate ACE Inhibitor due to cough or angioedema.
2. Combination therapy with an ACE inhibitor after failure to control or treat proteinuria (remains greater than 1 gm/day) with an ACE inhibitor alone at the maximum recommended dose and compliance documented.
3. Check "yes" if noted. The ARB of choice for non-formulary approval will be the most cost effective at the time the original non-formulary request is submitted. Institutions should attempt to select the most cost effective ARB when renewing previously approved non-formulary requests.

Ascorbic Acid (Vitamin C)

1. Concomitant administration with an imidazole antifungal agent to improve bioavailability by increasing stomach acidity.

Baclofen - see MUSCLE RELAXANTS

Becaplermin (Regranex™)

1. Patients should have a recent glycosylated hemoglobin (hemoglobin A1c or HbA1c) less than 8. If not, aggressive control of their diabetes should be attempted.
2. Patients should be non-smoking or enrolled in a smoking cessation plan.
3. Stage III or IV (International Association of Enterostomal Therapy for staging chronic wounds) lower extremity diabetic ulcers that extend through the dermis into the subcutaneous tissue or beyond.
4. The wound must have an adequate blood supply measured by Oscillometry (at least 2 units), transcutaneous oxygen pressure (TcpO2 >30 mm Hg) or bleeding with debridement.
5. The wound must be free from infection.
6. If present, lower extremity edema should be treated.
7. The patient must have failed standard therapy for at least 2 months (careful/frequent debridement, moist dressing changes and non-weight bearing).
8. The provider must see the patient on a weekly to biweekly basis for debridement and assessment of ulcer response.
9. The provider must recalculate a new amount of becaplermin gel to be applied at every visit.

Benzodiazepines: Clonazepam & Lorazepam long-term use (> 30 days)

1. Control of severe agitation in psychiatric patients
2. When lack of sleep causes an exacerbation of psychiatric illness
3. Part of a prolonged taper schedule
4. Detoxification for substance abuse
5. Failure of standard modalities for seizure disorders (4th line therapy)
6. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)
7. Adjunct to neuroleptic therapy to stabilize psychosis
8. Second line therapy for anti-mania
9. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)
10. Akathisia that is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent (refer to BOP Schizophrenia Clinical Practice Guideline)
11. Nausea and Vomiting in Oncology Treatment Patients (Lorazepam only)

Budesonide/Formoterol (Symbicort™) - See Long Acting Beta Agonists (LABA) and Long Acting Beta Agonists /Inhaled Corticosteroid (LABA/ICS)

Buprenorphine (Subutex™, Suboxone™) for detoxification

1. Will only be approved for detoxification, NOT for pain or maintenance therapy.
2. Prescribing physician MUST have buprenorphine certification and DHHS - SAMHSA waiver. These must be submitted with request.
3. Only buprenorphine/naloxone (Suboxone™) will be approved.

Cholinesterase Inhibitors for Alzheimer's disease (AD)

Donepezil (Aricept™) is the non-formulary drug of choice.

1. Request for its non-formulary use requires completion of the "Donepezil Non-formulary Use Criteria Algorithm" form.

Cilostazol (Pletal™)

1. Six months of documented unsuccessful lifestyle modifications (e.g. exercise, smoking cessation).
2. Treatment of cardiovascular disease risk factors.
3. Revascularization cannot be offered or is refused by the patient.

Clonazepam long-term use - See Benzodiazepines

Clonidine (Catapres™)

1. For use in opiate detoxification only, non-formulary request may be submitted after opiate detox protocol initiated. Oral test dose followed by clonidine patch is preferred protocol mechanism.
2. Dose taper over 2 to 4 days for arriving inmates taking greater than 1 mg per day. Refer to clonidine withdrawal guidance, particularly for patients on concomitant beta blocker therapy. Non-formulary request may be submitted after taper initiated.
3. Use in clozapine induced hypersalivation (CIH) after failure or contraindication to benztropine, amitriptyline, and alpha blocker. NOTE: Including combination therapy with benztropine and an alpha blocker for 12 weeks.
4. Use in Tourette's syndrome.
5. Not to be used in hypertensive urgencies/ emergencies. See Hypertensive clinical practice guidelines and 2006 National P&T Minutes, page 103.

Clonidine Discontinuation Guidance

Discontinuation of most any antihypertensive agent can lead to a corresponding withdrawal syndrome. However, this syndrome is most commonly seen with clonidine, beta-blockers, methyldopa, and guanabenz. The withdrawal syndrome is thought to be caused by sympathetic over activity and includes nervousness, tachycardia, headache, agitation, and nausea. This is usually seen within 36 to 72 hours after cessation of therapy. In rare instances, a rapid increase in blood pressure to pre-treatment levels or above can be seen that could potentially lead to myocardial ischemia. Again, this is rare, especially when patients are not taking above the standard therapeutic doses of these agents. It also appears to occur more often when multiple medications are being withdrawn at the same time.

Abrupt discontinuation of clonidine, in particular those taking greater than 1 mg daily, may result in nervousness, agitation, restlessness, anxiety, insomnia,

headache, sweating, palpitation, increased heart rate, tremor, hiccups, muscle pain, increased salivation, stomach pain, nausea and flushing. This may be due in part to the fact that clonidine has been shown to act upon opiate receptors. These effects generally appear within two to three hours after the first missed dose.

Blood pressure may increase in four to eight hours after the first missed dose of clonidine and is associated with a rise in catecholamine plasma concentrations. This potential may be exacerbated after administration of higher doses or continued concurrent therapy with a beta-blocker.

Severe blood pressure increases after clonidine discontinuation can be treated with the reinstitution of clonidine therapy followed by a short, gradual taper over two to four days; IV phentolamine +/- propranolol (propranolol should never be utilized alone as it may further elevate the BP); or utilization of a vasodilator such as hydralazine or diazoxide.

If a patient is taking clonidine concurrently with a beta-blocker, it is best to gradually withdraw the beta blocker, then withdraw the clonidine over two to four days. The beta-blocker can then be reinstituted after clonidine has been successfully withdrawn. Concurrent beta-blocker therapy may exacerbate an increase in blood pressure upon clonidine withdrawal.

Appropriate follow-up to including adjustment of medication management of all patients is essential during this process.

Clopidogrel (Plavix™) - use > 30 days

Clopidogrel indications for use as single antiplatelet agent therapy (in lieu of aspirin):

1. Aspirin allergy (anaphylaxis, bronchospasm)
2. Recurrent non-cardioembolic cerebral ischemia while on aspirin

Clopidogrel indications for use as dual antiplatelet therapy with aspirin (by condition):

1. ACS (NSTEMI,STEMI, unstable angina (UA)) with no revascularization - 1 year
2. Post PCI - 1 year
3. Post CABG - 4 weeks
4. Non-coronary stenting
    a. Carotid artery stent - similar to PCI

COX-2 Inhibitors celecoxib (Celebrex™)

Documentation of:

1. Prior history of a serious GI event (hospitalization for perforation, ulcer, or bleed); **OR;**
2. Concurrent use of warfarin (for OA, these patients must ordinarily fail acetaminophen and salsalate prior to receiving a COX-2 inhibitor).

Non-formulary Requests for Cox-II inhibitors will ordinarily not be considered for approval for:

1. Lack of response to traditional NSAIDs.
2. Dyspepsia or GI intolerance to traditional NSAIDs.
3. Patients receiving a proton pump inhibitor.
4. Patients receiving low dose aspirin for cardiovascular prophylaxis.
5. Patients with known cardiovascular disease.
6. Dysmenorrhea.

Cyclobenzaprine (Flexeril™) - see MUSCLE RELAXANTS

Cyclosporine ophthalmic emulsion 0.05% (Restasis™)

1. Diagnosis of Sjogren's Syndrome
2. Diagnosis of Rheumatoid Arthritis
3. Failed appropriate duration of carboxymethylcellulose (Celluvisc™) containing ocular lubricants via approved non-formulary request.

Dabigatran (Pradaxa™) – See Anticoagulants

Darbopoetin Alfa (Aranesp™) – See Erythropoesis Stimulating Agents (ESA's)

Delavirdine (Rescriptor™)

Patients who have previously tried efavirenz and nevirapine and were changed to delavirdine because of intolerance, adverse effects, or contraindications (e.g. rash or hepatotoxicity with nevirapine; pregnancy with efavirenz) citing specific reasons as to why efavirenz and nevirapine cannot be utilized.

Conversion Recommendations for those entering BOP institution on delavirdine, with undetectable viral load:

1st Alternative: Switch patient from **delavirdine to efavirenz** unless there is a contraindication (e.g. pregnancy). It is recommended that delavirdine therapy be stopped and efavirenz be started at full dose (600 mg HS) the next day.

2nd Alternative: Switch patient from **delavirdine to nevirapine.** Recommendation to stop delavirdine and start nevirapine utilizing dose escalation (e.g. 200 mg daily x 14 days, then 200 mg bid) as if beginning a treatment naive patient. Nevirapine has a higher incidence of rash than delavirdine. There is not 100% cross-reactivity in rash and the rash seems to be related to early blood levels, therefore dose escalation is still recommended. Viral resistance to nevirapine did not occur in clinical trials when patients were given escalating doses.

Delavirdine and nevirapine share resistant mutations so conversion will not lead to increased resistance. If resistance is a concern, on a case by case basis, it may be prudent to give a protease inhibitor (PI) plus nevirapine during the 2 week escalation period. For instance, the decision may depend on viral load; if < 50 for quite some time then no PI; if patient has detectable virus or blips, one may want to cover with a PI (e.g. nelfinavir) during nevirapine escalation. Nelfinavir will add pill burden and diarrhea but no drug interactions or overlapping toxicities exist between nelfinavir and nevirapine.

Inmates entering BOP on a delavirdine-containing regimen, whose viral load is not adequately suppressed, should have their entire HAART regimen re-evaluated in consultation with a specialist.

Dietary/Herbal Supplements

These agents are not FDA approved and will not be approved.

Difluprednate (Durezol™)

Difluprednate has less ocular effect than prednisolone. Patient case must have potential or actual increase in intraocular pressure for non-formulary request approval.

Diphenhydramine (Benadryl™) - See antihistamines

Dutasteride (Avodart™) - See finasteride

Enfuvirtide (Fuzeon™)

1. Inmate is candidate for antiretroviral therapy (ART) per USPHS Guidelines http://www.aidsinfo.nih.gov/
2. Infectious disease consultant recommends enfuvirtide. Consult must include complete proposed HAART regimen and must be submitted with non-formulary request.
3. Inmate has failed, is resistant to or is intolerant of at least two PI-based regimens and one NNRTI-based regimen.
4. Resistance testing must be submitted.
5. At least two other medications are also potentially effective based on resistance testing, and these two medications can be safely co-administered. (Examples of combinations which are contraindicated include TDF+ABC+3TC, TDF+ddI+3TC, AZT+d4T, d4T+ddC, d4T+ddI, and ddI+ddC.)
6. Inmate motivated to try new injectable regimen.

Additional Comments:

1. Inmate understands that medication will be discontinued if ineffective.
2. Inmate understands that if compliance falls below 95%, for any and all HAART medications, therapy will be discontinued.
3. All HAART medications will be administered as **pill line only**.

Erythropoesis Stimulating Agents (ESA's) Epoetin Alfa (Epogen™, Procrit™) Darbopoetin Alfa (Aranesp™)

All of the following must be true for patient to be eligible for ESA treatment of hepatitis C treatment-related anemia:

1. Patient receiving hepatitis C therapy; AND
2. Patient is one of the following:
   a. Cirrhotic;
   b. Pre or post-liver transplant
   c. HIV/HCV co-infected;
   d. Receiving HIV triple therapy;

   AND
3. Patient underwent evaluation for other causes of anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND
4. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia-related signs and symptoms) and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND
5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.

Etanercept (Enbrel™) - See Immunomodulator TNF Inhibitors

Etravirine (Intelence™) - See HIV Medication/Treatment

Ezetimibe (Zetia™)

1. Failure of niacin utilization via the brand name Niaspan™ formulation.
2. Must complete and submit Appendix 2, Steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.
3. Ezetimibe 10 mg daily can be considered on a non-formulary basis for those patients not meeting their LDL-C goal on simvastatin, lovastatin or atorvastatin 80 mg daily in combination with a bile acid sequestrant (BAS), or the maximally tolerated or recommended daily dose of a statin in combination with a bile acid sequestrant (BAS) or niacin.
4. If simvastatin, lovastatin, or atorvastatin cannot be used (e.g., due to a drug interaction - CYP 3A4 metabolism) or not tolerated, the maximally tolerated or recommended dose of pravastatin or fluvastatin (e.g. 80 mg/d), in combination with BAS or niacin, should be reached prior to considering therapy with ezetimibe.
5. Since there is no evidence to show a benefit with regard to health outcomes with ezetimibe, monotherapy with ezetimibe should be limited to those patients unable to tolerate statins, bile acid sequestrants, and niacin.

Fenofibrate (Tricor™)

1. Failure of gemfibrozil used for at least 6 months
2. Treatment of hyperglycemic patients. HbA1c should be < 8
3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above

Filgrastim/pegfilgrastim (Neupogen™/Neulasta™)

1. Adjunctive therapy for cancer chemotherapy.
   a. Chemotherapy primary prophylaxis for "dose dense" treatment regimen.
   b. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia.
   c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.
   d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.

2. All of the following must be true for patient to be eligible for filgrastim treatment of hepatitis C treatment-related neutropenia:

   a. Patient receiving hepatitis C therapy ; AND
   b. Patient develops neutropenia defined as either
      i. ANC < 250/mm3; or
      ii. ANC < 500mm3 with one of the following risk factors for developing infection;
         a. Cirrhosis, biopsy proven or clinically evident;
         b. Pre-or post-liver transplant;
         c. HIV/HCV co-infection
         d. Receiving HCV triple therapy;

   AND
   c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction.

Finasteride (Proscar™), Dutasteride (Avodart™)

1. Second line agent for BPH, after failure of alpha blocker.
2. American Urological Association criteria (including symptom score, digital rectal exam, PSA test, urine outflow record) are submitted.
3. Finasteride is the Non-Formulary 5α-Reductase Inhibitor of choice**

Fluticasone Oral inhaler (Flovent™)

Must fail two other inhaled corticosteroids with demonstrated compliance.

Fluticasone/Salmeterol(Advair™) - See Long Acting Beta Agonists(LABA)and Long Acting Beta Agonists /Inhaled Corticosteroid (LABA/ICS)

Formoterol (Foradil™) - See Long Acting Beta Agonists (LABA) and Long Acting Beta Agonists /Inhaled Corticosteroid (LABA/ICS)

Gabapentin (Neurontin™)

1. Gabapentin is considered formulary for neuropathic pain only. An ICD-9 code for neuropathy is required in the Inmate Health Summary Problem List. Seizure disorder: adjuvant anticonvulsant for partial seizure disorder with or without secondary generalization. Initial approval will require documentation of abnormal EEG (current or past), failure of single agents: valproic acid, carbamazepine, lamotrigine, topiramate, or documented response in past to gabapentin. Failure is defined as ongoing seizure activity with therapeutic blood levels or doses of medication with documented compliance, or the presence of adverse side effects.
2. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid , carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.

Golimumab (Simponi™) - See Immunomodulator TNF Inhibitors

Hepatitis C Treatment Algorithm:

"Medical HOLD" will be placed on inmate once Hepatitis C treatment therapy is initiated.

HIV Medications/Treatment: Etravirine (Intelence™), Maraviroc (Selzentry™), Tipranavir (Aptivus™)

1. Regimen has been established in consultation with Regional HIV Consultant Pharmacist, expert consultation service or Regional Medical Director
2. Patient must be highly treatment-experienced.
3. HAART selection must be directed by appropriate resistance testing.
4. The ability exists to construct a HAART regimen to include: 3 active and proper antiretroviral drugs or, at least 1 active drug plus an appropriate antiretroviral drug combination with some residual activity.
5. All supporting documents must be attached to include, at a minimum, copies of all available viral loads and CD4 counts, copies of all available resistance tests, description of all known previous HAART regimens, assessment of patient's adherence to HAART, **and the complete HAART regimen being requested.**
6. Maraviroc requests must include results of the CCR5 co-receptor tropism assay.
7. None of the antiretroviral drugs of the new / proposed HAART regimen should be started until the non-formulary requests are approved. (same as other HIV medications)

Hormones to maintain secondary sexual characteristics

1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.
2. Confirmation of legitimate prescribing prior to incarceration.

3. Psychiatric diagnostic evaluation and treatment plan.
4. Consultation with BOP Chief Psychiatrist.

Hydroxyzine (Atarax™, Vistaril™) oral - See antihistamines

Immunomodulator TNF Inhibitors: Etanercept (Enbrel™), Golimumab (Simponi™), adalimumab (Humira™)

1. Adalimumab is recommended agent before etanercept and golimumab due to better side effect profile and cost effectiveness.
2. Failure of methotrexate/prednisone, gold, or azathioprine.
3. Intolerable side effects of methotrexate where a TNF agent may allow a decrease in methotrexate dose.
4. Request must include rheumatology consult report.

Insomnia medications (Ambien™, Lunesta™, Sonata™)

Insomnia is typically a symptom, and not a disease state, and thus the clinical focus should be on identifying and treating the underlying cause (i.e. depression, anxiety, psychosis, poor sleep hygiene, and chronic medical conditions such as diabetes). The long term use of antidepressants or antihistamines for complaints of poor sleep in the absence of another Axis I diagnosis is not appropriate.

Insulin glargine, Long Acting Insulin (Lantus™)

1. Recurrent episodes of symptomatic hypoglycemia despite multiple attempts with various insulin dosing regimens. Non-formulary request must include documentation of blood glucose values in the hypoglycemic range (i.e. MARs), and the insulin regimens used. **OR;**
2. Failure to achieve target HbA1c goals despite compliance with an intensive insulin regimen (3 to 4 injections / day) using NPH and regular. Note: The evening dose of NPH should be administered as close to bedtime as staffing and institution procedures permit.) Non-formulary request must include the insulin regimens used, an assessment of compliance (i.e. MARs) and a recent HbA1C result with date.

Insulin Aspart/Insulin lispro, Rapid Acting Insulin (Novolog™/Humalog™)

NOTE: generally speaking insulin lispro and insulin aspart are too short acting to be used safely in most correctional environments.

1. Unable to achieve glycemic control targets with the use of regular insulin, despite multiple attempts with various insulin dosing regimens.
2. Non-formulary request must include the insulin regimens that have been tried and found ineffective, including times of administration.
3. Self-monitoring of blood glucose or immediate access to blood glucose monitoring at all times.
4. Ability to eat a meal immediately (within 15 minutes) after injecting rapid-acting insulin.
5. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.
6. Will be used at Medical Centers only - is not an acceptable transfer medication.

Isotretinoin (Accutane™)

1. iPLEDGE enrollment and requirements located at https://www.ipledgeprogram.com and http://www.ncpdp.org must be followed. Proof of enrollment must be submitted with non-formulary request.
2. Central Office Physician or Regional Medical Director (RMD) have been consulted. This will occur prior to the enrollment of the physician and patient as well as enrollment and fee payment of the institution pharmacy into the iPLEDGE program.

Ketoconazole oral

Ketoconazole tablets are indicated only for the treatment of the following fungal infections: blastomycosis, coccidioidomycosis, histoplasmosis, chromomycosis, and paracoccidioidomycosis in patients in whom other treatments have failed or who are intolerant to other therapies.

Lidocaine Topical Patches (Lidoderm™)

1. Patient is being treated for post-herpetic neuralgia.
2. Patient utilized 4-6 week trial of formulary anticonvulsants and/or tricyclics.
3. Patient will be prescribed other concurrent analgesic therapies effective for neuropathic pain.

Linezolid (Zyvox™)

1. IV vancomycin should be utilized when possible.
2. Case by case basis for transition of stable patients receiving IV vancomycin in hospital setting to institution which is unable to provide IV vancomycin.
3. Documentation of culture and sensitivity data must be submitted with non-formulary request.
4. Non-formulary approval will be for pill line administration only due to concerns of expense, compliance, and potential for resistance development.

Long Acting Beta Agonists (LABA) and Long Acting Beta Agonists/Inhaled Corticosteroid (LABA/ICS): Salmeterol (Serevent™), Formoterol (Foradil™), Budesonide/Formoterol (Symbicort™) and Fluticasone/Salmeterol (Advair™)

1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva™).
2. Continued nocturnal awakenings not managed by medium dose steroid inhaler OR low dose steroid inhaler plus a leukotriene receptor antagonist (i.e. - montelukast).
3. At least severe persistent asthma not controlled by medium dose inhaled corticosteroid alone.
4. Reversibility demonstrated with a short acting beta agonist. Reversibility is characterized by an increase in FEV_1 of greater than 200 mL and greater than 12% from baseline.
5. Not to be utilized as monotherapy.
6. Nebulizer solution will not be approved for use in asthma.
7. Non-formulary requests for long acting beta agonists that meet criteria will be approved for agent on mandatory contract.

Lorazepam long-term use - See Benzodiazepines

Loteprednol etabonate (Lotemax™, Alrex™)

1. After use of formulary ophthalmic steroid for greater than 28 days.

Maraviroc (Selzentry™) - See HIV Medication/Treatment

Metaxalone (Skelaxin™) - see MUSCLE RELAXANTS

Metoclopramide (Reglan™)

1. Restricted to 12 weeks of therapy for all formulations
2. If NFR approved, after 12 weeks, get periodic AIMS testing

Montelukast (Singulair™)

1. **Asthma**: Third line agent in the treatment of asthma. Compliance with other medications must be shown (e.g. oral steroid inhalers)
2. **Allergic Rhinitis**: Third line agent after documented compliance with OTC antihistamine and nasal steroid. Copies of progress notes detailing symptoms and exam findings will be required.
3. **Urticaria**: Montelukast will not be approved for this indication.

Muscle Relaxants: Dantrolene (Dantrium™), baclofen (Lioresal™), cyclobenzaprine (Flexeril™), tizanidine (Zanaflex™), metaxalone (Skelaxin™), methocarbamol (Robaxin™), carisprodal (Soma™), chlorzoxazone (Parafon forte DSC™), orphenadrine (Norflex™)

PILL LINE ONLY
Approval for muscle relaxants will be considered
for the following cases and all must be administered via PILL LINE:

1. Observable, documented muscle spasm due to:
   a. Multiple sclerosis
   b. Spinal cord injury or intrinsic cord lesions (not herniated spinal discs, not low back pain due to muscle spasm)
   c. Stroke
   d. Cerebral palsy
2. Approval for baclofen may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents.
3. Metaxalone is last resort skeletal muscle therapy after failure of all other muscle relaxants.

Compliance should be monitored at each visit. These medications are frequently diverted to other inmates due to their mood-altering effects. Abrupt discontinuation of baclofen can precipitate a drug withdrawal syndrome. There are generally no valid indications for long-term use of cyclobenzaprine or similar "muscle relaxants" such as methocarbamol. Lorazepam is recommended for short-term use in acute muscle spasm where sedation is desired.

Narcolepsy Treatment - Stimulant medications: amphetamine, dextroamphetamine, modafinil, methylphenidate, selegiline

1. Documented verification of the inmate's report, to include polysomnography obtained and provided.
2. Patient has failed non-pharmacologic management strategies.
3. Functional impairment with work assignment, institution security, academic needs.
4. Failed treatment with modafinil and fluoxetine (for cataplexy).

Nutritional Supplements for oral consumption

1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet" (see page 35)
2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, **AND**
3. A documented medical diagnosis affecting nutritional status, **AND**
4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.

Ocuvite/AREDS/I-Caps

1. Item has been previously reviewed in regards to formulary status with ongoing consultation with a BOP ophthalmologist. Offenders wishing to purchase this item should be referred to, and allowed to purchase, from the commissary through a Special Purchase Order (SPO). This is a non-prescription item. The ophthalmic literature remains controversial on the effect on the course of macular degeneration (wet or dry).
2. Refer all renewals of previously approved non-formulary requests to the BOP National Ophthalmology Consultant.

Onychomycosis, oral treatment - See Antifungals

Oseltamivir (TamiFlu™)

1. Oseltamivir institutional stock is limited to care level 3 and 4 institutions only and must be utilized via the non-formulary process.
2. Care level 1 and 2 institutions must also utilize the non-formulary process and can obtain oseltamivir from the Pharmaceutical Prime Vendor. The pharmaceutical prime vendor contract allows for two same day emergency procurements per month.
3. Therapy is only to be offered to patients within 48 hours of exposure. Antiviral therapy is not effective or recommended 48 hours post exposure.
4. Non-Formulary Drug requests for TamiFlu™ will be processed and expedited through Central Office.
5. Treatment requests for outbreaks, prophylaxis, and exposures will be conducted through the Infectious Disease Coordinator. Region, Central Office and approved by the BOP Medical Director for treatment.
6. Note: Stockpile antivirals may only be approved for use by the BOP Medical Director under certain conditions as proclaimed by the World Health Organization.

Oxycodone Controlled Release (Oxycontin™)

1. Must have failed extended release morphine. Failure is defined as unable to titrate dose due to adverse effects unable to be resolved despite aggressive treatment.

Phenobarbital (Luminal™)

1. Diagnosis of seizure, **AND**
2. Used in combination with other anticonvulsant medications, **AND**
3. Used as 3rd line agent, **AND**
4. Compliance > 90% maintained

Prasugrel (Effient™)

1. Does patient have aspirin allergy anaphylaxis, bronchospasm? (Indications for use as a single antiplatelet agent therapy)
2. Does patient have recurrent non-cardioembolic cerebral ischemia while on aspirin?
3. Did patient have ACS: (NSTEMI, STEMI, unstable angina (UA)) with no revascularization - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)
4. Is patient post PCI - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)
5. Is patient post CABG - 4 weeks therapy recommended (indication for use as dual antiplatelet therapy with aspirin)
6. Does patient have non-coronary stenting? (indication for use as dual antiplatelet therapy with aspirin)
7. Did patient fail clopidogrel therapy?
8. Is patient on pharmacotherapy that has a major interaction with clopidogrel but does not interact with prasugrel?
9. Patient under the age of 74?
10. Patient weighs 60 kg or more?

Pregabalin (Lyrica™)

1. Painful diabetic neuropathy - well documented as insufficient response to gabapentin at the maximum dose and at least one tricyclic agent, venlafaxine, AED's used alone or in combination.
2. Postherpetic Neuralgia - well documented intolerance to gabapentin or insufficient response at maximally tolerated doses of gabapentin tricyclics and topical agents such as lidocaine patch 0.5%.
3. Fibromyalgia - documented diagnosis of fibromyalgia by rheumatologist. Trial of gabapentin and other agent such as TCA, SSRIs, or venlafaxine.
4. Partial onset seizures - well documented intolerance or insufficient response to at least two other agents (i.e. Carbamazepine, gabapentin, lamotrigine, levtiracetam, phenytoin, topiramate).

Protein Powder/Protein Liquid

1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet" (see page 35)
2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND
3. A documented medical diagnosis affecting nutritional status, AND
4. Nutritional Assessment Consult by BOP registered dietician required for every request.

Quetiapine (Seroquel™)

1. Use in psychotic disorder, bipolar disorder, or borderline personality disorders only.
2. Requests must include justification and treatment history in accordance with the Antipsychotic Treatment Algorithm, BOP Clinical Practice Guidelines, Pharmacological Management of Schizophrenia.
3. Non-formulary approvals for oral formulation will only be approved for Seroquel™ XR. Seroquel™ XR formulation should not be crushed.

Quinine

1. Non-formulary will not be approved for leg cramps.

Restless Leg Syndrome Algorithm

Step 1. Sleep Hygiene – Refer to Sallyport Guidelines

Step 2. Evaluate Drug Therapy – consider medication change or dose reduction of SSRI, TCA, lithium, antihistamines, caffeine, dopamine agonists.

Step 3. Trial of oral iron therapy.

Step 4. Evaluate for secondary causes – iron deficiency, chronic kidney disease, venous insufficiency, neurologic lesions, rheumatic disease, or diabetes – and manage disease states optimally.

Step 5. Treatment with pramipexole, ropinirole, or levodopa/carbidopa.

Rifaximin (Xifaxan™)

1. Treatment of hepatic encephalopathy
2. Patient refractory to lactulose (patient obtained 3 loose stool per day)
3. Patient intolerant to lactulose

Rivaroxaban (Xarelto™) – see Anticoagulants

Salmeterol (Serevent™) - see Long Acting Beta Agonists (LABA)

Synvisc™ (Hylan G-F 20), Hyalgan™ (Sodium Hyaluronate)

1. Osteoarthritis of the knee(s) (American College of Rheumatology criteria) confirmed by history, exam, and x-ray.
2. Documented inadequate control of pain or intolerance to adequate trial of acetaminophen (4 grams/day), NSAIDs, and other non-narcotic or narcotic analgesics.
3. Inadequate response to intra articular corticosteroid injections.
4. Inadequate response to bracing and use of canes or crutches.
5. Inadequate response to measures such as weight loss and physical therapy.
6. Surgery is not an option due to concurrent medical conditions that preclude the patient as candidate for surgery. These agents may also be considered as a bridging option before resorting to surgery.

Testosterone Cypionate Injection (Depo-Testosterone™)

1. Has the patient had an orchiectomy.
2. Status post transphenoidal surgery for pituitary adenoma or hypothalamus adenoma.
3. Use in Gender Identity Disorder (GID) cases will be referred to Central Office Psychiatrist for review.
4. Use for low testosterone levels for reasons not listed above must have the following information documented.
   a. Two serum total (<300 mg/dL) and free testosterone (<5 mg/ dL) levels. Must be at least two weeks apart and obtained between 0700 and 1100, AND
   b. Prostate-specific antigen (PSA) level, AND
   c. Luteinizing hormone (LH) level, AND
   d. Follicle stimulating hormone (FSH) level, AND
   e. Evidence of increased LDL, OR
   f. Evidence of Osteoporosis, OR
   g. Evidence of Refractory depression

Thiazolidinediones (i.e. "glitazones") [e.g. Pioglitazone (Actos™)

1. Failure to achieve target HbA1c goals in type 2 diabetes despite compliance with and adequate duration of a treatment regimen of sulfonylurea plus metformin, insulin plus metformin, insulin plus a sulfonylurea (when metformin is contraindicated), or insulin plus metformin plus a sulfonylurea.
2. Current total insulin dose must be > 1 unit / kg / day of body weight. **OR**
3. A type 2 diabetic inmate newly-incarcerated in the BOP who arrives on a glitazone with good glycemic control and a past history of failed therapy with or contraindication to metformin. (NOTE: If the inmate has never received treatment with metformin and has no contraindication, metformin should be added to the regimen and the glitazone approved by non-formulary request for 6 months to allow for an adequate trial and titration of metformin.)
4. Pioglitazone is the preferred glitazone when non-formulary use criteria are met. Documentation to be included in non-formulary request: type of diabetes (1 or 2), current treatment regimen and duration at current doses, and most recent HbA1c value with date.

Tipranavir (Aptivus™) - See HIV Medication/Treatment

Vancomycin, Oral (Vancocin HCI Pulvules™)

1. Use in severe and severe-complicated clostridium difficile infection (CDI) only.
2. Second line agent therapy for non-severe CDI after compliant trial of metronidazole.

Zalcitabine (Hivid™, DDC)

1. Patient is taking zalcitabine upon arrival to a BOP institution.
2. Documentation of undetectable viral load provided with the request.
3. Patient tolerance to therapy is addressed in the request.
4. Other patients should be converted to another NRTI or HIV regimen based upon USPHS HIV Guidelines, National HIV Telephone Consultation Services (Warmline) 1-800-933-3413, or a HIV Specialist Consultant.

Non-Formulary Algorithm for Donepezil (Aricept™) Approval
(# 1,3,5,9,10 only for renewal)

1. Initial treatment: _____ Follow-up: 3 mo 6 mo 12 mo other _____
   Dose of donepezil: _____

2. Inmate has dementia, Alzheimer's type: (Circle one)
   a. mild b. moderate
   c. Severe - does not qualify for trial. Consider Reduction in Sentence

3. Mini-Mental State Score:_____
   (Other objective measures may be utilized, such as Dementia Rating Scale, however, the same test should be used at each interval to document response to treatment).
   Test_____ Score _____

4. Physical findings: **Please attach copy of most recent exam, must include weight, vital signs, neurologic screening.**

5. Laboratory results: Date:_____

Hgb_____	WBC_____	Plts_____	MCV_____
RDW_____	AST_____	ALT _____	Alk Phos_____
Tot Prot_____	Alb____	SCR _____	FBG_____
RPR_____	B-12_____	Folate_____	TSH_____
U/A: RBC_____	Leukocytes_____	Prot_____	Gluc_____

6. CT head or MRI head results (**attach copy of report**).

7. Major Depression has been effectively treated or ruled out?
   Yes No Current Treatment:_____
   _

8. Delirium has been ruled out by: _____(Physician) on: _____(Date):
   Yes No If no, describe:_____
   _____

9. List all current medications and their doses and blood levels if appropriate, e.g. lanolin, anti-seizure meds:_____
   _____

10. No contraindications to cholinesterase inhibitor (e.g. PUD, asthma, COPD, bradycardia, liver disease, anticholinergic drugs, parkinsonism):

11. Prior treatment with cholinesterase inhibitor?
    Drug(s):_____Dates:_____
    Outcome:_____
12. Comments:_____
_____
_____

Recommendations by Institution Chief Psychiatrist or Clinical Director: _____
_____
_____

++

Approved:_____ Medical Director Date:_____

Disapproved:_____ Medical Director Date:_____
Inmate Name:_____ Reg. No:_____

Institution:_____

Worksheet for Use of Nutritional Supplement

Inmate Name:	**Register Number:**	**Institution:**
Date of Birth:	**Usual Body Weight – UBW(lb):**	
Weight(lb):	**Height(in):**	**Gender: M / F**

BMI: _____

BMI = 703 x [weight(lb) / height^2(in)]

Ideal Weight Range(lb): _____ to _____

Hamwi method: men = 106 lb + 6 lb for each inch >5 ft, women = 100 lb + 5 lb for each inch > 5 ft, then +/- 10% for range

Percent Weight Loss(%), unintentional:

Over past month _____, past 3 months _____, past 6 months_____

Percent weight loss = (UBW – current weight / UBW) x 100

Medical Diagnoses – check all that apply (must have at least one):

- ☐ Dysphagia
- ☐ Crohn's Disease
- ☐ Alzheimer's Disease
- ☐ Swallowing Problems
- ☐ Mastication Problems
- ☐ Ulcerative Colitis
- ☐ Malabsorptive Disorder – Specify _____
- ☐ Failure to Thrive
- ☐ Burns - % Body Surface Area_____
- ☐ Hunger Strike
- ☐ Cancer
- ☐ End Stage Renal Disease on Dialysis
- ☐ Multiple Dental Extractions or Extensive Dental Surgery (short term use)
- ☐ Chronic Wounds (describe in notes below)
- ☐ Other(s): _____

BOP Food Service Diet(s)Tried – check all that apply:

- ☐ Regular
- ☐ Soft
- ☐ Mechanical Soft/Edentulous
- ☐ Low Residue / Low Fiber
- ☐ Clear Liquid
- ☐ Full Liquid
- ☐ Pureed
- ☐ Gluten Free
- ☐ Diabetic Snack
- ☐ Snack for Increased Calories

Reason(s) Nutritional Needs Could Not be Met Through Food Service Offerings:

_____

_____

Additional notes:

_____

_____

Name / Title / Signature of Requestor: **Date:**

Procedure for Submitting Nutritional Supplement Algorithm:

- Scan into BEMR Document Manager as .pdf file
- Attach to BEMR non-formulary request for selected nutritional supplement and/or protein powder/liquid
- For nutritional supplement use > 30 days and ALL protein-only supplement requests:
  a BOP registered dietitian nutritional assessment consult must be attached (completed locally at MRCs or via tele-nutrition at all others)

Non-Sterile Compounding Worksheet

Attach this, with any other required documentation with your NFR request.

Requesting Institution: _____ **Date:** _____

Who is making the

Outside Pharmacy

Attach copy of medication label
+/- recipe (if will give)

OR,

Pharmacy Name:_____
_____
Pharmacy Phone Number: _____
Pharmacy Address:_____
_____
Rx # (if have):_____
Any Directions/Ingredients they will give:
_____
_____
_____
_____

[Label Product per 2011 National P&T Minutes](#):

- Must enter order into BEMR with our label referencing the medication name, filling pharmacy name, and statement that "inmate is authorized to carry this medication"
- Cannot repackage, instead place non-BOP medication items into a clear plastic bag with the BEMR label affixed to the plastic bag to authorize self-carry.

BOP Pharmacy

Is Compound in BEMR Already?

1. Go to: Reports -> Drug File
2. Make "Formulary" = ALL
3. Select the box next to "Compound" towards the bottom
4. Click "View"
5. Review report and see if desired compound is listed

NO

Complete the **MASTER FORMULATION RECORD WORKSHEET** on **Page 2** and submit to the BEMR Workgroup for addition to the National Drug File.

YES

Complete the **COMPOUNDING RECORD WORKSHEET** on **Page 3** and store in Document Manager **OR** complete any documentation dictated by local law, policy, and procedures.

MASTER FORMULATION RECORD WORKSHEET

Name and Strength of Product: _____ Quantity: _____
(# of units, volume, weights, etc.)

Intended Use: _____ Intended Route of Administration: _____

Formula:

Ingredient	Quantity	Physical Description	Solubility	Function

Compatibility/Stability Information (Literature Search):

Special Equipment, if any: _____

Calculations:

Method/Directions for Preparation:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Description of Finished Product: _____

Quality Control Tests:

Beyond-Use Dating/Recommended Storage (Check one):

- ☐ **Solid and Non-Aqueous Formulations -** No later than 25% of the time remaining until the earliest ingredient's expiration date OR 6 months, whichever is earlier
- ☐ **Aqueous Formulations** - No later than 14 days for liquid preparations when refrigerated (36°F to 46°F)
- ☐ **All other Formulations -** No later than 30 days OR duration of therapy, whichever is earlier

Packaging: _____

Labeling: _____
(Product content and auxiliary labels)

COMPOUNDING RECORD WORKSHEET

Name of Master Formulation Record: _____ Rx#: _____

Date Compounded: _____ Preparer Name: _____

Ingredient	Amount	Manufacturer/Source	Lot #	Expiration Date

Total quantity compounded: _____

Assigned Beyond-Use Date: _____

Solid and Non-Aqueous Formulations	No later than 25% of the time remaining until the earliest ingredient's expiration date OR 6 months, whichever is earlier
Aqueous Formulations	No later than 14 days for liquid preparations when refrigerated (36°F to 46°F)
All other Formulations	No later than 30 days OR duration of therapy, whichever is earlier

Copy of Label:

Description of final preparation: _____
Pharmacist Verification: _____

QC Completed by: _____

Results of QC:

Any QC issues that arose:

Any Reported ADRs:

Urgent Care Cart and Kit Content

MRCs with 24 hour coverage that have a sufficient number of trained staff to perform ACLS 24 hours per day, 7 days per week may elect to stock their Urgent Care Cart with "A" list medications. Care Level III institutions with 24 hour coverage that have sufficient numbers of trained staff to perform ACLS 24 hours per day, 7 days per week wanting to stock "A" list medications must submit a request for a waiver to the Medical Director, BOP - routed through the Regional Medical Director - for approval. All other institutions will stock only medications on the "B" list. Staff using "Urgent Care Cart" supplies for resuscitation should be trained and privileged by the Clinical Director in accordance with established protocols approved by the CD.

Medication	MRCs and approved Care IIIs	All others
Adenosine 6 mg	A	
Amiodarone 50 mg/ml	A	
Aspirin 81 mg	A	B
Atropine 1 mg/10ml	A	
Benztropine inj 1mg/ml	A	B
Calcium Chloride	A	
D5W	A	B
Dextrose 50% injection	A	B
Digoxin 0.5 mg injection	A	
Dopamine 400 mg/5ml	A	
Epinephrine 1:10000 syringe	A	
Epinephrine 1:1000 amps	A	B
Furosemide injection	A	
Glucagon injection	A	B
Glucose Paste/Tabs	A	B
Haloperidol lactate inj 5mg/ml	A	B
Hydrocortisone OR Methylprednisolone injection	A	B
Lactated Ringers	A	B
Lorazepam injection	A	B
Morphine Sulfate	A	B
Naloxone 0.4 mg/ml	A	B
Nitroglycerin S.L. 0.4 mg tabs	A	B
Normal Saline	A	B
Procainamide 100 mg	A	
Propranolol 1 mg/ml	A	
Sodium Bicarbonate 50 meq	A	
Sodium Chloride 0.9% injection	A	B
Vasopressin 20 U/ml	A	
Verapamil 5 mg	A	
Other items to consider having quick access to in the Urgent Care Room, but not necessarily stored in the cart		
Albuterol Inhaler	A	B
Albuterol Solution	A	B
Charcoal	A	B
Diphenhydramine 50 mg inj	A	B
Nitroglycerin 50 mg/10ml	A	

FORMULARY OTC PRESCRIBING CRITERIA MATRIX 2013

Class / Indication	Formulary Agent	Dispense from Pharmacy (if Medically Necessary)	Refer to Commissary	Available Commissary Items
Pain	- NSAIDS - salsalate - acetaminophen - aspirin **NOTE see comments at end of matrix	Ortho/rheum diagnosis and followed in a related chronic care clinic**[1,2,3,4] *acute injury or dental procedure [limit 7 days therapy (no refills) per month] - Inmates being followed in a neurology or pain CCC with migraine diagnosis may receive a short burst of NSAIDS or acetaminophen limited to 7 days (eg 21 tablets) per month for the acute treatment of migraines. Consideration of prophylactic treatment must be documented. - Inmates with a diagnosis/indication of Gout may receive a short burst of NSAIDS limited to 7 days (eg 21 tablets) per fill for the acute treatment of gout flare ups. - Inmates on interferon therapy should be able to receive short burst of acetaminophen to relieve post interferon injection discomfort (for example 3 day supply weekly) while on treatment. NSAIDS should **NOT** be used in patients with liver disease. or OTC Med Qualified* and medically appropriate	all others	- ibuprofen - naproxen - acetaminophen - aspirin
Eye	- naphazoline-pheniramine eye drops (Visine-A™) - tetrahydrozolone (Visine™) - artificial tears	OTC Med Qualified* and medically appropriate**[7]	all others	- allergy eye drops - naphazoline-pheniramin eye drops (Visine™ A or Opcon™ A) - tetrahydrozolone (Visine™) - artificial tears
Multi-vitamin	- iron - B-6 - calcium - calcium with Vit D - vitamin B-12 tablets - thiamine - folic acid - vitamin D	-anemia, osteoporosis, renal disease, alcohol detox or GI malabsorption diagnosis; or on INH therapy and followed in a related chronic care clinic -Vitamin D – documented deficiency or dermatologist approved sun-restricted conditions (including Lupus, solar urticaria, history of non-melanoma and melanoma skin cancers)	all others	- multivitamin - Vit E - Vit C - calcium - calcium with Vit D - Vit B Complex - Vit D
Hemorrhoid	- dibucaine - glycerin-witch hazel topical (Tucks™) - fiber tablets/powder - docusate	pending hemorrhoid surgery or OTC Med Qualified* and medically appropriate	all others	- dibucaine ointment - hemorrhoidal cream - Tucks™ pads - fiber tablets/powder - docusate
Stomach	- Maalox™/ Mylanta™ - calcium carbonate (Tums™)	OTC Med Qualified* and medically appropriate**[5]	all others	- Maalox™/Mylanta™ antacid tablets - Gaviscon™ - MOM

	- Gaviscon™ - MOM - simethicone - kaopectate - loperamide - fiber tablets/powder - docusate			- simethicone - kaolin/pectin - loperamide - fiber tablets/powder - docusate
H2/PPI	- ranitidine - omeprazole	OTC Med Qualified* and medically appropriate with gastrointestinal diagnosis and followed in a related chronic care clinic**[6]	all others	- ranitidine - famotidine - omeprazole
Dental	Orabase™	acute dental	all others	- anesthetic gel, dental
Anti-histamine Cough and Cold Allergy	none	Non-Formulary - Refer to Use Criteria and OTC Policy	all others	- CTM - loratadine - cough drops - throat lozenges - saline nasal spray - Vicks Vapor Rub™ - guaifenesin syrup - Cromolyn Nasal Spray
Ear	- carbamide peroxide ear drops (Debrox™) - antipyrine-benzocaine (Auralgan™)	OTC Med Qualified* and medically appropriate	all others	- carbamide peroxide ear drops
Topical	- coal tar - double antibiotic - calamine - hydrocortisone - vit A & D - selenium - salicylic acid pads - moisturizing lotion - chapstick - zinc oxide	OTC Med Qualified* and medically appropriate**[8]	all others	- coal tar shampoo - sunscreen - antibiotic ointment - calamine - analgesic balm - hydrocortisone cream - vit A & D ointment - selenium - salicylic acid pads - chapstick - zinc oxide - Lac-Hydrin™
Antifungal	- clotrimazole - miconazole - nystatin	OTC Med Qualified* and medically appropriate skin diagnosis and followed in a related chronic care clinic; x 30 days only per formulary restriction	all others	- clotrimazole - tolnaftate - miconazole - terbinafine (Lamisil™)

* If inmate is identified as 'OTC Med Qualified' (i.e. indigent) in TruFacs and meets guidance in 'Dispense from Pharmacy' column, item may only be prescribed up to a 15 day supply (no refills) per month. Refer to PS6541.02 for items available to indigent inmates without an HSU visit.

Note: Refer to current OTC Program Statement for list of medications that can be provided to indigent inmates without signing up for sick call. If a similar medication is not on the indigent OTC list, the inmate may have a short-term prescription.

** 1. Chronic pain conditions with objective abnormalities, e.g. rheumatoid arthritis, osteoarthritis with abnormal x-ray, - Inmate should be enrolled in Ortho/rheum chronic care clinic and prescriptions should be written by a clinician and dispensed by the pharmacy for prescription strength medication.

For institutions without Pharmacist: Inmates who are receiving chronic NSAID or Acetaminophen therapy for pain and also receiving an NSAID or acetaminophen for breakthrough pain will be limited to 7 day supply per month of the secondary medication.

2. Chronic pain symptoms without any objective findings (in these cases it is assumed that significant pathology has been ruled out and symptoms are relatively minor) - these patients should be referred to commissary to purchase OTC medications.

3. Acute pain that is relatively minor should be referred to purchase OTC medication from the commissary. This would include minor injuries, and headaches.

4. Acute pain that is severe, and short-term post - operative pain management in general should be managed with prescription strength medication written by a clinician and dispensed by the pharmacy 'acute injury or dental procedure (limit up to 7 days of therapy (no refills) per month)'. Patients with severe pain must receive an appropriate evaluation to rule out causes that require urgent intervention rather than just pain management.

5. Stomach: Short-term laxative and antacid therapy for self-limiting conditions should be referred to the commissary. Non-stimulant laxatives and stool softener therapy may be provided for chronic GI hypo-motility disorders or in conjunction with iron and opioid analgesic orders.

6. H2/PPI's: **Non-indigent inmates must purchase all OTC strength "Ranitidine or Omeprazole" from the commissary (for: Relief of heartburn, acid indigestion, sour stomach, prn use, QD use for Ranitidine and GERD) unless they are being actively followed in a GI Chronic Care Clinic with documented appropriate laboratory findings (i.e. EGD) for the following: Severe GERD, Zollinger-Ellison Syndrome, Schatzki's Ring, Barrett's Esophagitis, Esophageal Stricture, previous GI Bypass or Ulcer Surgery, chronic oral steroid use in transplants, documentation of chronic need for NSAIDS with Prior History of GI Bleed and Short-Term Treatment of H. Pylori.

7. Non-indigent inmates should be referred to the commissary to purchase OTC eye drops (artificial tears and allergy eye drops) for minor eye conditions (dry eye, red eye, and Pterygium – unless surgical intervention is required). Eye conditions with objective abnormalities, e.g. short-term post-surgical eye procedures, Sjorgren's syndrome, Bell's Palsy, and prosthetic eye implants – inmates should be enrolled in a general chronic care clinic and followed by an optometrist or ophthalmologist.

8. Topicals: Non-indigent inmates should be referred to the commissary to purchase OTC topical medications for minor conditions and in accordance with formulary restrictions. Short-term use of topical OTC medications should be purchased from the commissary.

9. Please note, although the OTC medication doses recommended by the manufacturer are less than prescription doses, the labeling does allow for higher doses if recommended by a clinician.

Hypertensive Emergency & Urgency Guidance

The following is guidance regarding the appropriate management of hypertensive emergencies and urgencies for BOP health care providers. It should be noted that an excessive hypotensive response via unnecessarily aggressive treatment may result in more risk than benefit leading to potential ischemic events such as stroke, myocardial infarction, and blindness. All institutions should provide a local in-service for their providers regarding the appropriate management for these situations. Providers should review the BOP Hypertension Clinical Practice Guideline. Nurses should also reference the BOP nursing protocols when available.

Hypertensive Emergency

Definition: severe hypertension, greater than 180 mmHg systolic or 120 mmHg diastolic, associated with end-organ damage.

Examples: malignant hypertension and hypertensive encephalopathy, ischemic stroke, subarachnoid or intracerebral hemorrhage, acute pulmonary edema, angina pectoris, acute myocardial infarction, aortic dissection, withdrawal of antihypertensive medications, acute increase in sympathetic therapy, pregnancy (preeclampsia or exacerbation of preexistent hypertension).

Goal: immediate, careful reduction in blood pressure utilizing intravenous antihypertensive medications.

Comments: contact emergency responders (911) in cases of hypertensive emergencies. Medical referral center (MRC) providers familiar with management of hypertensive emergencies may choose to initiate intravenous antihypertensive medications depending on availability within institution.

Hypertensive Urgency

Definition: severe asymptomatic hypertension, greater than 180 mmHg systolic or 110-120 mmHg diastolic, with no end-organ damage. Goal: reduce blood pressure to ≤ 160/100 over several hours to days.

Comments: there is no proven benefit of rapidly reducing blood pressure in patients with severe asymptomatic hypertension and could actually induce cerebral or myocardial ischemia / infarction. All patients should be scheduled for follow up with their primary care provider within several days following an episode of severe asymptomatic hypertension.

Treatment:

1. Allow patient to rest in a quiet room for 15 minutes and repeat blood pressure.

2. If blood pressure is still above 180/110-120, initiate oral treatment.

3. In patients previously **untreated** for hypertension, administer 20 mg furosemide (if normovolemic) or 12.5 mg captopril. May increase dose of furosemide to 40 mg if patient has documented renal insufficiency. Do **NOT** use captopril in pregnant patients.

4. In patients previously **treated** for hypertension, resume medications in noncompliant patients, increase dosage of medications for compliant patients or give 20 mg furosemide.

5. Observe the patient over several hours to ensure blood pressure reduction. Contact the on-call provider if there is no change.

High priority Medical Conditions/Diagnoses

Diabetes Mellitus (high blood sugar)

Hypertension (high blood pressure)

Cardiac problems - history of heart attacks, abnormal heart rhythms, congestive heart failure, or currently having chest pain.

Anyone taking warfarin/Coumadin™ or other blood thinners*

HIV infection

Cirrhosis of the liver

Uncontrolled asthma/COPD (emphysema) or have run out of medications*

Uncontrolled seizures or have run out of seizure medicine*

Any cases of active pulmonary tuberculosis*

Mental health conditions such as bipolar disorder, psychotic disorders (e.g. schizophrenia); any psychiatric condition requiring antipsychotics, mood stabilizers or benzodiazepines are high risk*

Hepatitis C infection - currently being treated with interferon/ribavirin, with or without protease inhibitors*

Medications with withdrawal potential - chronic benzodiazepines, barbiturates, chronic narcotics, etc.*

Dialysis

Cancer receiving active treatment

Antirheumatic DMARDs, non-biologic or biologic (non-urgent)*

* Starred conditions will be less of a priority for transfer consideration if the inmates are being appropriately treated and are able to receive their medications consistently.

PART II

NATIONAL BOP FORMULARY

REFER TO BEMR RX FORMULARY DRUG FILE REPORT

Bureau of Prisons
Health Services
2013/2014 NATIONAL FORMULARY (Part 2)

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

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Abacavir Sulfate (ABC) Oral Soln 20mg/ml											
Abacavir Sulfate(ABC) Oral Soln 20 MG/ML (240ml) (Ziagen)	Sol	12105005102020	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
Abacavir Sulfate (ABC) Tablet											
Abacavir (ABC) 300 MG TAB (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	N/A	No	Yes
Abacavir (ABC) 300 MG TAB UD (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
Abacavir Sulfate/Lamivudine 600mg/300 mgTablet											
Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	N/A	No	Yes
Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
Abacavir-Lamivudine-Zidovudine Tablet											
Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	N/A	No	Yes
Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
Acetaminophen 325 MG Tablet											
Acetaminophen 325 MG Tab UD (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	Yes	Yes
Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 100 count	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Oral Solution											
Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)	Elixir	64200010001015	No	0	No	No	No	No	N/A	Yes	Yes
Acetaminophen 500 MG/5ML liquid (237ML)	Liq	64200010000930	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Oral Solution 160 MG/5ML											
Acetaminophen Sol 160 MG/5ML (480ml) (Tylenol)	Sol	64200010002010	No	0	No	Yes	No	No	N/A	No	Yes
Acetaminophen Oral Liquid 160 MG/5ML	Liq	64200010000912	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Oral Solution 650 MG/20.3ML											
Acetaminophen Sol 650 MG/20.3ML UD (Tylenol)	Sol	64200010002010	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Suppositories 120 mg											
Acetaminophen supp 120 MG (Tylenol)	Supp	64200010005205	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Suppositories 650 mg											
Acetaminophen supp 650 MG (Tylenol)	Supp	64200010005220	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen Suspension 1000 MG/30ML											
Acetaminophen Suspension 1000 MG/30ML (240 ml) (Tylenol Extra Strength Suspension)	Liq	64200010000914	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Acetaminophen/Codeine 300/30 MG Tablets											
Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	No	Yes
Acetaminophen/Codeine 300/30MG Tab UD (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**											
Acetaminophen/Codeine 300/60MG Tablet											
Acetaminophen/Codeine 300/60MG Tab (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**											
Acetaminophen/Codeine Oral Soln 120-12 MG/5ML											
Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes
Acetaminophen/Codeine 120MG/12MG/5ML,12.5ML Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12MG/5ML, 10ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12MG/5ML (5ML) Susp (Tylenol with Codeine Solution)	Susp	65991002051805	No	5	Yes	Yes	Yes	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12 MG/5ML (5ML) Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**											
acetaZOLAMIDE ER Capsules											
acetaZOLAMIDE ER 500 MG Cap (Diamox SEQUELS)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	No	Yes
acetaZOLAMIDE Tablet											
acetaZOLAMIDE 125 MG Tab (Diamox)	Tab	37100010000305	No	0	No	No	No	No	N/A	No	Yes
acetaZOLAMIDE 250 MG UD (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	Yes	Yes
acetaZOLAMIDE 250 MG Tab (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	No	Yes
acetaZOLAMIDE 125 MG Tab UD	Tab	37100010000305	No	0	No	No	No	No	N/A	Yes	Yes
Acetic Acid HC Otic (10ML) 2-1%											
Acetic Acid HC otic (10ML) 2-1% ML (Vosol HC Otic)	Sol	87300020102000	No	0	No	Yes	No	No	N/A	No	Yes
Acetic Acid Irrigation 0.25%											
Acetic Acid 0.25%,1000ML irrigation (Acetic Acid Irrigation)	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes
Acetic Acid Otic (15 ML) 2%											
Acetic Acid Otic (15 ML) 2% solution (Acetasol Otic)	Sol	87400010102010	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Acetic Acid/Alum acetate Otic 2%											
Acetic Acid/Alum Acetate Otic 2% (60ML) (Borofair Otic drops)	Sol	87400025002010	No	0	No	Yes	No	No	N/A	No	Yes
Acetylcholine Ophth 20 mg/2ml											
Acetylcholine Ophth 1:100 soln (Miochol-E Intraocular Solution Reconstituted 20 MG)	Sol Recon	86501010102110	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: ****FOR ANESTHESIA /SURGERY USE ONLY**** **Medical Referral Center (MRC) Use Only**											
Acetylcysteine Inhalation Solution 10%											
Acetylcysteine 10%, 10ML sol (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes
Acetylcysteine Inhalation Solution 20%											
Acetylcysteine 20%, 4ML sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes
Acetylcysteine 20 % , 30 ML Sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes
Acetylcysteine 20% Inhal Sol, 10 ml	Sol	43300010002005	No	0	No	No	No	No	N/A	No	Yes
Acetylcysteine Intravenous Soln 200 MG/ML (20%)											
Acetylcysteine Intravenous Solution 200 MG/ML (Acetadose)	Sol	93000007002020	No	0	No	No	Yes	No	N/A	No	Yes
Acyclovir Suspension 200 MG/5ML											
Acyclovir Susp 200 MG/5ML (16 oz) (Zovirax)	Susp	12405010001810	No	0	No	Yes	No	No	N/A	No	Yes
Acyclovir Injection											
Acyclovir 1000 MG injection (Zovirax)	Sol Recon	12405010102130	No	0	No	Yes	Yes	No	N/A	No	Yes
Acyclovir Sodium 500 MG IV Solution (Zovirax)	Sol Recon	12405010102120	No	0	No	No	Yes	No	N/A	No	Yes
Acyclovir Tablet/Capsule											
Acyclovir 200 MG Cap (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	No	Yes
Acyclovir 200 MG Cap UD (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	Yes	Yes
Acyclovir 400 MG Tab (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	No	Yes
Acyclovir 800 MG TAB (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	No	Yes
Acyclovir 800 MG TAB UD (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	Yes	Yes
Acyclovir 400 MG Tab UD (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	Yes	Yes
Adenosine Injection											
Adenosine Intravenous Solution 6 MG/2ML	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes
Adenosine Intravenous Solution 12 MG/4ML (Adenocard)	Sol	35500010002020	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **Restricted for use in radionuclide myocardial perfusion testing or for placement in Medical Referral Center or Care Level 3 crash cart.** **Medical Referral Center (MRC) Use Only**											
Aerochamber Device											
Aerochamber EA (Aerochamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
Ace Spacer/Aero-Holding Chambers Device (ace spacer)	Device	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Albendazole Tablet											
Albendazole 200MG TAB (Albenza)	Tab	15000002000320	No	0	No	No	No	No	N/A	No	Yes
Albumin Human											
Albumin Human IV Sol 25 % 100 ML	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes
Albumin Human 5%, 500 ML											
Albumin Human IV Sol 5 % 500 ML (Albumin, Human)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes
Albumin, Human											
Albumin Human IV Sol 25 % 50 ML (Albuminar-25)	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes
Albuterol Inhaler HFA											
Albuterol Inhaler HFA (6.7 GM) 90mcg (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes
Albuterol Inhaler HFA (18 GM) 90 mcg (Ventolin HFA)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes
Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes
Albuterol Oral Syrup 2 MG/5ML											
Albuterol Syrup (480ml) 2mg/5ml (Proventil Syrup)	Syrup	44201010101205	No	0	No	Yes	No	No	N/A	No	Yes
Albuterol Sulfate 0.083% neb solution											
Albuterol Sulfate (3ml) 0.083% neb soln (Proventil)	Nebulization	44201010102515	No	0	No	Yes	No	No	N/A	Yes	Yes
Albuterol Sulfate 0.5% Neb Solution											
Albuterol Sulfate (20ml) 0.5% inh soln (Ventolin)	Nebulization	44201010102520	No	0	No	Yes	No	No	N/A	No	Yes
Albuterol Sulfate Tablet											
Albuterol Sulfate 2 mg tab (Proventil)	Tab	44201010100305	No	0	No	No	No	No	N/A	No	Yes
Albuterol Sulfate 2 mg UD tab (Albuterol)	Tab	44201010100305	No	0	No	No	No	No	N/A	Yes	Yes
Albuterol Sulfate 4 MG TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	No	Yes
Alcohol, Isopropyl											
Alcohol, Isopropyl 70%, 480ML btl (Alcohol)	Sol	96201050102070	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
*****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****											
Alcohol, Isopropyl Pads											
Alcohol, Isopropyl 70% PADS (Alcohol Pads)	Pad	97703040004300	No	0	No	Yes	Yes	No	N/A	Yes	Yes
Advisories:											
*****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE****											
Alendronate Tablet											
Alendronate 40 MG TAB (Fosamax)	Tab	30042010100340	No	0	No	No	No	No	N/A	No	Yes
Alendronate 10 MG TAB UD (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	Yes	Yes
Alendronate 10 MG TAB (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	No	Yes
Alendronate 5 MG Tab (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	No	Yes
Alendronate 70 MG Tab (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	No	Yes
Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	No	Yes
Alendronate 70 MG Tab UD (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes
Alendronate 5 MG Tab UD (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	Yes	Yes
Alendronate 35 MG TAB UD	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Allopurinol Injection											
Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	No	0	No	No	Yes	No	N/A	No	Yes
Allopurinol Tablet											
Allopurinol 100 MG Tab UD (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	Yes	Yes
Allopurinol 100 MG Tab (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	No	Yes
Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	No	Yes
Allopurinol 300 MG Tab UD (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	Yes	Yes
ALOH/Mag Carb (Gaviscon ES) 160-105 MG Chew Tab											
ALOH/Mag Carb(Gaviscon Extra Strength)Chew Tab (Gaviscon Extra Strength Tab Chewable 160-105MG)	Tab Chew	48990002150520	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
ALOH/Mag Trisilicate(Gaviscon)80/14.2 MG ChewTab											
ALOH/Mag Trisil 80-14.2 MG Chew Tab (gaviscon) (Gaviscon Chew)	Tab Chew	48990002200504	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
ALOH/Magnes (Gaviscon) 355ML Suspension											
ALOH/MGOH (acid Gone)355ML Susp 95-358 MG/15ML (Gaviscon)	Susp	48990002151809	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
ALOH/Magnes/Simeth 2400/2400/240 MG Liquid											
ALOH/MGOH/Simeth 30ML 2400/2400/240 mg (Mag-Al Plus XS)	Liq	48991003101835	No	0	No	Yes	No	No	N/A	Yes	Yes
Mylanta DS Susp (OTC) 400-400-40 MG/5ML (480ml) (Mylanta double)	Susp	48991003101835	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
ALOH/MGOH (Maalox) 225-200 MG/5ML Susp											
ALOH/MGOH (Maalox) suspension 150 ML (Maalox Antacid Suspension)	Susp	48990002101820	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
ALOH/MGOH/Simeth DS Susp 400-400-40 MG/5ML											
ALOH/MGOH/Simeth 30ML 1200/1200/120MG liq (Mag-Al Plus 30 ML CUP)	Liq	48991003101810	No	0	No	Yes	No	No	N/A	Yes	Yes
ALOH/MGOH/Simeth DS 400/400/40 MG/5ML 360ML susp (Mi-Acid Maximum Strength)	Susp	48991003101835	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/Simeth Susp 225/200/25 MG/5ML											
ALOH/MGOH/Simeth 225/200/25 MG/5ML 150 ML susp (Maalox Plus Oral Suspension)	Susp	48991003101815	No	0	No	Yes	No	No	N/A	No	Yes
ALOH/MGOH/Simeth 225/200/25 MG/5ml 355 ML Susp (Maalox Plus Oral Suspension)	Susp	48991003101815	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/Simeth(Mylanta) 200-200-20 MG/5ML Susp											
ALOH/MGOH/Simeth (Mylanta) 355ML susp (Mylanta)	Susp	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes
ALOH/MGOH/Simeth Susp 200-200-20 MG/5ML (150ml) (Maalox Regular Strength)	Susp	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes
ALOH/MGOH/Simeth Liq 200-200-20 MG/5ML (Mag-Al Plus)	Liq	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
ALOH/MGOH/Simethicone Chew Tablet											
ALOH/MGOH/Simeth 200/200/25 Chew TAB (Mintox Plus tablets)	Tab Chew	48991003100515	No	0	No	No	No	No	N/A	No	Yes
ALOH/MGOH/Simethicone 200/200/20 MG Chew Tab (Mylanta Chew Tab)	Tab Chew	48991003100510	No	0	No	No	No	No	N/A	No	Yes
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
Alteplase Injection											
Alteplase 2 MG inj (Cathflo)	Sol Recon	85601010002102	No	0	No	No	Yes	No	N/A	No	Yes
Alteplase, recomb Injection											
Alteplase, recomb 100MG inj (Activase)	Sol Recon	85601010002120	No	0	No	No	Yes	No	N/A	No	Yes
Alteplase, recomb 50 MG inj (Activase)	Sol Recon	85601010002110	No	0	No	No	Yes	No	N/A	No	Yes
Alum Hydrox (473 ML) Gel											
Alum Hydrox (473 ML) 320MG/5ML gel (Amphojel)	Susp	48100010201810	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
Alum Hydrox Conc Gel											
Alum Hydrox Conc (360ML) 600MG/5ML GEL (Amphojel)	Susp	48100010201830	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Aluminum Acetate packets											
Aluminum Acetate (Domeboro) External Packet 25 % (Domeboro)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes
Aluminum Acetate (Pedi-Boro Soak External Packet (Pedi-Boro Soak)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes
Amino Acid 10% IV Soln											
Amino Acid 10% 1000 ML IV soln (Aminosyn)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes
Amino Acid 10% IV soln (Freamine)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes
Amino Acid 10 % IV Soln 500 ml (TrophAmine Intravenous)	Sol	80302010102040	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid 8.5% IV Soln											
Amino Acid 8.5% 1000 ML IV soln (Freamine III 8.5%)	Sol	80302010102030	No	0	No	Yes	Yes	No	N/A	No	Yes
Amino Acid/Dex/Electrolyte (5/15)											
Amino Acid/Dex/Elec 5/15 2L IV Soln (Clinimix E 5/15 2 liter)	Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dextrose (4.25/20)											
Amino Acid/Dex 4.25/20 IV Soln (Clinimix/Dextrose (4.25/20)	Sol	80302010302032	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dextrose 4.25/10 IV Soln											
Amino Acid/Dex 4.25/10 IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes
Amino Acid/Dextrose 4.25/25 IV Soln											
Amino Acid/Dex 4.25/25 IV soln (Aminosyn II)	Sol	80302010352032	No	0	No	Yes	Yes	No	N/A	No	Yes
Amino Acid/Dextrose 5/20 IV Sol											
Amino Acid/Dex 5/20 2L IV Soln (Clinimix)	Sol	80302010302040	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dextrose/Elec 4.25/10 IV Soln											
Amino Acid/Dex/Elec 4.25/10 IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dex/Elec 4.25/10 2L IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dextrose/Elec 4.25/25 IV Soln											
Amino Acid/Dex/Elec 4.25/25 IV soln (Clinimix E)	Sol	80302020752032	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dex/Elec 4.25/25 2L IV Soln (Clinimix E)	Sol	80302020752032	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Dextrose/Elec 5/25 IV Soln											
Amino Acid/Dex/Elec 5/25 IV soln 5 % (Clinimix E)	Sol	80302020752040	No	0	No	No	Yes	No	N/A	No	Yes
Amino Acid/Glycerin w/Elec 3/3 IV Soln											
Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)	Sol	80302010152010	No	0	No	Yes	Yes	No	N/A	No	Yes
Aminocaproic Acid Injection											
Aminocaproic Acid 250 MG/ML inj (Amicar)	Sol	84100010002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Aminocaproic Acid Syrup 250 MG/ML											
Aminocaproic Acid (480ML) 250 MG/ML syrp (Amicar)	Syrup	84100010001205	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Aminocaproic Acid Tablet											
Aminocaproic Acid 500 MG TAB (Amicar)	Tab	84100010000305	No	0	No	No	No	No	N/A	No	Yes
Aminocaproic Acid 500 MG Tab UD	Tab	84100010000305	No	0	No	No	No	No	N/A	Yes	Yes
Aminophylline Injection											
Aminophylline 25MG/ML, 20ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Aminophylline 25MG/ML,10ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Aminophylline Oral Tablet											
Aminophylline Oral Tablet 200 MG	Tab	44300010000310	No	0	No	No	No	No	N/A	No	Yes
Amiodarone Injection											
Amiodarone HCl IV Solution 150 MG/3ML	Sol	35400005002030	No	0	No	No	Yes	No	N/A	No	Yes
Amiodarone HCl IV Solution 450 MG/9ML (Cordarone)	Sol	35400005002040	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
Formulary Restrictions:											
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****											
Medical Referral Center (MRC) Use Only											
Amiodarone Tablet											
Amiodarone HCl 200 MG Tab UD (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	Yes	Yes
Amiodarone HCl 200 MG Tab (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	No	Yes
Amiodarone HCl 100 MG Tab (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	No	Yes
Amiodarone HCl 100 MG Tab UD (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	Yes	Yes
Amiodarone HCl 400 MG Tab (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
Formulary Restrictions:											
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****											
Amitriptyline Tablet											
Amitriptyline 10 MG TAB (Elavil)	Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 10 MG TAB UD (Elavil)	Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Amitriptyline 100 MG Tab (Elavil)	Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 100 MG Tab UD (Elavil)	Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Amitriptyline 150 MG Tab (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 150 MG Tab UD (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Amitriptyline 25 MG Tab UD (Elavil)	Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Amitriptyline 25 MG Tab (Elavil)	Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 50 MG Tab (Elavil)	Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 75 MG Tab (Elavil)	Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	No	Yes
Amitriptyline 75 MG Tab UD (Elavil)	Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Amitriptyline 50 MG Tab UD (Elavil)	Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT**** **MLP Requires Cosign**											
amLODIPine Tablet											
amLODIPine 10 MG UD (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	Yes	Yes
amLODIPine 10 MG TAB (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	No	Yes
amLODIPine 2.5 MG TAB (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	No	Yes
amLODIPine 5 MG TAB UD (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	Yes	Yes
amLODIPine 5 MG TAB (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	No	Yes
amLODIPine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	Yes	Yes
Ammonia Aromatic Inhalation											
Ammonia Aromatic 0.33 AMP inhalation (Ammonia Aromatic)	Inhaler	99000015102400	No	0	No	Yes	Yes	No	N/A	No	Yes
Amoxicillin 875 Mg Tablet											
Amoxicillin 875 MG TAB (Amoxil)	Tab	01200010100315	No	0	No	No	No	No	N/A	No	Yes
Amoxicillin Capsule											
Amoxicillin 250 MG Cap UD (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	Yes	Yes
Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	N/A	No	Yes
Amoxicillin 500 MG Cap UD (Trimox)	Cap	01200010100110	No	0	No	No	No	No	N/A	Yes	Yes
Amoxicillin 250 MG Cap (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	No	Yes
Amoxicillin Chewable Tablet											
Amoxicillin 250 MG Chewable Tablet	Tab Chew	01200010100510	No	0	No	No	No	No	N/A	No	Yes
Amoxicillin Suspension											
Amoxicillin 400 MG/5ML Susp (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes
Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes
Amoxicillin 250 MG/5ML Susp (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes
Amoxicillin/Clav Suspension											
Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)	Susp Recon	01990002201920	No	0	Yes	Yes	No	No	N/A	No	Yes
Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmention)	Susp Recon	01990002201915	No	0	Yes	Yes	No	No	N/A	No	Yes
Amoxicillin/Clav 400MG/5ML susp (Augmentin)	Susp Recon	01990002201935	No	0	Yes	Yes	No	No	N/A	No	Yes
Amoxicillin/Clav (200ML) 600mg/5ml susp (Augmentin)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	N/A	No	Yes
Amoxicillin-Clav Susp 600-42.9MG/5ML (75ml)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FIRST LINE AGENT ONLY WITH C&S DATA** **SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS*** **APPROVED FOR HUMAN BITES**** **MLP Requires Cosign**											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Amoxicillin/Clav Tablet											
Amoxicillin/Clav 250/125MG TAB (Augmentin)	Tab	01990002200310	No	0	Yes	No	No	No	N/A	No	Yes
Amoxicillin/Clav 500/125MG TAB (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	No	Yes
Amoxicillin/Clav 500/125MG TAB UD (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	Yes	Yes
Amoxicillin/Clav 875/125MG TAB (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	No	Yes
Amoxicillin/Clav 875/125MG UD (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	Yes	Yes
Formulary Restrictions: ****FIRST LINE AGENT ONLY WITH C&S DATA** **SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS*** **APPROVED FOR HUMAN BITES**** **MLP Requires Cosign**											
Amphoter B Lipid Cpx Injection											
Amphoter B Lipid Cpx 5MG/ML inj (Abelcet)	Susp	11000010301820	No	0	No	Yes	Yes	No	N/A	No	Yes
Amphoter B Liposome Injection											
Amphoter B Liposome 50 MG inj (Ambisone)	Susp Recon	11000010401920	No	0	No	Yes	Yes	No	N/A	No	Yes
Amphotericin B Injection											
Amphotericin B 50 MG inj (Amphotericin B)	Sol Recon	11000010002105	No	0	No	Yes	Yes	No	N/A	No	Yes
Amphoter B 50 MG inj (Fungizone)	Sol Recon	11000010002105	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin Injection											
Ampicillin 1 GM ADV inj (Ampicillin)	Sol Recon	01200020302122	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin 2 GM ADV inj (Ampicillin)	Sol Recon	01200020302127	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin 1 GM inj (Ampicillin)	Sol Recon	01200020302120	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin 2 GM inj (Ampicillin)	Sol Recon	01200020302125	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin/Sulbactam Injection											
Ampicillin/Sulbactam 3GM inj (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin/Sulbactam 1.5GM inj (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin/Sulbactam 3GM inj ADV (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin/Sulbactam 1.5GM inj ADV (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes
Ampicillin-Sulbactam Inj Soln 1.5 (1-0.5)GM	Sol Recon	01990002252110	No	0	No	No	Yes	No	N/A	No	Yes
Anticoagulant sod citrate conc											
Anticoagulant sod citrate conc 46.7%, 30ML inj (TriCitrasol)	Concentrate	83400080101320	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories: ***"FDA warning - not for use in hemodialysis units"***											
Anticoagulant Sodium Citrate Soln 4 GM/100ML											
Anticoagulant Sodium Citrate Soln 4 GM/100ML (Anticoagulant Sodium Citrate Soln 4 GM/100ML)	Sol	83400080102020	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Antihemophilic Factor-VWF Injection											
Antihemophilic Factor-VWF Soln 250-600 UNIT	Sol Recon	85100015102122	No	0	No	No	Yes	No	N/A	No	Yes
Antihemophilic Factor-VWF Soln 1000-2400 UNIT	Sol Recon	85100015102144	No	0	No	No	Yes	No	N/A	No	Yes
Antihemophilic, factor VIII Injection											
Antihemophilic Fac VIII High(~1000)Koate-DVI IV (Koate-DVI Intravenous Soluti)	Sol Recon	85100010002140	No	0	No	No	Yes	No	N/A	No	Yes
Antihemophilic Fac VIII Med(~500)(Koate-DVI) IV (Koate-DVI)	Sol Recon	85100010002130	No	0	No	No	Yes	No	N/A	No	Yes
Antihemophilic fact, Koate-DVI IV Soln 250 UNIT (Koate-DVI)	Sol Recon	85100010002110	No	0	No	No	Yes	No	N/A	No	Yes
Antipyrine & Benzocaine Otic											
Antipyrine & Benzocaine otic (15ML) soln (Aurodex)	Sol	87992002202010	No	0	No	Yes	No	No	N/A	No	Yes
Antipyrine & Benzocaine Otic (10 ML) Soln (Aurodex)	Sol	87992002202010	No	0	No	No	No	No	N/A	No	Yes
Apraclonidine 0.5% Ophthalmic Solution											
Apraclonidine ophth 0.5% (5 ML) soln (Iopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****											
Apraclonidine 1% Ophthalmic Solution											
Apraclonidine ophth 1% (5 ML) soln (Iopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****											
Aprepitant Capsule											
Aprepitant 80 MG CAP (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	No	Yes
Aprepitant 125 MG CAP (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	No	Yes
Aprepitant 3 day pack 1x125mg, 2x80mg Cap (Emend)	Miscellaneous	50280020006320	No	0	No	Yes	No	No	N/A	No	Yes
Aprepitant 125 MG Cap UD (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	Yes	Yes
Aprepitant 80 MG Cap UD (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**											
Arginine Injection											
Arginine HCL 10% inj (R-Gene 10)	Sol	94200012102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Asparaginase Injection											
Asparaginase 10000 IU inj (Elspar)	Sol Recon	21250010002110	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories: **Do Not Filter**											
Aspirin Suppository											
Aspirin 300 MG Supp (Aspirin)	Supp	64100010005218	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Aspirin Tablet											
Aspirin 81 MG Tab Chewable (Aspirin)	Tab Chew	64100010000510	No	0	No	No	No	No	N/A	No	Yes
Aspirin 325 MG Tab UD (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	N/A	Yes	Yes
Aspirin 325 MG Tab (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	N/A	No	Yes
Aspirin 500 MG Tab (Aspirin)	Tab DR	64100010000607	No	0	No	No	No	No	N/A	No	Yes
Aspirin 81 MG Tab (low dose) UD (Aspirin)	Tab	64100010000307	No	0	No	No	No	No	N/A	Yes	Yes
Aspirin 325 MG Tab (OTC) 24 count	Tab	64100010000315	No	0	No	No	No	No	N/A	No	Yes
Aspirin 325 MG Tab (OTC) 100 Count	Tab	64100010000315	No	0	No	No	No	No	N/A	No	Yes
Aspirin 325 MG Tab (OTC) 50 count	Tab	64100010000315	No	0	No	No	No	No	N/A	No	Yes
Aspirin 81 MG Tab Chewable UD	Tab Chew	64100010000510	No	0	No	No	No	No	N/A	Yes	Yes
Aspirin 81 MG Tab (low dose) (ASA)	Tab	64100010000307	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Aspirin, E.C. Tablet											
Aspirin, E.C. 325 MG Tab UD (Aspirin)	Tab DR	64100010000605	No	0	No	No	No	No	N/A	Yes	Yes
Aspirin, E.C. 325 MG Tab (Ecotrin)	Tab DR	64100010000605	No	0	No	No	No	No	N/A	No	Yes
Aspirin 81 MG EC Tab UD (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	N/A	Yes	Yes
Aspirin 81 MG EC Tab (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Atazanavir (ATV) Sulfate Capsule											
Atazanavir Sulfate (ATV) 100 MG CAP (Reyataz)	Cap	12104515200120	No	0	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	N/A	Yes	Yes
Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	N/A	Yes	Yes
Atazanavir Sulfate (ATV) 200 MG CAP UD (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Atenolol Tablet											
Atenolol 100 MG TAB (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	N/A	No	Yes
Atenolol 100 MG UD (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	N/A	Yes	Yes
Atenolol 25 MG TAB (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	N/A	No	Yes
Atenolol 25 MG TAB UD (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	N/A	Yes	Yes
Atenolol 50 MG TAB (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	N/A	No	Yes
Atenolol 50 MG TAB UD (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Atorvastatin Tablet											
Atorvastatin 10 MG Tab (Lipitor)	Tab	39400010100310	No	0	No	No	No	No	N/A	No	Yes
Atorvastatin 20 MG TAB (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	No	Yes
Atorvastatin 40 MG TAB (Lipitor)	Tab	39400010100330	No	0	No	No	No	No	N/A	No	Yes
Atorvastatin 80 MG TAB (Lipitor)	Tab	39400010100350	No	0	No	No	No	No	N/A	No	Yes
Atorvastatin 20 MG TAB UD (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	Yes	Yes
Atorvastatin 40 MG TAB UD	Tab	39400010100330	No	0	No	No	No	No	N/A	Yes	Yes
Atorvastatin 10 MG TAB UD	Tab	39400010100310	No	0	No	No	No	No	N/A	Yes	Yes
Atorvastatin 80 MG TAB UD	Tab	39400010100350	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Pravastatin preferred statin for patients taking protease inhibitors"											
Non-Formulary Use Criteria:											
1. DOCUMENTED FAILURE OF SIMVASTATIN AT MAXIMUM DOSE											
2. Failure of niacin utilization via the brand name Niaspan formulation											
3. Must complete and submit appendix 2, steps 1-6 , Management of Lipid Disorders, BOP Clinical Practice Guidelines.											
Atropine Injection											
Atropine 1MG/ML inj (Atropine)	Sol	49101010102030	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Atropine Ophth Oint											
Atropine Sulfate Ophthalmic Ointment 1 %	Oint	86350010104210	No	0	No	Yes	No	No	N/A	No	Yes
Atropine Ophth Solution 1%											
Atropine ophth 1%, 15 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
Atropine ophth 1%, 5 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
Atropine ophth 1%, 2 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
Atropine sulfate Injection 0.1mg/ml											
Atropine sulfate 0.1MG/ML inj (Atropine)	Sol	49101010102010	No	0	No	No	Yes	No	N/A	No	Yes
Atropine sulfate Injection 0.4mg/ml											
Atropine sulfate 0.4MG/ML inj (Atropine)	Sol	49101010102020	No	0	No	No	Yes	No	N/A	No	Yes
Aveeno Shower & Bath											
Aveeno Shower & Bath External Oil (Aveeno Shower & Bath)	Oil	90400000001700	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
Inpatient Use only*											
azaTHIOprine Sodium Inj											
azaTHIOprine Sodium Inj Soln Reconst 100 MG (Azathioprine Sodium Inj)	Sol Recon	99406010102110	No	0	No	No	Yes	No	N/A	No	Yes
azaTHIOprine Tablet											
azaTHIOprine 50 MG TAB (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	No	Yes
azaTHIOprine 100 MG TAB (Imuran)	Tab	99406010000325	No	0	No	No	No	No	N/A	No	Yes
azaTHIOprine 75 MG TAB (Imuran)	Tab	99406010000315	No	0	No	No	No	No	N/A	No	Yes
azaTHIOprine 50 MG TAB UD (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Azithromycin Injection											
Azithromycin INJ 500 MG vial (Zithromax)	Sol Recon	03400010002120	No	0	Yes	Yes	Yes	No	N/A	No	Yes
MLP Requires Cosign											
Azithromycin Tablet											
Azithromycin Tab 600 MG (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	No	Yes
Azithromycin Tab 250 MG (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	No	Yes
Azithromycin Tab 250 MG UD (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	Yes	Yes
Azithromycin Tab 500 MG, (Tri-Pak) (Zithromax Tri-Pak)	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	Yes
Azithromycin Tab 250 MG, (Z-Pak) (Zithromax Z-Pak)	Tab	03400010000320	No	0	Yes	Yes	No	No	N/A	No	Yes
Azithromycin Tab 600 MG UD (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	Yes	Yes
Azithromycin Tab 500 MG	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	Yes
MLP Requires Cosign											
B&L Advanced Eye Relief											
B & L Advanced Eye Relief (B&L Advanced Eye Relief)	Sol	86200060002020	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Bacillus Calmette-Guerin Intravesical											
Bacillus Calmette-Guerin 81MG Vacc (TheraCys) (TheraCys)	Susp Recon	21700013001940	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
Do Not Administer IV, SubQ, Intradermally											
Formulary Restrictions:											
*****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****											
Medical Referral Center (MRC) Use Only											
Bacillus Calmette-Guerin Vacc inj											
Bacillus Calmette-Guerin 50mg inj (Tice) (Tice BCG vaccine)	Susp Recon	21700013001930	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
Do Not Administer IV, SubQ, Intradermally											
Formulary Restrictions:											
*****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****											
Medical Referral Center (MRC) Use Only											
Bacitracin/Poly B Ophth Oint 500-10000 Unit/GM											
Bacitracin/Poly B ophth 3.5 GM oint (Poly-Bac)	Oint	86109902104200	No	0	No	Yes	No	No	N/A	No	Yes
Bacitracin/Polymyxin B ointment											
Bacitracin/Polymyxin B oint UD Packet (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	Yes	Yes
Bacitracin/Poly B 28.4 GM oint (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes
Bacitracin/Polymyxin B oint 14.17GM (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Bacteriostatic Water(Benz Alc) Injec Soln											
Bacteriostatic Water(Benz Alc) Injec Soln	Sol	98401020102000	No	0	No	Yes	No	No	N/A	No	Yes
Balanced salt solution											
Balanced salt solution 500 ML (BSS)	Sol	86803000002000	No	0	No	No	No	No	N/A	No	Yes
Barium (Liquid Polibar) Oral/Rectal Susp 100%											
Barium (Liquid Polibar)Oral/Rect Susp 100%1900ML	Susp	94401010101855	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium (VoLumen) Oral Suspension 0.1 %											
Barium (VoLumen) Oral Suspension 0.1% (VoLumen)	Susp	94401010101805	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Oral Susp Recon 96 % (E-Z Paque)											
Barium (E-Z-Paque) Oral Susp Recon 96 % (E-Z Paque)	Susp Recon	94401010101921	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Oral Susp Recon 98% (E-Z-HD Oral)											
Barium (E-Z-HD) Oral Susp Recon 98% (E-Z HD Oral Susp)	Susp Recon	94401010101923	No	0	No	No	Yes	No	N/A	No	Yes
Barium Oral Suspension 40 % (Tagitol V)											
Barium Oral Suspension 40 % (Tagitol V) (Tagitol V Oral Suspension 40 %)	Susp	94401010101834	No	0	No	No	Yes	No	N/A	No	Yes
Barium Sulfate 1.3% w/v											
Barium Sulfate 1.3% Susp(Readi-Cat Combo) 450 ML (Readi-Cat Combination Suspension)	Susp	94401010101814	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Sulfate 1.3% Susp(Readi-Cat Combo) 900 ml	Susp	94401010101814	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Sulfate 2.1 % Suspension											
Barium Sulfate 2.10 % Susp 450 ml (Readi-Cat 2)	Susp	94401010101883	No	0	No	No	Yes	No	N/A	No	Yes
Barium Sulfate 2.1% (Readi-Cat 2 Combination) (Readi-Cat 2 on)	Susp	94401010101824	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Sulfate 2.1% (Readi-Cat 2)Oral Susp 250ml (Readi-cat2)	Susp	94401010101826	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Sulfate 2.1% (Maxibar) Oral Susp 210% (Maxibar Oral suspension 210%)	Susp	94401010101883	No	0	No	Yes	Yes	No	N/A	No	Yes
Barium Sulfate for Suspension (Packet)											
Barium Sulfate Oral Packet 2 % (E-Z- Cat dry)	Packet	94401010103010	No	0	No	Yes	Yes	No	N/A	No	Yes
Beclomethasone HFA Oral Inhaler 40 Mcg/ACT											
Beclomethasone HFA inh 40 MCG (7.3GM) (QVAR)	Aero Sol	44400010103408	No	0	No	Yes	No	No	N/A	No	Yes
Beclomethasone HFA Oral Inhaler 80 Mcg/ACT											
Beclomethasone HFA inh 80 MCG (8.7GM) (Qvar)	Aero Sol	44400010103428	No	0	No	Yes	No	No	N/A	No	Yes
Belladonna and Opium Suppository											
Belladonna and opium 15A supp (B & O)	Supp	49109902155210	No	2	Yes	Yes	Yes	No	N/A	No	Yes
Belladonna and opium 16A supp (B&O)	Supp	49109902155220	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
Inpatient use only; order may not exceed 3 days											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Benzo/Butamben/Tetra											
Benzo/Butamben/Tetra 56GM Spray (Cetacaine)	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****Pill line or clinic Use only****											
Benzocaine Mouth/Throat Paste 20 %											
Benzocaine Mouth/Throat Paste 20 % (Orabase-B)	Paste	88350010004420	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Benzoin Compound tincture											
Benzoin Compound Tincture 60 ML (Benzoin Compound)	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
Clinic use only, not to be issued to inmate											
Benzonatate Capsule											
Benzonatate 200 MG CAP (Tessalon)	Cap	43102010000110	No	0	Yes	No	No	No	N/A	No	Yes
Benzonatate 100 MG CAP (Tessalon)	Cap	43102010000105	No	0	Yes	No	No	No	N/A	No	Yes
Benzonatate 100 MG CAP UD (Tessalon)	Cap	43102010000105	No	0	Yes	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
maximum length of therapy 5 days											
MLP Requires Cosign											
Benztropine Injection											
Benztropine 1MG/ML, 2ML inj (Cogentin)	Sol	73100010102005	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Benztropine Tablet											
Benztropine 0.5 MG Tab (Cogentin)	Tab	73100010100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Benztropine 1 MG Tab (Cogentin)	Tab	73100010100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Benztropine 1 MG Tab UD (Cogentin)	Tab	73100010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Benztropine 2 MG Tab (Cogentin)	Tab	73100010100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Benztropine 2 MG Tab UD (Cogentin)	Tab	73100010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Benztropine 0.5 MG Tab UD (Cogentin)	Tab	73100010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Betamethasone Dip 0.05% Cream											
Betamethasone Dip 15GM 0.05% crea (Diprosone)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes
Betamethasone Dip 45GM 0.05% crea (Diprosone)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes
Betamethasone Dip 0.05% Ointment											
Betamethasone Dip 15GM 0.05% oint (Diprosone)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes
Betamethasone Dip 45GM 0.05% oint (Diprosone)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes
Betaxolol 0.25% Ophth Suspension											
Betaxolol HCl Ophth 0.25%, 5 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes
Betaxolol HCl Ophth 0.25%, 10 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes
Betaxolol 0.5% Ophth Solution											
Betaxolol HCl Ophth 0.5%, 5 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes
Betaxolol HCl Ophth 0.5 % 15 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes
Bethanechol Chloride Tablet											
Bethanechol 25 MG TAB (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	No	Yes
Bethanechol 50 MG TAB (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	N/A	No	Yes
Bethanechol 10 MG TAB (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	No	Yes
Bethanechol 10 MG TAB UD (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	Yes	Yes
Bethanechol 25 MG TAB UD (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	Yes	Yes
Bethanechol 5 MG TAB (Urecholine)	Tab	54300010100310	No	0	No	No	No	No	N/A	No	Yes
Bevacizumab Injection											
Bevacizumab 25 MG/ML inj (Avastin)	Sol	21335020002030	No	0	No	Yes	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Bicalutamide Tablet											
Bicalutamide 50 MG TAB (Casodex)	Tab	21402420000320	No	0	No	No	No	No	N/A	No	Yes
Bicalutamide 50 MG TAB UD (Casodex)	Tab	21402420000320	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Bisacodyl E.C. Tablet											
Bisacodyl E.C. 5 MG TAB UD (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	Yes	Yes
Bisacodyl E.C. 5 MG TAB (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Bisacodyl Suppository											
Bisacodyl 10 MG supp (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	N/A	No	Yes
Bismuth Subsal Suspension 524 MG/30ML											
Bismuth Subsal 262MG/15ML (236 ML) susp (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
Bismuth Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)	Susp	47300010001805	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Bismuth Subsal Tablet											
Bismuth Subsal 262 MG TAB (Pepto-Bismol)	Tab Chew	47300010000507	No	0	No	No	No	No	N/A	No	Yes
Bismuth Subsalicylate 262 MG Tab UD (Pepto bis)	Tab	47300010000307	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Bleomycin sulfate Injection											
Bleomycin sulfate 30 Units inj (Blenoxane)	Sol Recon	21200010102115	No	0	No	No	Yes	No	N/A	No	Yes
Bleomycin Sulfate 15 Units inj (Blenoxane)	Sol Recon	21200010102105	No	0	No	No	Yes	No	N/A	No	Yes
Brimonidine 0.15% Ophth Solution											
Brimonidine ophth (5ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine ophth (15ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine ophth (10ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine Tartrate 0.1% soln											
Brimonidine Tartrate Ophth 0.1 % Sol (10ML) (Alphagan)	Sol	86602020102005	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine Tartrate Ophth 0.1% Sol (5ml) (Alphagan P)	Sol	86602020102005	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine Tartrate 0.2% Ophth soln											
Brimonidine Tartrate Ophth 0.2 % Sol (10ml) (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine Tartrate Ophth 0.2 % sol (5ml) (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	Yes
Brimonidine Tartrate Ophth 0.2% Soln(15ml)	Sol	86602020102010	No	0	No	No	No	No	N/A	No	Yes
Bromocriptine Tab/Cap											
Bromocriptine Mesylate 5 MG CAP (Parlodel)	Cap	73200020100105	No	0	No	No	No	No	N/A	No	Yes
Bromocriptine Mesylate 2.5 MG TAB (Parlodel)	Tab	73200020100305	No	0	No	No	No	No	N/A	No	Yes
Bromocriptine Mesylate 2.5 MG Tab UD (repack)	Tab	73200020100305	No	0	No	No	No	No	N/A	Yes	Yes
Bupivacaine HCl 0.25% Injection											
Bupivacaine HCl 0.25% ML Inj (Marcaine)	Sol	69100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Marcaine PF Injection Soln 0.25 % (Marcaine)	Sol	69100010102007	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Bupivacaine HCl 0.5% Injection											
Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	N/A	No	Yes
Bupivacaine HCl 0.75% Injection											
Bupivacaine HCl (PF) Injection Soln 0.5 % 30ml	Sol	69100010102012	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine HCl (PF) Injection Soln 0.75 %	Sol	69100010102018	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine-Epinephrine 0.25% Injection											
Bupivacaine-Epinephrine Inj Soln 0.25 % (Bupivacaine-Epinephrine)	Sol	69991002102010	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine-Epinephrine(PF) Inj 0.25-1:200000%	Sol	69991002102012	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine-Epinephrine 0.5% Injection											
Bupivacaine-Epinephrine Inj Soln 0.5 % (Bupivacaine-Epinephrine)	Sol	69991002102015	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine-MPF/Epinephrine Inj 0.5-1:200000% (Sensorcaine-MPF)	Sol	69991002102017	No	0	No	No	Yes	No	N/A	No	Yes
Bupivacaine-Epinephrine 0.75% Injection											
Bupivacaine-Epinephrine Inj Soln 0.75 % (Bupivacaine-Epinephrine)	Sol	69991002102020	No	0	No	No	Yes	No	N/A	No	Yes
Buprenorphine HCL Injection											
Buprenorphine HCL 0.3 MG/ML inj (Buprenex)	Sol	65200010102005	No	3	Yes	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****FOR ANESTHESIA/SURGERY USE ONLY*** Is this order for anesthesia/surgery use?**											
MLP Requires Cosign											
buPROPion 20mg/ml Susp(Compound) 30 ml											
buPROPion HCl 20mg/ml Susp (Compound)30 ml			No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
Suspension formulation to be utilized for inmates with suspected abuse/diversion of tablet formulations.**											
Non-Formulary Use Criteria:											
****2. Must have failed therapy on at least two other formulary agents OR****											
****3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and/or ADHD****											
****4. Bupropion will not be approved for smoking cessation therapy****											
****5. ADHD USE: Failure of non-pharmacologic/education & Counseling/ Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.****											
****6. ADHD USE: Failure of ALL Formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum of six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.											
a. desipramine/imipramine											
b. nortriptyline											
c. venlafaxine****											
****7. ADHD USE: Submitted documentation must include/show the following:											
a. copy of full psychiatric and psychological behavioral function evaluations											
b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)											
c. doses of formulary medications have been maximized											
d. six week minimum trial of medication occurred at maximum dose											
e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum of six week trial											
f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline											
g. history of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc)****											
Formulary Restrictions:											
******NOT APPROVED FOR SMOKING CESSATION THERAPY******											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
MLP Requires Cosign											
buPROPion Tablet											
buPROPion HCl 100 MG Tab (Wellbutrin)	Tab	58300040100310	No	0	Yes	No	Yes	Yes	N/A	No	Yes
buPROPion HCl 75 MG Tab (Wellbutrin)	Tab	58300040100305	No	0	Yes	No	Yes	Yes	N/A	No	Yes
buPROPion HCl 100 MG Tab UD (Wellbutrin)	Tab	58300040100310	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
buPROPion HCl 75 MG Tab UD (Wellbutrin)	Tab	58300040100305	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
Suspension formulation to be utilized for inmates with suspected abuse/diversion of tablet formulations.**											
Non-Formulary Use Criteria:											
1. Restricted to bipolar depression and/or ADHD and (one of the following)											
2. Must have failed therapy on at least two other formulary agents OR											
3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and /or ADHD											
4. Bupropion will not be approved for smoking cessation therapy											
5. ADHD USE: Failure of non-pharmacologic/education & Counseling/ Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.											
**6. ADHD USE: Failure of ALL Formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.											
a. desipramine/imipramine											
b. nortriptyline											
c. venlafaxine**											
**7. ADHD USE: Submitted documentation must include/show the following:											
a. copy of full psychiatric and psychological behavioral function evaluations											
b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)											
c. doses of formulary medications have been maximized											
d. six week minimum trial of medication occurred at maximized dose											
e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial											
f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline											
g. history of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc)**											
Formulary Restrictions:											
******NOT APPROVED FOR SMOKING CESSATION THERAPY****											
*Crush and Administer in Water***											
MLP Requires Cosign											
busPIRone Tablet											
busPIRone 15 MG UD (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	Yes	Yes
busPIRone 15 MG TAB (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	No	Yes
busPIRone 30 MG TAB (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	No	Yes
busPIRone 7.5 MG TAB (Buspar)	Tab	57200005100315	No	0	No	No	No	No	N/A	No	Yes
busPIRone 10 MG TAB (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	No	Yes
busPIRone 10 MG UD (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	Yes	Yes
busPIRone 5 MG TAB (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	No	Yes
busPIRone 5 MG UD (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Busulfan Intravenous solution 6 mg/ml											
Busulfan Intravenous Solution 6 MG/ML (Busulfex Intravenous Soln)	Sol	21100010002020	No	0	No	No	Yes	No	N/A	No	Yes
Busulfan Tablet											
Busulfan 2 MG Tab (Myleran)	Tab	21100010000305	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Butorphanol Injection											
Butorphanol 2 MG/ML inj (Stadol)	Sol	65200020102010	No	4	Yes	Yes	Yes	No	N/A	No	Yes
Butorphanol 1 MG/ML inj (Stadol)	Sol	65200020102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY*****											
MLP Requires Cosign											
Cadexomer Iodine GEL											
Cadexomer Iodine Gel 0.9% (40GM) GEL (Iodosorb)	Gel	92200003004020	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
Clinic Use Only											
Calamine Lotion											
Calamine Lotion 120 ML (Calamine)	Lotion	90971010004100	No	0	No	Yes	No	No	N/A	No	Yes
Calamine External Lotion 177 ML	Lotion	90971010004100	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Calci-Chew Cherry Tab											
Calcium Carb (Calci-Chew) Cherry 1250 MG Tab (Calci-Chew)	Tab Chew	79100007000515	No	0	No	No	No	No	N/A	No	Yes
Calcipotriene Cream 0.005%											
Calcipotriene Cream 0.005% 60 gm (Dovonex)	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes
Calcipotriene Cream 0.005% (120 gm) (Dovonex)	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes
Calcipotriene Cream 0.005% 30 gm (Dovonex)	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS*****											
MLP Requires Cosign											
Calcipotriene oint 0.005%											
Calcipotriene Ointment 0.005% 60 gm (Dovonex)	Oint	90250025004210	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS*****											
MLP Requires Cosign											
Calcipotriene soln 0.005%											
Calcipotriene Soln 0.005% 60ml (Dovonex)	Sol	90250025002020	No	0	Yes	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS*****											
MLP Requires Cosign											
Calcitonin Salmon Inj 200IU/ML											
Calcitonin Salmon, 2ML 200IU/ML Inj (Miacalcin)	Sol	30043020002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Calcitonin Salmon Intranasal 200 Unit/Act											
Calcitonin Salmon Intranasal 200IU/DOSE ML (Miacalcin)	Sol	30043020002080	No	0	No	Yes	No	No	N/A	No	Yes
Calcitriol 1 MCG/ML Inj											
Calcitriol 1 MCG/ML Inj (Calcijex)	Sol	30905030002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Calcitriol Cap											
Calcitriol 0.5 MCG Cap (Rocaltrol)	Cap	30905030000110	No	0	No	No	No	No	N/A	No	Yes
Calcitriol 0.25 MCG Cap (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	No	Yes
Calcitriol 0.25 MCG Cap UD (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	Yes	Yes
Calcitriol 0.5 MCG Cap UD	Cap	30905030000110	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Acetate Tablet/Capsule											
Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	No	Yes
Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	No	Yes
Calcium Acetate 667 MG Tab UD (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Acetate 667 MG Cap UD (Re-Pack) (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Carbonate (Oyster) Tab											
Calcium Carbonate 500 MG Tab (Oyst-Cal)	Tab	79100070000320	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate Antacid Tab (Chewable)											
Calcium Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)	Tab Chew	48300010000515	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate Chew Tab 500MG (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate Chew Tab 750MG (Tums EX)	Tab Chew	48300010000520	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate Chew Tab 500MG UD (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Carbonate Chewable Tab 1000 MG (Tums Ultra)	Tab Chew	48300010000545	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate Tablet 648 MG	Tab	48300010000309	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate Capsule											
Calcium Carbonate 1250 MG Caps (Calcil-Mix (Calcium Elem 500MG))	Cap	79100007000120	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate Tablet											
Calcium Carbonate 600 MG Tab (Caltrate)	Tab	79100007000350	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate 1250 MG Tab	Tab	79100007000345	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate Oral Tablet 600 MG	Tab	79100007000325	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate/Vit D 250-125 MG-UNIT tab											
Calcium Carbonate/Vit D 250/125 MG-UNIT Tab (oyster shell calcium)	Tab	79109902640320	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate/Vit D Tablet											
Calcium Carbonate/Vit D 500MG/200 Units Tab (Oyst-Cal D)	Tab	79109902630345	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate/Vit D 500MG/200 Unit Tab UD (Oyst-Cal D)	Tab	79109902630345	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Carbonate/Vit D 600MG/200IU Tab (Caltrate with D)	Tab	79109902100389	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Tab	79109902630368	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)	Tab	79109902630368	No	0	No	No	No	No	N/A	No	Yes
Calcium Carbonate/Vit D 500MG/400 Unit Tab (SM Oyster Shell Calcium/Vit D Tab 500-400 MG-UNIT)	Tab	79109902630350	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab											
Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab (Oyster Shell Calcium)	Tab	79109902640340	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Carbonate/vit D3 600-200 MG-UNIT Tab											
Calcium Carbonate/Vit D3 600-200 MG-UNIT Tab (calcium carb)	Tab	79109902640350	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium CHLoride Inj											
Calcium CHLoride 1GM/10ML Inj (AMER)	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Medical Referral Center (MRC) Use Only											
Calcium Citrate Tablet											
Calcium Citrate 950 MG Tab (Calcium Citrate)	Tab	79100015000310	No	0	No	No	No	No	N/A	No	Yes
Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000302	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Citrate/VIT D											
Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Ctirate-VitD)	Tab	79109902660330	No	0	No	No	No	No	N/A	No	Yes
Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)	Tab	79109902660318	No	0	No	No	No	No	N/A	No	Yes
Calcium Citrate/Vit D 315MG/250 Unit Tab	Tab	79109902660333	No	0	No	No	No	No	N/A	No	Yes
Calcium Citrate/Vit D 200MG/250 Unit Tab UD	Tab	79109902660318	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
calcium GLUConate Injection											
Calcium GLUConate 10% Inj	Sol	79100030002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Calcium GLUConate 0.465 Meq/ml IV Soln (Calcium Gluconate)	Sol	79100030002010	No	0	No	No	Yes	No	N/A	No	Yes
Calcium Lactate Tab											
Calcium Lactate 650 MG Tab (Calcium Lactate)	Tab	79100040000325	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Calcium Polycarbophil 625 mg Tablet											
Calcium Polycarbophil 625 MG Tab (Fiber-con)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	Yes
Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)	Tab	46300020100310	No	0	No	No	No	No	N/A	Yes	Yes
Calcium Polycarbophil (OTC) 625 MG 60 Count (Fiberlax)	Tab	46300020100310	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Capecitabine Tablet											
Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	No	Yes
Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	No	Yes
Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	Yes	Yes
Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Captopril Tablet											
Captopril 12.5 MG Tab (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	No	Yes
Captopril 25 MG Tab (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	No	Yes
Captopril 25 MG Tab UD (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	No	Yes
Captopril 50 MG Tab (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes
Captopril 50 MG Tab UD (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes
Captopril 100 MG Tab (Capoten)	Tab	36100010000320	No	0	No	No	No	No	N/A	No	Yes
Captopril 12.5 MG Tab UD (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	Yes	Yes
carBAMazepine ER 12 Hour Tablet											
carBAMazepine ER 12 Hour 400 MG Tab (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	N/A	No	Yes
carBAMazepine ER 12 Hour 100 MG Tab (Tegretol-XR)	Tab ER 12	72600020007410	No	0	No	No	No	No	N/A	No	Yes
carBAMazepine ER 12 Hour 200 MG Tab (Tegretol-XR)	Tab ER 12	72600020007420	No	0	No	No	No	No	N/A	No	Yes
carBAMazepine ER 12 Hour 200 MG Cap	Cap ER 12	72600020006920	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** "Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
carBAMazepine Suspension 100 MG/5ML											
carBAMazepine SUSP 100MG/5ML, 450 ML (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** "Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
carBAMazepine Tablet											
carBAMazepine 100 MG Chew Tab (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	N/A	No	Yes
carBAMazepine 100 MG Chew Tab UD (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	N/A	Yes	Yes
carBAMazepine 200 MG Tab (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	N/A	No	Yes
carBAMazepine 200 MG Tab UD (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** "Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
carBAMazepine XR 12 Hour Capsule											
carBAMazepine ER 12 Hour 300 MG Cap (Carbatrol)	Cap ER 12	72600020006930	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)**"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Carbamide Peroxide Otic 6.5%											
Carbamide Peroxide Otic 6.5% (15 ML) (Debrox)	Sol	87400030002010	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Carbidopa/Levodopa Tablet											
Carbidopa/Levodopa 10/100 MG Tab (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	No	Yes
Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	Yes	Yes
Carbidopa/Levodopa 25/100 MG Tab (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	No	Yes
Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	Yes	Yes
Carbidopa/Levodopa 25/250 MG Tab (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	No	Yes
Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1."											
Carbidopa/Levodopa Tablet CR											
Carbidopa/Levodopa CR 25/100 Tab (Sinemet CR)	Tab ER	73209902100410	No	0	No	No	No	No	N/A	No	Yes
Carbidopa/Levodopa CR 50/200 MG Tab (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	No	Yes
Carbidopa/Levodopa CR 50-200 MG Tab UD (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1."											
CARBOplatin Inj											
CARBOplatin 150 MG Inj (Paraplatin)	Sol Recon	21100015002120	No	0	No	Yes	Yes	No	N/A	No	Yes
CARBOplatin 50 MG Inj (Paraplatin Inj)	Sol Recon	21100015002110	No	0	No	Yes	Yes	No	N/A	No	Yes
CARBOplatin 450 MG/45ML inj Soln (Paraplatin)	Sol	21100015002040	No	0	No	No	Yes	No	N/A	No	Yes
Carmustine Inj											
Carmustine 100 MG Inj (BiCNU)	Sol Recon	21102010002105	No	0	No	Yes	Yes	No	N/A	No	Yes
Carvedilol Tablet											
Carvedilol 3.125 MG Tab (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	No	Yes
Carvedilol 6.25 MG Tab (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	No	Yes
Carvedilol 12.5 MG Tab (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	No	Yes
Carvedilol 25 MG Tab (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	No	Yes
Carvedilol 12.5 MG Tab UD (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	Yes	Yes
Carvedilol 25 MG Tab UD (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	Yes	Yes
Carvedilol 6.25 MG Tab UD (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	Yes	Yes
Carvedilol 3.125 MG Tab UD (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	Yes	Yes
Cascara Aromatic Extract											
Cascara Sagrada Aromatic Extract 120 ML SOL (Cascara Aromatic Extract)	Fluid Extract	46200020001405	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Castor Oil											
Castor Oil 120 ML (Castor Oil)	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes
Castor Oil 480 ML	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes
Castor Oil unit dose											
Castor Oil 60 ML UD (Castor Oil)	Oil	46200030001795	No	0	No	Yes	No	No	N/A	Yes	Yes
ceFAZolin in Dextrose											
ceFAZolin In Dextrose 1G/50ML Premix Inj (Ancef)	Sol	02100015112010	No	0	No	Yes	Yes	No	N/A	Yes	Yes
ceFAZolin in Dextrose dds											
ceFAZolin and Dextrose DDS 1 GRAM	Sol Recon	02100015132120	No	0	No	Yes	Yes	No	N/A	Yes	Yes
CeFAZolin In Dextrose 2 GM IV Solution	Sol Recon	02100015132130	No	0	No	No	Yes	No	N/A	No	Yes
ceFAZolin Inj											
ceFAZolin 1 Gram Advantage Inj (Ancef)	Sol Recon	02100015102117	No	0	No	Yes	Yes	No	N/A	No	Yes
ceFAZolin BULK 10GM/100ML Vial (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	Yes
ceFAZolin 1 GM Inj (Ancef)	Sol Recon	02100015102115	No	0	No	Yes	Yes	No	N/A	No	Yes
ceFAZolin 10 GM Inj (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	Yes
ceFAZolin 500 MG Inj (Ancef)	Sol Recon	02100015102110	No	0	No	Yes	Yes	No	N/A	No	Yes
Cefixime Tablet											
Cefixime Oral Tablet 400 MG (Suprax)	Tab	02300060000315	No	0	No	No	No	No	N/A	No	Yes
Ceftazidime in D5W Injection											
Ceftazidime 2 GM/50ML Inj (Premix) (Fortaz)	Sol	02300080112020	No	0	No	Yes	Yes	No	N/A	No	Yes
Ceftazidime Injection											
Ceftazidime 1 GM Inj (Tazicef Inj)	Sol Recon	02300080002110	No	0	No	Yes	Yes	No	N/A	No	Yes
Ceftazidime 1 GM ADV (Fortaz)	Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes
Ceftazidime 2 GM Inj (Fortaz 2 GM)	Sol Recon	02300080002115	No	0	No	Yes	Yes	No	N/A	No	Yes
Ceftazidime 2 GM ADV (Fortaz 2 gm adv)	Sol Recon	02300080002115	No	0	No	No	Yes	No	N/A	No	Yes
Ceftazidime 500 MG Inj (Fortaz)	Sol Recon	02300080002105	No	0	No	No	Yes	No	N/A	No	Yes
Ceftazidime Intravenous Solution 1 GM (Tazicef)	Sol Recon	02300080002112	No	0	No	No	Yes	No	N/A	No	Yes
cefTRIAXone Inj											
cefTRIAXone 1 GM Inj (Rocephin Inj)	Sol Recon	02300090102115	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone 2 GM Inj (Rocephin Inj)	Sol Recon	02300090102120	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone 250 MG inj (Rocephin Inj)	Sol Recon	02300090102105	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone 500 MG Inj (Rocephin Inj)	Sol Recon	02300090102110	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone ADD-Vantage 1 GM Inj (Rocephin)	Sol Recon	02300090102117	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone ADD-Vantage 2 GM Inj (Rocephin)	Sol Recon	02300090102122	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
cefTRIAXone Premix Injection											
cefTRIAXone Premix 1 GM / 50ML INJ (Rocephin)	Sol	02300090112015	No	0	No	Yes	Yes	No	N/A	No	Yes
cefTRIAXone Premix 2 GM / 50ML INJ (Rocephin)	Sol	02300090112020	No	0	No	Yes	Yes	No	N/A	No	Yes
Cephalexin Capsule											
Cephalexin 250 MG Cap UD (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	Yes	Yes
Cephalexin 500 MG Cap (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	No	Yes
Cephalexin 500 MG Cap UD (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	Yes	Yes
Cephalexin 250 MG Cap (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	No	Yes
Cetuximab Inj											
Cetuximab 2MG/ML (Erbitux)	Sol	21353025002020	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Charcoal Activated Oral Liquid 25 GM/120ML											
Charcoal Activated Oral Liquid 25 GM/120ML (ctidose-Aqua Oral Liquid 25 GM/120ML)	Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes
Charcoal Activated Oral Liquid 50 GM/240ML (Kerr Insta-Char Oral)	Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes
Charcoal Activated W/SORBITOL suspension											
Charcoal Activated W/SORBITOL 25GM / 120ML ML (Actidose w/Sorbitol)	Liq	93000010200900	No	0	No	Yes	No	No	N/A	No	Yes
Chloral Hydrate CAP											
Chloral Hydrate 500 MG Cap	Cap	60200020000115	No	4	Yes	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO EEG STUDIES****											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Chloral Hydrate Syrup 500 MG/5ML											
Chloral Hydrate 500 MG/5ML, 5ML (Noctec)	Syrup	60200020001210	No	4	Yes	No	Yes	No	N/A	Yes	Yes
Formulary Restrictions:											
****RESTRICTED TO EEG STUDIES****											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Chlorambucil Tablet											
Chlorambucil 2 MG Tab (Leukeran)	Tab	21101010000305	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol)											
Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol) (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****DENTAL USE ONLY** Alcohol free only*****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Chlorhexidine Gluconate Soln External 4%											
Chlorhexidine Gluconate Solution 4% (118 ML) (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes
Chlorhexidine Gluconate Solution 4 % (237 ml)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes
Chlorhexidine Gluconate Ext Liquid 4 % 473 ml (Betasept)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
for pre-op use only											
Medical Referral Center (MRC) Use Only											
Cinacalcet HCL Tablet											
Cinacalcet HCL 30 MG Tab (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	No	Yes
Cinacalcet HCL 60 MG Tab (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	No	Yes
Cinacalcet HCL 90 MG Tab (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	No	Yes
Cinacalcet HCl 30 MG Tab UD (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	Yes	Yes
Cinacalcet HCl 60 MG Tab UD (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	Yes	Yes
Cinacalcet HCl 90 MG Tab UD (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, http://www.pgm.va.gov/PBM/criteria.htm ****											
Formulary Restrictions:											
RESTRICTED TO DIALYSIS Patients ONLY											
Ciprofloxacin Tablet											
Ciprofloxacin 250 MG Tab UD (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	N/A	Yes	Yes
Ciprofloxacin 250 MG Tab (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	N/A	No	Yes
Ciprofloxacin 500 MG Tab UD (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	Yes	Yes
Ciprofloxacin 500 MG Tab (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	No	Yes
Ciprofloxacin 750 MG Tab UD (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	Yes	Yes
Ciprofloxacin 750 MG Tab (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	No	Yes
Ciprofloxacin HCl 100 MG Tab (cipro)	Tab	05000020100305	No	0	Yes	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****Do Not Use for MRSA****											
MLP Requires Cosign											
Ciprofloxacin Injection											
Ciprofloxacin 10 MG/ML 200 MG Inj (Cipro IV)	Sol	05000020002024	No	0	Yes	No	Yes	No	N/A	No	Yes
Ciprofloxacin 10 MG/ML 400 MG Inj (Cipro IV)	Sol	05000020002026	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****Do Not Use for MRSA****											
MLP Requires Cosign											
Ciprofloxacin IV Premix											
Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro IV)	Sol	05000020112024	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Ciprofloxacin IV 400 MG Inj (Cipro)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****Do Not Use for MRSA****											
MLP Requires Cosign											
Ciprofloxacin Ophth oint. 0.3%											
Ciprofloxacin Ophth Ointment 0.3% (3.5GM) (Ciprofloxacin Ophth Ointment)	Oint	86101023104210	No	0	Yes	Yes	No	No	N/A	No	Yes
MLP Requires Cosign											
Ciprofloxacin Ophth Solution 0.3%											
Ciprofloxacin HCl Ophth Soln 0.3% (5ML) (Ciloxan Ophth Solution)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	Yes
Ciprofloxacin HCl Ophth Soln 0.3% (2.5ML) (Ciloxan)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	Yes
Ciprofloxacin HCl Ophth Soln 0.3 % (10 ML)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
restricted to pseudomonas infections of the eye											
MLP Requires Cosign											
Ciprofloxacin/Dexameth 0.3-01% OTIC											
Ciprofloxacin/Dexameta Otic 0.3%/0.1% (7.5ML) (Ciprodex Otic Suspension)	Susp	87991002361820	No	0	No	Yes	No	No	N/A	No	Yes
Cisatracurium Besylate Inj 2 mg/ml											
Cisatracurium Besylate IV Soln 10 MG/5ML	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
CISplatin Injection											
CISplatin Intravenous Solution 100 MG/100ML (Platinol)	Sol	21100020002025	No	0	No	No	Yes	No	N/A	No	Yes
CISplatin Intravenous Solution 200 MG/200ML (Platinol)	Sol	21100020002030	No	0	No	No	Yes	No	N/A	No	Yes
Citalopram Oral Solution											
Citalopram 10MG/5ML Oral solution (Celexa)	Sol	58160020102020	No	0	Yes	No	No	No	N/A	No	Yes
Advisories:											
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
MLP Requires Cosign											
Citalopram Tablet											
Citalopram 20 MG Tab (Celexa)	Tab	58160020100320	No	0	Yes	No	No	No	N/A	No	Yes
Citalopram 40 MG Tab (Celexa)	Tab	58160020100340	No	0	Yes	No	No	No	N/A	No	Yes
Citalopram 40 MG Tab UD (Celexa)	Tab	58160020100340	No	0	Yes	No	No	No	N/A	Yes	Yes
Citalopram 10 MG Tab (Celexa)	Tab	58160020100310	No	0	Yes	No	No	No	N/A	No	Yes
Citalopram 10 MG Tab UD (Celexa)	Tab	58160020100310	No	0	Yes	No	No	No	N/A	Yes	Yes
Citalopram 20 MG Tab UD (Celexa)	Tab	58160020100320	No	0	Yes	No	No	No	N/A	Yes	Yes
Advisories:											
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
MLP Requires Cosign											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Citrate Of Magnesia Oral solution											
Citrate Of Magnesia 296 ML Bottle (Citrate Of Magnesia Cherry)	Sol	46100020102000	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
Clarithromycin Tablet											
Clarithromycin 250 MG Tab UD (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	Yes	Yes
Clarithromycin 250 MG Tab (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	No	Yes
Clarithromycin 500 MG Tab UD (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	Yes	Yes
Clarithromycin 500 MG Tab (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****SECOND LINE THERAPY FOR MOST INDICATIONS****											
MLP Requires Cosign											
Clindamycin HCl Capsule											
Clindamycin 150 MG Cap (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	No	Yes
Clindamycin 150 MG Cap UD (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	Yes	Yes
Clindamycin 300 MG Cap (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	No	Yes
Clindamycin 300 MG Cap UD (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PILL LINE ONLY FOR when used for MRSA****											
Clindamycin Inj											
Clindamycin 900MG/6ML Inj (Cleocin)	Sol	16220020302033	No	0	No	No	Yes	No	N/A	No	Yes
Clindamycin Phosphate Inj Soln 300 MG/2ML (Cleocin)	Sol	16220020302031	No	0	No	No	Yes	No	N/A	No	Yes
Clindamycin Phosphate Inj Soln 600 MG/4ML (Cleocin)	Sol	16220020302037	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR when used for MRSA****											
Clindamycin Phosphate in D5W											
Clindamycin Premix 900MG/50MLin D5 Inj (Cleocin Phosphate)	Sol	16220020312040	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR when used for MRSA****											
Clindamycin Premix											
Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312020	No	0	No	Yes	Yes	No	N/A	No	Yes
Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR when used for MRSA****											
Clobetasol Propionate Cream 0.05%											
Clobetasol Prop Cream 0.05% (30 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Cream 0.05% (45 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Cream 0.05% (15 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Cream 0.05% (60 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks*****											
MLP Requires Cosign											
Clobetasol Propionate Ointment 0.05%											
Clobetasol Prop Ointment 0.05 % (30 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Ointment 0.05 % (15 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Ointment 0.05 % (45 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes
Clobetasol Prop Ointment 0.05 % (60 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes
Advisories:											
****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks*****											
MLP Requires Cosign											
clonazePAM Tablet											
clonazePAM 0.5 MG Tab (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
clonazePAM 0.5 MG Tab UD (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
clonazePAM 1 MG Tab (Klonopin)	Tab	72100010000310	No	6	Yes	No	Yes	Yes	N/A	No	Yes
clonazePAM 1 MG Tab UD (Klonopin)	Tab	72100010000310	No	6	Yes	No	Yes	Yes	N/A	Yes	Yes
clonazePAM 2 MG Tab UD (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
clonazePAM 0.25 mg Tab (1/2 tab) (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
clonazePAM 2 MG Tab (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes
Non-Formulary Use Criteria:											
01. Control of severe agitation in psychiatric patients											
02. When lack of sleep causes an exacerbation of psychiatric illness											
03. Part of a prolonged taper schedule											
04. Detoxification for substance abuse											
05. Failure of standard modalities for seizure disorders (4th line therapy)											
06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)											
07. Adjunct to neuroleptic therapy to stabilize psychosis											
08. Second line therapy for anti-mania											
09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)											
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent											
Formulary Restrictions:											
Formulary for 30 days only. Is this order for less than 31 days?											
MLP Requires Cosign											
Clopidogrel Tablet											
Clopidogrel Bisulfate 75 MG Tab UD (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	N/A	Yes	Yes
Clopidogrel Bisulfate 75 MG Tab (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	N/A	No	Yes
Clopidogrel Bisulfate 300 MG Tab (Loading Dose) (Plavix)	Tab	85158020100340	No	0	Yes	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Non-Formulary Use Criteria:											
1. Does patient have aspirin allergy (anaphylaxis, bronchospasm)? (indications for use as single antiplatelet agent therapy).											
2. Does patient have recurrent non-cardioembolic cerebral ischemia while on aspirin? (indications for use as single antiplatelet agent therapy).											
3. Does patient have ACS (NSTEMI,STEMI,unstable angina(UA)) with no revascularization - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)											
4. Is patient post PCI - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)											
5. Is patient post CABG - 4 weeks therapy recommended (indication for use as dual antiplatelet therapy with aspirin)											
6. Does patient have non-coronary stenting? (indication for use as dual antiplatelet therapy with aspirin)											
Formulary Restrictions:											
****Non-Formulary Approval required after 30 days****											
MLP Requires Cosign											
Clotrimazole Cream 1%											
Clotrimazole Cream 1% USP 15 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes
Clotrimazole Cream 1% 30 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes
Clotrimazole Cream 1% 45 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****30 Day Formulary Restriction**											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Clotrimazole Solution 1%											
Clotrimazole Solution 1% 30 ML (Lotrimin)	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes
Clotrimazole Solution 1% 10 ML	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****30 day formulary Restriction**											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Clotrimazole Troche											
Clotrimazole Troche 10 MG (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	No	Yes
Clotrimazole Troche 10 MG UD (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	Yes	Yes
Clotrimazole Vaginal 1%											
Clotrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal)	Cm	55104020003705	No	0	No	Yes	No	No	N/A	No	Yes
Clotrimazole Vaginal Inserts											
Clotrimazole Vaginal Tablet 100 MG	Tab	55104020000305	No	0	No	No	No	No	N/A	No	Yes
CloZAPine Tablet											
CloZAPine 100 MG Tab (Clozaril 100 MG)	Tab	59152020000330	No	0	Yes	No	Yes	No	N/A	No	Yes
CloZAPine 25 MG Tab UD (Clozaril 25 MG)	Tab	59152020000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
CloZAPine 25 MG Tab (ClozarilL)	Tab	59152020000320	No	0	Yes	No	Yes	No	N/A	No	Yes
CloZAPine 50 MG Tab (Clozaril)	Tab	59152020000325	No	0	Yes	No	Yes	No	N/A	No	Yes
CloZAPine 200 MG Tab (Clozaril)	Tab	59152020000340	No	0	Yes	No	Yes	No	N/A	No	Yes
CloZAPine 100 MG Tab UD (Clozaril)	Tab	59152020000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes
CloZAPine 200 MG Tab UD	Tab	59152020000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
PSYCHIATRIST USE ONLY* ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS** **INITIATE AT MEDICAL REFERAL CENTER ONLY*****											
Medical Referral Center (MRC) Initiation Only											
MLP Requires Cosign											
Coal Tar Cream 2%											
Coal Tar Cream 2 % (107 GM) (Elta Tar)	Cm	90520010003717	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar External Ointment 2 % (MG217)											
Coal Tar Extract External Ointment 10 % (MG217)	Oint	90520010004240	No	0	No	Yes	No	No	N/A	No	Yes
Coal Tar External Ointment 2 % (MG217) (MG217 Medicated Tar External Ointment)	Oint	90520010004240	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar External Shampoo 3 % (MG217)											
Coal Tar External Shampoo 3 % (MG217)	Shampoo	90520010004530	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Fragrance Free shampoo											
Coal Tar Fragrance Free 2.9%,Shampoo (DHS Tar Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Lotion 5 %											
Coal Tar Lotion 5 % (MG217 Medicated Tar)	Lotion	90520010004105	No	0	No	Yes	No	No	N/A	No	Yes
Coal Tar Shampoo 0.5 %											
Coal Tar Shampoo 0.5%, 120 ML (DHS Tar Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes
Coal Tar Shampoo 0.5%, 251 ML (Therapeutic External Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes
Coal Tar Shampoo 0.5 % , 235 ml (Tera-Gel Tar External shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes
Coal tar Gel External Shampoo 0.5 % 473 ml (QC Therapeutic Gel External Shampoo 0.5 %)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Shampoo 1%											
Coal Tar Shampoo 1%, 180 ML (PC-TAR)	Shampoo	90520010004500	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Shampoo 15% (MG217)											
Coal Tar External Shampoo 15% w/fragrance(MG217) (MG217 Medicated Tar External Shampoo 15 %)	Shampoo	90520010004500	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Shampoo 4.5% (0.5% equiv)											
Coal Tar Shampoo 4.5 % (0.5% equiv), 180 ML (Polytar Shampoo)	Shampoo	90529903114500	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Coal Tar Topical Solution											
Coal Tar Solution 5%, 473 ML	Sol	96400020002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO SEBORRHEA AND PSORIASIS****											
Colchicine Tablet											
Colchicine Tablet 0.6 MG (Colchicine)	Tab	68000020000310	No	0	No	No	No	No	N/A	No	Yes
Colchicine Tablet 0.6 MG UD (Colchicine)	Tab	68000020000310	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Use recommended only for acute gout or acute gout flare in patients intolerant of NSAIDs or for those who have used colchicine with success in the past. Other agents recommended for prophylaxis. Use of low dose colchicine for 3 to 6 months when initiating allopurinol therapy will require an approved non-formulary request.											
Colchicine-Probenecid Oral Tablet 0.5-500 MG											
Colchicine-Probenecid Oral Tablet 0.5-500 MG	Tab	68990002100310	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Colestipol Powder											
Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	No	0	No	No	No	No	N/A	No	Yes
Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	No	0	No	No	No	No	N/A	No	Yes
Colestipol Tablet											
Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	No	Yes
Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	Yes	Yes
Collagenase Ointment											
Collagenase Ointment 250 Units/GM (30GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes
Collagenase Ointment 250 Units/GM (15GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes
Contact- RGP Enzymatic Cleaner Liquid											
Contact- Boston One Step Enzyme Cleaner Liquid (Boston One Step Enzyme Cleaner Liquid)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Contact- RGP Lens Cleaner/Conditioning Solution											
Contact- Boston Conditioning Solution (Boston Conditioning Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact- Boston Simplus Multi Action Soln 105 ml	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Contact- RGP Lens Rewetting Solution Sol											
Contact- B & L Renu Rewetting Drops (15ml) (Renu Rewetting Drops)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Contact- Soft Lens Hydrogen Peroxide Clean Soln											
Contact- Clear Care Solution (Clear Care soln)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Contact- Soft Lens Multi-Purpose Soln											
Contact- Opti-Free Replenish Solution 300 ml (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact- SM Multi-Purpose Soln 355 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact -Opti-Free RepleniSH Solution 118 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Contact- Soft Rewetting Solution											
Contact- Opti-Free Express Rewetting Sol, 10 ML (Opti-Free Rewetting Drops)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes
Contact- B &L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
Corticotropin Repository Injection 80 units/ml											
Corticotropin Repository 80 Units/ML (Acthar GEL, H.P.)	Gel	30300010004010	No	0	No	Yes	Yes	No	N/A	No	Yes
Cosyntropin											
Cosyntropin Inj Reconstituted 0.25 MG Inj (Cortrosyn)	Sol Recon	94200037002105	No	0	No	Yes	Yes	No	N/A	No	Yes
Cromolyn Ophth Soln 4%											
Cromolyn OPHTH Solution 4%, 10ML (Crolom Ophthalmic Solution)	Sol	86802010102005	No	0	No	Yes	No	No	N/A	No	Yes
Cromolyn Sodium nebulization soln 20MG/2ML											
Cromolyn Sodium 20MG/2ML AMP (Intal)	Nebulization	44150010102505	No	0	No	Yes	Yes	No	N/A	No	Yes
Cyanocobalamin inj											
Cyanocobalamin 1000 MCG/ML Inj (Vitamin B-12 Injection)	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes
Cyanocobalamin Tablet											
Cyanocobalamin 100 MCG Tab (Vitamin B-12)	Tab	82100010000315	No	0	No	No	No	No	N/A	No	Yes
Cyanocobalamin (Vit B-12)1000 MCG Tab (Vitamin B-12)	Tab	82100010000330	No	0	No	No	No	No	N/A	No	Yes
Cyanocobalamin 500 MCG Tab	Tab	82100010000325	No	0	No	No	No	No	N/A	No	Yes
Cyanocobalamin 500 MCG Tab UD	Tab	82100010000325	No	0	No	No	No	No	N/A	Yes	Yes
Cyanocobalamin 250 MCG Tab (vitamin B-12)	Tab	82100010000320	No	0	No	No	No	No	N/A	No	Yes
Cyclopentolate HCl Opth 0.5%											
Cyclopentolate HCl Opth 0.5% (15ML) Sol (Cyclogyl)	Sol	86350020102005	No	0	No	Yes	No	No	N/A	No	Yes
Cyclopentolate HCl Opth 1%											
Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes
Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes
Cyclopentolate HCl Opth 1% (5ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes
Cyclopentolate HCl Opth 2%											
Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes
Cyclophosphamide Tablet											
Cyclophosphamide 25 MG Tab (Cytoxan)	Tab	21101020000305	No	0	No	No	No	No	N/A	No	Yes
Cyclophosphamide 50 MG Tab (Cytoxan)	Tab	21101020000310	No	0	No	No	No	No	N/A	No	Yes
Cyclophosphamide 25 MG Tab UD (Cytoxan)	Tab	21101020000305	No	0	No	No	No	No	N/A	Yes	Yes
Cyclophosphamide 50 MG Tab UD (Cytoxan)	Tab	21101020000310	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Cyclophosphamide inj											
Cyclophosphamide Injection Soln 1 GM (Cytoxan)	Sol Recon	21101020002125	No	0	No	No	Yes	No	N/A	No	Yes
Cyclophosphamide Injection Soln 500 MG (Cytoxan)	Sol Recon	21101020002120	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
cycloSPORINE (Neoral) Capsule											
cycloSPORINE Modified (Neoral) 25 MG Cap (Neoral)	Cap	99402020300120	No	0	No	No	No	No	N/A	No	Yes
cycloSPORINE Modified (Neoral) 100 MG CAP (NEORAL 100MG)	Cap	99402020300150	No	0	No	No	No	No	N/A	No	Yes
cycloSPORINE Modified(Gengraf/Neoral)Cap 25MG UD (Gengraf)	Cap	99402020300120	No	0	No	No	No	No	N/A	Yes	Yes
cycloSPORINE Modified(Gengraf/Neoral)Cap100MG UD (Gengraf)	Cap	99402020300150	No	0	No	No	No	No	N/A	Yes	Yes
cycloSPORINE Modified (Neoral) 50 MG Capsule (Neoral)	Cap	99402020300130	No	0	No	No	No	No	N/A	Yes	Yes
cycloSPORINE (Sandimmune) Capsule											
cycloSPORINE (Sandimmune) 100 MG Cap UD (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	N/A	Yes	Yes
cycloSPORINE (Sandimmune) 25 MG Cap UD (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	Yes	Yes
cycloSPORINE 25 MG Cap (gen Sandimmune) (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	No	Yes
cycloSPORINE inj 50 mg/ml											
cycloSPORINE (Sandimmune) 50 MG/ML, 5ML INJ (Sandimmune Injection)	Sol	99402020002005	No	0	No	No	Yes	No	N/A	No	Yes
cycloSPORINE IV Solution											
cycloSPORINE 50 MG/ML IV Sol (Sandimmune)	Sol	99402020002005	No	0	No	No	Yes	No	N/A	No	Yes
cycloSPORINE oral soln 100 mg/ml											
cycloSPORINE (Sandimmune) 100 MG/ML (Sandimmune Oral Solution)	Sol	99402020002010	No	0	No	Yes	No	No	N/A	No	Yes
Cytarabine Injection											
Cytarabine Inj 20MG/ML (Cytosar)	Sol	21300010002010	No	0	No	No	Yes	No	N/A	No	Yes
Cytarabine Inj 1 GM (Cytosar)	Sol Recon	21300010002115	No	0	No	No	Yes	No	N/A	No	Yes
Cytarabine Inj 100 MG (CYTOSAR-U)	Sol Recon	21300010002105	No	0	No	No	Yes	No	N/A	No	Yes
Cytarabine Inj 2 GM (ARA-C)	Sol Recon	21300010002120	No	0	No	No	Yes	No	N/A	No	Yes
Dacarbazine Injection											
Dacarbazine 200 MG Inj (DTIC-Dome)	Sol Recon	21700020002110	No	0	No	Yes	Yes	No	N/A	No	Yes
DACTINomycin Injection											
DACTINomycin 0.5 MG INJ (Cosmegen)	Sol Recon	21200020002105	No	0	No	Yes	Yes	No	N/A	No	Yes
Dalteparin Injection											
Dalteparin Sod 2500 UNIT/0.2ML Subcutaneous Soln (Fragmin)	Sol	83101010102020	No	0	No	No	Yes	No	N/A	No	Yes
Dalteparin Sod 5000 UNIT/0.2ML Subcutaneous Soln (Fragmin)	Sol	83101010102040	No	0	No	No	Yes	No	N/A	No	Yes
Dalteparin Sod 10000 UNIT/ML Subcutaneous Soln (Fragmin)	Sol	83101010102015	No	0	No	No	Yes	No	N/A	No	Yes
Dalteparin Sod 15000 UNIT/0.6ML Subcut Soln (Fragmin)	Sol	83101010102056	No	0	No	No	Yes	No	N/A	No	Yes
Danazol Capsule											
Danazol 100 MG Cap (Danocrine)	Cap	23100005000110	No	0	No	No	No	No	N/A	No	Yes
Danazol 200 MG Cap (Danocrine)	Cap	23100005000115	No	0	No	No	No	No	N/A	No	Yes
Danazol 50 MG Cap (Danocrine)	Cap	23100005000105	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Dapsone Tablet											
Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	No	Yes
Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	No	0	No	No	No	No	N/A	No	Yes
Dapsone 25 MG Tab UD	Tab	16300010000310	No	0	No	No	No	No	N/A	Yes	Yes
Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	Yes	Yes
Darbepoetin Alfa-(Albumin Free)											
Darbepoetin Alfa (Albumin Free) 300 MCG/ML (Aranesp (Albumin Free))	Sol	82401015112060	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln)	Sol	82401015112064	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)	Sol	82401015112050	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)	Sol	82401015112010	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)	Sol	82401015112040	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)	Sol	82401015112020	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)	Sol	82401015112030	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 500 MCG/ML (Aranesp)	Sol	82401015112075	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 150 MCG/0.75ML (Aranesp)	Sol	82401015112046	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)	Sol	82401015112054	No	0	No	No	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)	Sol	82401015112034	No	0	No	Yes	Yes	No	N/A	No	Yes
Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)	Sol	82401015112024	No	0	No	Yes	Yes	No	N/A	No	Yes

Advisories:

****Warning now dose in ML not mcg**

ESA USE IN CANCER PATIENTS:

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

ESA USE IN ESRD PATIENTS:

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

Non-Formulary Use Criteria:

1. Patient receiving hepatitis C therapy; AND

**2. Patient is one of the following:

a. cirrhotic;

b. pre or post-liver transplant

c. HIV/HCV co-infected;

d. receiving HIV triple therapy;

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
AND**											
3. Patient underwent evaluation for other causes of Page 37 of 189 anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND											
4. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia-related signs and symptoms) and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND											
5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.											
All of the following must be true for patient to be eligible for epoetin alfa treatment of hepatitis C treatment-related anemia:											
Formulary Restrictions:											
****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**											
USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**											
Medical Referral Center (MRC) Use Only											
Darunavir Ethanolate (DRV) Tablet											
Darunavir Ethanolate (DRV) 400 MG Tab (Prezista)	Tab	12104520100330	No	0	No	No	No	No	N/A	No	Yes
Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)	Tab	12104520100340	No	0	No	No	No	No	N/A	No	Yes
Darunavir Ethanolate (DRV) 600 MG Tab UD (Prezista)	Tab	12104520100340	No	0	No	No	No	No	N/A	Yes	Yes
Darunavir Ethanolate (DRV) 400 MG Tab UD (Prezista)	Tab	12104520100330	No	0	No	No	No	No	N/A	Yes	Yes
Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)	Tab	12104520100350	No	0	No	No	No	No	N/A	No	Yes
Darunavir Ethanolate (DRV) 800 MG Tab UD	Tab	12104520100350	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
DAUNOrubicin HCL Inj											
DAUNOrubicin 5MG/ML (Cerubidine)	Injectable	21200030102210	No	0	No	Yes	Yes	No	N/A	No	Yes
DAUNOrubicin HCL 20 MG INJ (Cerubidine)	Sol Recon	21200030102105	No	0	No	Yes	Yes	No	N/A	No	Yes
Deferoxamine Mesylate Inj											
Deferoxamine Mesylate 500 MG Inj (Desferal)	Sol Recon	93000020102110	No	0	No	No	Yes	No	N/A	No	Yes
Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)	Sol Recon	93000020102130	No	0	No	No	Yes	No	N/A	No	Yes
Demeclocycline HCl Tablet											
Demeclocycline HCL 150 MG Tab (Declomycin)	Tab	04000010100305	No	0	No	Yes	No	No	N/A	No	Yes
Demeclocycline HCL 300 MG Tab (Declomycin)	Tab	04000010100310	No	0	No	Yes	No	No	N/A	No	Yes
Demeclocycline HCL 150 MG Tab UD (Declomycin)	Tab	04000010100305	No	0	No	No	No	No	N/A	Yes	Yes
Depo Estradiol Cypionate Inj											
Estradiol Cypionate 5MG/ML Inj (Depo) (Depo -Estradiol)	Oil	24000035101710	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Desflurane Inhalation Soln											
Desflurane Inhalation Soln (240 ML) (Suprane)	Sol	70200007002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Desipramine Tablet											
Desipramine 10 MG Tab (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 100 MG Tab (Norpramin)	Tab	58200030100325	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 150 MG Tab (Norpramin)	Tab	58200030100330	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 25 MG Tab (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 50 MG Tab (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 75 MG Tab (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	No	Yes
Desipramine 10 MG Tab UD (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Desipramine 25 MG Tab UD (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Desipramine 50 MG Tab UD (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Desipramine 75 MG Tab UD (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES, EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****											
MLP Requires Cosign											
Desmopressin Acetate Injection											
Desmopressin Acetate 4MCG/ML Inj	Sol	30201010102030	No	0	No	No	Yes	No	N/A	No	Yes
Desmopressin Acetate Nasal Solution											
Desmopressin Acetate 0.01 MG/INH ML (DDAVP Nasal Spray)	Sol	30201010132010	No	0	No	Yes	No	No	N/A	No	Yes
Desmopressin Acetate Tablet											
Desmopressin Acetate 0.2 Mg Tab (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	No	Yes
Desmopressin Acetate 0.1 MG Tab (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	No	Yes
Desmopressin Acetate 0.2 MG Tab UD (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	Yes	Yes
Dex 5 % 1/2 NS W/ 40 MEQ KCL 1000 ML INJ											
Dex 5 % 1/2 NS W/ 40 MEQ KCL 1000 ML INJ	Sol	79993003102050	No	0	No	No	Yes	No	N/A	No	Yes
Dex 5% 1/2 NS W/ 10MEQ KCL											
Dex 5% 1/2 NS W/ 10 MEQ KCL 1000 ML INJ	Sol	79993003102015	No	0	No	No	Yes	No	N/A	No	Yes
Dex 5% 1/2 NS W/ 20 MEQ KCL											
Dex 5% 1/2 NS W/ 20 MEQ KCL 1000ML INJ	Sol	79993003102025	No	0	No	Yes	Yes	No	N/A	No	Yes
Dex 5% NS W/ 20 MEQ KCL 1000 ml											
Dex 5% NS W/ 20 MEQ KCL 1000 ml	Sol	79993003102027	No	0	No	No	Yes	No	N/A	No	Yes
Dexamethasone Injection											
Dexamethasone Sod Phos Inj 10MG/ML (Decadron)	Sol	22100020202010	No	0	No	No	Yes	No	N/A	No	Yes
Dexamethasone Sod Phos Inj 4 MG/ML (Decadron)	Sol	22100020202005	No	0	No	No	Yes	No	N/A	No	Yes
Dexamethasone Sod Phos Inj Soln 100 MG/10ML MDV	Sol	22100020202060	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Dexamethasone Ophth Solution 0.1%											
Dexamethasone Ophth Soln 0.1%, 5ML (Dexamethasone Ophth)	Sol	86300010102005	No	0	Yes	Yes	No	No	N/A	No	Yes
Advisories:											
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY*** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****											
MLP Requires Cosign											
Dexamethasone Ophth Suspension 0.1%											
Dexamethasone Ophth Susp 0.1%, 5ML (Maxidex)	Susp	86300010001805	No	0	Yes	Yes	No	No	N/A	No	Yes
Advisories:											
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY*** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****											
MLP Requires Cosign											
Dexamethasone Oral Elixir 0.5 MG/5ML											
Dexamethasone Oral Elixir 0.5MG/5ML, 273ML (Decadron Elixir)	Elixir	22100020001005	No	0	Yes	Yes	No	No	N/A	No	Yes
MLP Requires Cosign											
Dexamethasone Oral Solution 0.5 MG/5ML											
Dexamethasone Oral Solution 0.5 MG/5ML	Sol	22100020002005	No	0	No	No	No	No	N/A	No	Yes
Dexamethasone Oral Tablet											
Dexamethasone 0.5 MG Tab (Decadron)	Tab	22100020000315	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 0.75 MG Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 0.75 MG UD Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	Yes	Yes
Dexamethasone 1 MG Tab (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 1 MG Tab UD (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	Yes	Yes
Dexamethasone 1.5 MG Tab (Decadron)	Tab	22100020000330	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 2 MG Tab (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 4 MG Tab (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 4 MG Tab UD (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	Yes	Yes
Dexamethasone 6 MG Tab (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	No	Yes
Dexamethasone 2 MG Tab UD (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	Yes	Yes
Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	Yes	Yes
MLP Requires Cosign											
Dexferrum (iron Dextran) SDV 50MG/2ML											
Iron Dextran SDV 50MG/2ML (DexFerrum)	Sol	82300040002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose											
Dextrose 70% Inj (Dextrose 70%)	Sol	80100020002060	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Dextrose 20% Intravenous Soln											
Dextrose 20% Inj 500 ML (Dextrose 20% Injection)	Sol	80100020002025	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 1.5 % Intraperitoneal Soln 346 MOSM/L											
Dextrose 1.5 % Intraperitoneal Soln 346 MOSM/L (Delflex-LC)	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes
Dextrose 10% Intravenous Soln											
Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 2.5% Intraperitoneal Soln											
Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)	Sol	99700000002000	No	0	No	No	Yes	No	N/A	No	Yes
Dextrose 4.25% Intraperitoneal Soln 483 MOSM/L											
Dextrose 4.25% Intraperitoneal Soln 483 MOSM/L (Delflex-LC)	Sol	99700000002070	No	0	No	No	Yes	No	N/A	No	Yes
Dextrose 5% in Lactated Ringer											
Dextrose 5%/Lactated Ringer 1000 ML INJ (Dextrose 5% in Lactated Ringer Injection)	Sol	79993002302020	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% IN SOD CHLOR 0.2%											
Dextrose 5%/Sod CHLoride 0.2% 1000 ML INJ	Sol	79993002202020	No	0	No	No	Yes	No	N/A	No	Yes
Dextrose 5% IN SOD CHLOR 0.9%											
Dextrose 5%/Sod CHLoride 0.9% 1000 ML INJ (Dextrose 5% IN Sodium Chloride 0.9%)	Sol	79993002202035	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% IN SOD CHLoride 0.45%											
Dextrose 5%/Sod CHLoride 0.45% 1000 ML INJ	Sol	79993002202030	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% Inj											
Dextrose 5% Inj 1000 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% Inj 500 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% Inj 250 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% Inj 50 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 5% Inj 100 ML (Dextrose 5% in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 50% Inj											
Dextrose 50% Inj 1000 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 50% Inj 500 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 50% Inj 50 ML PFS (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes
Dextrose 50% Inj 50ML 0.5GM/ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes
Diabetic Supply - Control Solution											
Diabetic Supply - Control Solution (Diabetic Supply- Control Solution)			No	0	No	Yes	No	No	N/A	No	Yes
Diabetic Supply - Glucometer											
Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)			No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Diabetic Supply - Lancets											
Diabetic Supply - Lancets (Diabetic Supply- Lancets)			No	0	No	Yes	No	No	N/A	No	Yes
Diabetic Supply - Sharps Container											
Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)			No	0	No	Yes	No	No	N/A	No	Yes
Diabetic Supply - Test Strips (Precision Xtra)											
Diabetic Supply - Test Strips (Precision Xtra) (Precision Xtra Blood Glucose In Vitro Strip)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
Diabetic Supply - Test Strips (Various Brands)											
Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)			No	0	No	Yes	No	No	N/A	No	Yes
Dialyte/1.5% Dextrose											
Dianeal2/1.5% Dex Intraperitoneal Sol 346 MOSM/L (Dianeal PD)	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes
Dialyte/2.5% Dextrose											
Dianeal2/2.5% Dex Intraperitoneal Sol 396 MOSM/L (Dianeal PD)	Sol	99700000002042	No	0	No	No	Yes	No	N/A	No	Yes
Dialyte/4.25% Dextrose											
Dianeal2/4.25% Dex Intraperitoneal Sol 485MOSM/L (Dianeal PD-2/4.25%)	Sol	99700000002073	No	0	No	No	Yes	No	N/A	No	Yes
Diatrizoate Meglumine Urethral Solution 30 %											
Diatrizoate Meglumine Urethral Solution 30 % (Cystografin 30%)	Sol	94402015102011	No	0	No	Yes	Yes	No	N/A	No	Yes
Diatrizoate SOD and Meglumine Inj											
Diatrizoate Sod AND Meglumine 10% / 66% Inj (Hypaque-76)	Sol	94402015302035	No	0	No	Yes	Yes	No	N/A	No	Yes
MD-Gastroview Oral Solution 66-10 % (30 ml) (MD-gastroview)	Sol	94402015302050	No	0	No	No	Yes	No	N/A	No	Yes
Dibucaine External Ointment 1 %											
Dibucaine External Ointment 1 % (28.35gm)	Oint	90850045004205	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Dibucaine Ointment 1%											
Dibucaine Ointment (1oz) 28GM 1% (Nupercainal)	Oint	89200017004210	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Diclofenac Sodium Ophth Soln 0.1%											
Diclofenac Sodium Ophth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes
Diclofenac Sodium Ophth Soln 0.1 % (2.5 ML) (Voltaren)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes
Dicloxacillin Capsule											
Dicloxacillin Capsule 250 MG (Dynapen)	Cap	01300020100110	No	0	No	No	No	No	N/A	No	Yes
Dicloxacillin Capsule 500 MG (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	No	Yes
Dicloxacillin Capsule 500 MG UD (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Dicyclomine HCL Syrup 10mg/5ml											
Dicyclomine HCL (480ML) 10MG/5ML Liquid (Bentyl)	Syrup	49103010102050	No	0	No	Yes	No	No	N/A	No	Yes
Dicyclomine Injection											
Dicyclomine 10 MG/ML,2ML Inj (Bentyl Injection)	Sol	49103010102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Dicyclomine Tablet/Capsule											
Dicyclomine HCL 10 MG Cap (Bentyl)	Cap	49103010100105	No	0	No	No	No	No	N/A	No	Yes
Dicyclomine HCL 20 MG Tab (Bentyl)	Tab	49103010100305	No	0	No	No	No	No	N/A	No	Yes
Dicyclomine HCL 20 MG Tab UD (Bentyl)	Tab	49103010100305	No	0	No	No	No	No	N/A	Yes	Yes
Dicyclomine HCL 10 MG Cap UD (Bentyl)	Cap	49103010100105	No	0	No	No	No	No	N/A	Yes	Yes
Didanosine (ddI) Capsule Delayed Release											
Didanosine (ddI) Delayed Release 125 MG Cap (Videx EC)	Cap DR	12105015006520	No	0	No	No	No	No	N/A	No	Yes
Didanosine (ddI) Delayed Release 100 MG Cap (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	No	Yes
Didanosine (ddI) Delayed Release 200 MG Cap (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	No	Yes
Didanosine (ddI) Delayed Release 250 MG Cap (Videx EC)	Cap DR	12105015006535	No	0	No	No	No	No	N/A	No	Yes
Didanosine (ddI) Delayed Release 400 MG Cap (Videx EC)	Cap DR	12105015006550	No	0	No	No	No	No	N/A	No	Yes
Didanosine (ddI) Delayed Release 400 MG Cap UD (Videx EC)	Cap DR	12105015006550	No	0	No	No	No	No	N/A	Yes	Yes
Didanosine (ddI) Delayed Release 200 MG Cap UD (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	Yes	Yes
Didanosine (ddI) Delayed Release 250 MG Cap UD (Videx)	Cap DR	12105015006535	No	0	No	No	No	No	N/A	Yes	Yes
Didanosine (ddI) Delayed Release 125 MG Cap UD (Videx EC)	Cap DR	12105015006520	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: ***PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Digoxin Inj											
Digoxin 0.25 MG/ML, 2M Inj (Lanoxin Injection)	Sol	31200010002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories: **"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Digoxin Tablet											
Digoxin 0.125 MG Tab (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	No	Yes
Digoxin 0.25 MG Tab (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	No	Yes
Digoxin 0.25 MG Tab UD (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	Yes	Yes
Digoxin 0.125 MG Tab UD (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: **"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Diltiazem ER 24 hour Capsule											
Diltiazem ER 24 hour 120 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 120 MG Cap UD (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 180 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 240 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 300 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 300 MG Cap UD (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 360 MG Cap UD (Cardizem CD) (Cardizem CD)	Tab ER 24	34000010127560	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 240 MG Cap UD (cardizem cd) (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 180 MG Cap UD(Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 360 MG Cap (Cardizem (Cardizem CD)	Cap ER 24	34000010127060	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****											
Diltiazem ER 24 hour Tablet											
Diltiazem ER 24 hour 420 MG Tab (Cardizem LA) (Cardizem LA)	Tab ER 24	34000010127570	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**											
Diltiazem HCL ER Tiazac											
Diltiazem ER 24 hour 180 MG Cap UD (Tiazac) (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 240 MG Cap UD (Tiazac) (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem ER 24 hour 360 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117060	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 240 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 180 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 120 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117020	No	0	No	No	No	No	N/A	No	Yes
Diltiazem ER 24 hour 300 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117050	No	0	No	No	No	No	N/A	No	Yes
Diltiazem HCl ER Caps 24 Hour 420 MG (Tiazac)	Cap ER 24	34000010117070	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****											
Diltiazem HCL Tablet											
Diltiazem 120 MG Tab (Cardizem)	Tab	34000010100320	No	0	No	No	No	No	N/A	No	Yes
Diltiazem 30 MG Tab UD (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem 30 MG Tab (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	N/A	No	Yes
Diltiazem 60 MG Tab (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	N/A	No	Yes
Diltiazem 60 MG Tab UD (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	N/A	Yes	Yes
Diltiazem 90 MG Tab (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	N/A	No	Yes
Diltiazem 90 MG Tab UD (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****CARDIZEM SR NOT APPROVED*****											
Diltiazem Inj 5mg/ml											
Diltiazem HCl Intravenous Solution 25 MG/5ML	Sol	34000010102025	No	0	No	No	Yes	No	N/A	No	Yes
Diltiazem XR 24 hour Capsule											
Diltiazem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)	Cap ER 24	34000010107040	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****											
Dimethylsulfoxide-RMSO											
Dimethylsulfoxide-RMSO ML (Rimso-50)	Sol	56500010002010	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
*****MRC USE ONLY**											
Oncology Use Only**											
Medical Referral Center (MRC) Use Only											
diphenhydrAMINE Capsule/Tablet											
diphenhydrAMINE 25 MG Cap (Benadryl)	Cap	41200030100105	No	0	No	No	Yes	No	N/A	No	Yes
diphenhydrAMINE 25 MG Cap UD (Benadryl)	Cap	41200030100105	No	0	No	No	Yes	No	N/A	Yes	Yes
diphenhydrAMINE 50 MG Cap (Benadryl)	Cap	41200030100110	No	0	No	No	Yes	No	N/A	No	Yes
diphenhydrAMINE 50 MG Cap UD (Benadryl)	Cap	41200030100110	No	0	No	No	Yes	No	N/A	Yes	Yes
diphenhydrAMINE 25 MG Tab (Benadryl)	Tab	41200030100305	No	0	No	No	Yes	No	N/A	No	Yes
diphenhydrAMINE 25 MG Tab UD (Benadryl)	Tab	41200030100305	No	0	No	No	Yes	No	N/A	Yes	Yes
diphenhydrAMINE 50 MG Tab	Tab	41200030100310	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
RESTRICTED TO INJECTABLE FORMULATION ONLY* **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
Non-Formulary Use Criteria:											
1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl											
2. Excessive salivation with clozapine											
3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)											
4. Chronic pruritus-associated dialysis											
5. Non-formulary use approved via PILL LINE ONLY											
6. URTICARIA: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.											
7. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.											
8. URTICARIA: Documented failure (ensuring compliance) of steroid pulse therapy (i.e prednisone 30 mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder)**											
Medical Referral Center (MRC) Use Only											
diphenhydrAMINE Injection											
diphenhydrAMINE 50 MG/ML 2 ML Inj (Benadryl Inj)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes
diphenhydrAMINE 50 MG/ML 1 ML Inj (Benadryl INJ)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes
diphenhydrAMINE 50 MG/ML 1 ML Vial (Benadryl Inj)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO INJECTABLE FORMULATION ONLY*** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
Dipyridamole Tablet											
Dipyridamole 25 MG Tab (Persantine)	Tab	85150030000310	No	0	No	No	No	No	N/A	No	Yes
Dipyridamole 25 MG Tab UD (Persantine 25 MG)	Tab	85150030000310	No	0	No	No	No	No	N/A	Yes	Yes
Dipyridamole 50 MG Tab UD (Persantine 50 MG)	Tab	85150030000320	No	0	No	No	No	No	N/A	Yes	Yes
Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	No	Yes
Dipyridamole 75 MG Tab UD (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	Yes	Yes
Dipyridamole 50 MG Tab (Persantine)	Tab	85150030000320	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Disopyramide											
Disopyramide 150 MG Cap UD (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	Yes	Yes
Disopyramide 150 MG Cap (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	No	Yes
Disopyramide Phosphate CR											
Disopyramide Phosphate CR 100 MG CAP (Norpace CR)	Cap ER 12	35100010106910	No	0	No	No	No	No	N/A	No	Yes
Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)	Cap ER 12	35100010106915	No	0	No	No	No	No	N/A	No	Yes
Distilled Water Oral Liquid											
Distilled Water Oral Liquid	Liq	98402024000900	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
For compounding purposes only											
Divalproex ER 24 Hour Tablet											
Divalproex ER 24 Hour Tab 500 MG (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	No	Yes
Divalproex ER 24 Hour Tab 250 MG (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	No	Yes
Divalproex ER 24 Hour Tab 500 MG UD (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	Yes	Yes
Divalproex ER 24 Hour Tab 250 MG UD (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
DOBUTamine Inj											
DOBUTamine 250 MG/20ML Inj (Dobutrex)	Sol	38000010102005	No	0	No	No	Yes	No	N/A	No	Yes
DOBUTamine 12.5 MG/ML Inj (Dobutrex Inj)	Sol	38000010102005	No	0	No	Yes	Yes	No	N/A	No	Yes
DOBUTamine 500 MG/40ML Inj (Dobutrex)	Sol	38000010102005	No	0	No	No	Yes	No	N/A	No	Yes
Docetaxel Inj											
Docetaxel 20 MG/0.5ML Inj (Taxotere Inj)	Concentrate	21500005001320	No	0	No	Yes	Yes	No	N/A	No	Yes
Docetaxel IV Concentrate 20 MG/ML (Taxotere)	Concentrate	21500005001310	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Docusate Sodium Capsule											
Docusate Sodium 100 MG Cap (Colace)	Cap	46500010300110	No	0	No	No	No	No	N/A	No	Yes
Docusate Sodium 100 MG Cap UD (Colace)	Cap	46500010300110	No	0	No	No	No	No	N/A	Yes	Yes
Docusate Sodium 250 MG Cap (Colace)	Cap	46500010300120	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Docusate Sodium Solution 50 MG/5 ML											
Docusate Sodium Solution 100 MG/10 ML UD (Colace)	Liq	46500010300910	No	0	No	No	No	No	N/A	Yes	Yes
Docusate Sodium Solution 50 MG/5 ML, 473 ML (Colace)	Liq	46500010300910	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Docusate Sodium Syrup 60 MG/15ML											
Docusate Sodium Oral Syrup 60 MG/15 ML (Colace Syrup)	Syrup	46500010301220	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
DOPamine Inj											
DOPamine 200 MG/5 ML	Sol	38000020102010	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
DOPamine Premix Injection											
DOPamine in D5W 400 MG/250 ML	Sol	38000020112020	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Dorzolamide Ophth Solution 2%											
Dorzolamide HCL Ophth 2%, 5 ML Soln (Trusopt)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes
Dorzolamide HCL Ophth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****OPHTHALMOLOGIST INITIATION ONLY*****											
Dorzolamide-Timolol Ophth soln 2-0.5%											
Dorzolamide/Timolol Ophth Soln (5ML) 2% / 0.5% (Cosopt Ophthlamic Solution)	Sol	86259902202020	No	0	No	Yes	No	No	N/A	No	Yes
Dorzolamide-Timolol Ophth Soln (10 ML) 2% / 0.5% (Cosopt 10 ml ophth)	Sol	86259902202020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****OPHTHALMOLOGIST INITIATION ONLY*****											
Doxapram HCL Injection											
Doxapram HCL Injection 20MG/ML,20ML (Dopram)	Sol	61300020102005	No	0	No	No	Yes	No	N/A	No	Yes
Doxazosin Tablet											
Doxazosin 1 MG Tab UD (Cardura)	Tab	36202005100310	No	0	No	No	No	No	N/A	Yes	Yes
Doxazosin 2 MG Tab UD (Cardura)	Tab	36202005100320	No	0	No	No	No	No	N/A	Yes	Yes
Doxazosin 4 MG Tab UD (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	Yes	Yes
Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	No	0	No	No	No	No	N/A	No	Yes
Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	No	0	No	No	No	No	N/A	No	Yes
Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	No	Yes
Doxazosin 8 MG Tab (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	No	Yes
Doxazosin 8 MG Tab UD (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Doxepin Capsule											
Doxepin 10 MG Cap (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 10 MG Cap UD (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Doxepin 100 MG Cap (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 100 MG Cap UD (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Doxepin 150 MG Cap (Sinequan)	Cap	58200040100130	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 25 MG Cap (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 25 MG Cap UD (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Doxepin 50 MG Cap (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 50 MG Cap UD (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Doxepin 75 MG Cap (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	No	Yes
Doxepin 75 MG Cap UD (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **recommended to be administered crushed, capsules emptied and administered via powder form , or liquid, ensuring tablets to be crushed are not listed on available "do not crush " lists or specifically stated in the package insert****											
MLP Requires Cosign											
Doxepin Solution 10MG/ML											
Doxepin Solution 10 MG/ML, 120 ML (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Doxepin Solution 50 MG/5ML, UD (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **recommended to be administered crushed, capsules emptied and administered via powder form , or liquid, ensuring tablets to be crushed are not listed on available "do not crush " lists or specifically stated in the package insert****											
MLP Requires Cosign											
Doxercalciferol Capsule											
Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	No	0	No	No	No	No	N/A	No	Yes
Doxercalciferol 0.5 MCG Cap (Hectorol)	Cap	30905040000105	No	0	No	No	No	No	N/A	No	Yes
Doxercalciferol 1 MCG Cap (Hectoral)	Cap	30905040000110	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****ORAL ROUTE PREFERRED****											
Doxercalciferol Injection											
Doxercalciferol 2 MCG/ML Inj (Hectorol inj)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****ORAL ROUTE PREFERRED****											
DOXOrubicin Injection											
DOXOrubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
DOXOrubicin Injection10 MG (2 MG/ML) (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes
DOXOrubicin HCL 2MG/ML, 5ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
DOXOrubicin Injection 50 MG (2mg/ml) (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Doxycycline Capsule/Tablet											
Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	No	0	No	No	No	No	N/A	Yes	Yes
Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	No	0	No	No	No	No	N/A	Yes	Yes
Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	No	0	No	No	No	No	N/A	Yes	Yes
Doxycycline Hyclate 50 MG Tab	Tab	04000020100310	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Hyclate 100 MG Tab (Vibratabs)	Tab	04000020100310	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Hyclate Oral Tablet 20 MG (Periostat)	Tab	04000020100302	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
Doxycycline Injection											
Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)	Sol Recon	04000020102105	No	0	No	Yes	Yes	No	N/A	No	Yes
Doxycycline Monohydrate Oral Capsule/Tablet											
Doxycycline Monohydrate 100 MG Capsule	Cap	04000020000110	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Monohydrate 50 MG Cap	Cap	04000020000105	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Monohydrate 100 MG Tablet	Tab	04000020000310	No	0	No	No	No	No	N/A	No	Yes
Doxycycline Monohydrate 50 MG Tablet	Tab	04000020000305	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
Doxycycline Oral Solution											
Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)	Susp Recon	04000020001905	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
Droperidol Inj											
Droperidol Inj 2.5MG/ML (2ML) (Inapsine Injection)	Sol	57200030002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Droperidol Inj 2.5MG/ML (Inapsine)	Sol	57200030002005	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
DuoDERM Hydroactive External											
Flexible Hydroactive External Dressing granules (DuoDERM Hydroactive External Miscellaneous)	Miscellaneous	90944050006300	No	0	No	No	No	No	N/A	No	Yes
E-Z-Gas II Oral Packet 2.21-1.53-0.04 GM											
E-Z-Gas II Oral Packet 2.21-1.53-0.04 GM (e-z gas)	Packet	48991003803025	No	0	No	Yes	Yes	No	N/A	No	Yes
Echothiophate Iodide Ophth Soln 0.125%											
Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthlamic)	Sol Recon	86502020102115	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Edrophonium Chloride Inj											
Edrophonium Chloride Inj 10MG/ML,10ML (Tensilon Inj)	Sol	76000020102005	No	0	No	No	Yes	No	N/A	No	Yes
Efavirenz (EFV) Oral Cap											
Efavirenz (EFV) 50 MG Cap (Sustiva)	Cap	12109030000110	No	0	No	No	No	No	N/A	No	Yes
Efavirenz (EFV) 200 MG Cap (Sustiva)	Cap	12109030000140	No	0	No	No	No	No	N/A	No	Yes
Efavirenz (EFV) 200 MG Cap UD (repack)	Cap	12109030000140	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Efavirenz (EFV) Oral Tab											
Efavirenz (EFV) 600 MG Tab (Sustiva)	Tab	12109030000330	No	0	No	No	No	No	N/A	No	Yes
Efavirenz (EFV) 600 MG Tab UD (Sustiva)	Tab	12109030000330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Efavirenz/Emtricitabine/Tenofovir Tablet											
Efavirenz/Emtricita/Tenof(Atripla) 600-200-300mg (Atripla)	Tab	12109903300320	No	0	No	No	No	No	N/A	No	Yes
Efavirenz/Emtricita/Tenofov 600-200-300MG TAB UD (Atripla)	Tab	12109903300320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
Restricted TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**											
Electrolyte Oral Solution Pediatric											
Electrolyte Oral Solution Pediatric (Pediatric Electrolyte Oral Solution)	Sol	79991000002000	No	0	No	Yes	No	No	N/A	No	Yes
Elvitegravir/Cobicistat/Emtricitabine/Tenof tab											
Elvitegr/Cobicist/Emtric/Tenof 150-150-200-300MG (Stribild)	Tab	12109904300320	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Emtricitabine (FTC) Capsule											
Emtricitabine (FTC) 200 MG Cap (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	No	Yes
Emtricitabine (FTC) 200 MG Cap UD (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
Emtricitabine/Rilpivirine/Tenof 200-25-300MG Tab											
Emtricitabine/Rilpivirine/Tenof 200-25-300MG Tab (Complera)	Tab	12109903400320	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
**"Not a preferred regimen for treatment-naive patients"											
PHYSICIAN INITIATION ONLY **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Emtricitabine/Tenofovir 200/300 Mg Tablet											
Emtricitabine/Tenofovir(Truvada) 200/300 MG Tab (Truvada)	Tab	12109902300320	No	0	No	No	No	No	N/A	No	Yes
Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)	Tab	12109902300320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
Enoxaparin Injection											
Enoxaparin Injection 30 MG/0.3 ML (Lovenox)	Sol	83101020102012	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 40 MG/0.4 ML (Lovenox)	Sol	83101020102013	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 60 MG/0.6 ML (Lovenox)	Sol	83101020102014	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 80 MG/0.8 ML (Lovenox)	Sol	83101020102015	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 100 MG/1 ML (Lovenox)	Sol	83101020102016	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 120 MG/0.8 ML (Lovenox)	Sol	83101020102018	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 150 MG/1 ML (Lovenox)	Sol	83101020102020	No	0	No	Yes	Yes	No	N/A	No	Yes
Enoxaparin Injection 300 MG/3ML (Lovenox)	Sol	83101020102050	No	0	No	No	Yes	No	N/A	No	Yes
EPINEPHrine Injection 1mg/1ml											
EPINEPHrine Amp 1 MG/ML, 1 ML (Adrenaline)	Sol	38900040002030	No	0	No	Yes	Yes	No	N/A	No	Yes
EPINEPHrine Injection 1 MG/ML, 30 ML (Adrenalin Inj)	Sol	38900040002030	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
"ACLS Use Only"											
EPINEPHrine Auto-Injector 0.3 MG/0.3ML											
EPINEPHrine Auto-Injector 0.3 MG/0.3 ML (EpiPen Injection Device)	Sol Auto-	3890004000D540	No	0	No	No	Yes	No	N/A	No	Yes
EPINEPHrine Injection 0.1 MG/ML (Cardiac)											
EPINEPHrine Injection 0.1 MG/ML (EPINEPHrine Inj)	Sol	44202020202005	No	0	No	Yes	Yes	No	N/A	No	Yes
EPINEPHrine Injection 0.1 MG/ML, 10 ML (Epinephrine Prefilled Syringe)	Sol	44202020202005	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
"ACLS Use Only"											
Medical Referral Center (MRC) Use Only											
Epirubicin Solution											
Epirubicin HCl Intravenous Solution Recons 50 MG (Ellence)	Sol Recon	21200042102140	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
***Vesicant* Cumulative Toxic Dose 550mg/meters squared**											
Medical Referral Center (MRC) Use Only											
Epoetin Alfa Injection											
Epoetin Alfa 10,000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002040	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 10,000 Units/ML, 2 ML Vial (Procrit)	Sol	82401020002040	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 2000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002010	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 3000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002015	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 4000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002020	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 20,000 Units/ML, 1 ML Inj (Procrit 20,000 Units)	Sol	82401020002050	No	0	No	No	Yes	No	N/A	No	Yes
Epoetin Alfa 40,000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002060	No	0	No	No	Yes	No	N/A	No	Yes

Advisories:

****DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**

ESA USE IN CANCER PATIENTS:

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

ESA USE IN ESRD PATIENTS:

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

Non-Formulary Use Criteria:

1. Patient receiving hepatitis C therapy; AND

**2. Patient is one of the following:

a. Cirrhotic;

b. Pre or post-liver transplant

c. HIV/HCV co-infected;

d. Receiving HIV triple therapy;

AND**

3. Patient underwent evaluation for other causes of anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND

4. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia-related signs and symptoms) and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND

5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.

All of the following must be true for patient to be eligible for ESA treatment of hepatitis C treatment-related anemia:

Formulary Restrictions:

****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS** **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY****

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Medical Referral Center (MRC) Use Only											
Ergocalciferol Capsule											
Ergocalciferol (50,000 Units) 1.25MG Caps (Vitamin D)	Cap	77202030000110	No	0	No	No	No	No	N/A	No	Yes
Ergocalciferol (50,000 Units) 1.25 MG Cap UD (Vitamin D)	Cap	77202030000110	No	0	No	No	No	No	N/A	Yes	Yes
Ergotamine Tartrate/Caffeine 2/100 Mg Supp											
Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)	Supp	67991002105220	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****Limited to dispensing 10 tablets per month****											
Ergotamine Tartrates S.L. 2 Mg Tablet											
Ergotamine Tartrate S.L. 2 MG TAB (Ergomar 2 MG S.L. Tablets)	Tab Sublingual	67000020100705	No	0	No	No	No	No	N/A	No	Yes
Ergotamine/Caffeine 1/100 Mg Oral Tab											
Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)	Tab	67991002100310	No	0	No	No	No	No	N/A	No	Yes
Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)	Tab	67991002100310	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
****Limited to dispensing 10 tablets per month****											
Erlotinib Tablet											
Erlotinib 25 MG Tab (Tarceva)	Tab	21534025000320	No	0	No	No	No	No	N/A	No	Yes
Erlotinib 100 MG Tab (Tarceva)	Tab	21534025000340	No	0	No	No	No	No	N/A	No	Yes
Erlotinib 150 MG Tab (Tarceva Tablet)	Tab	21534025000360	No	0	No	No	No	No	N/A	No	Yes
Erlotinib 150 MG Tab UD (Tarceva)	Tab	21534025000360	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Medical Referral Center (MRC) Use Only											
Ertapenem Injection											
Ertapenem 1 GM Inj (Invanz)	Sol Recon	16150030102130	No	0	No	No	Yes	No	N/A	No	Yes
Ertapenem Intravenous Soln 1 GM ADD-vantage (INVanz)	Sol Recon	16150030102135	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Erythromycin (PCE) Delayed Release Tab											
Erythromycin (PCE) Delayed Release 333 MG Tab	Tab DR	03100006000605	No	0	No	No	No	No	N/A	No	Yes
Erythromycin (PCE) Delayed Release 500 MG Tab	Tab DR	03100006000610	No	0	No	No	No	No	N/A	No	Yes
Erythromycin BASE Tablet											
Erythromycin BASE 250 MG Tab (Erythromycin)	Tab	03100005000305	No	0	No	No	No	No	N/A	No	Yes
Erythromycin BASE 500 MG Tab (Erythromycin)	Tab	03100005000310	No	0	No	No	No	No	N/A	No	Yes
Erythromycin BASE 250 MG Tab UD	Tab	03100005000305	No	0	No	No	No	No	N/A	Yes	Yes
Erythromycin Delayed Release Capsule											
Erythromycin DELAYED REL 250 MG Cap	Cap DR	03100005006720	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Erythromycin Delayed Release Tablet											
Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	No	Yes
Erythromycin Delayed REL 333 MG Tab (ERY-TAB)	Tab DR	03100005000610	No	0	No	No	No	No	N/A	No	Yes
Erythromycin DELAYED REL 500 MG Tab (ERY-TAB)	Tab DR	03100005000615	No	0	No	No	No	No	N/A	No	Yes
Erythromycin DELAYED REL 250 MG Tab UD (ery-tab)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	Yes	Yes
Erythromycin Ethyl Succ Suspension 200 MG/5ML											
Erythromycin Ethyl Succ SUSP 200MG/5ML, 100ML (EryPed)	Susp Recon	03100030301910	No	0	No	Yes	No	No	N/A	No	Yes
Erythromycin Ethyl Succ Suspension 400MG/5ML											
Erythromycin Ethyl Succ 400 MG/5ML susp (EES)	Susp Recon	03100030301915	No	0	No	Yes	No	No	N/A	No	Yes
Erythromycin Ethyl Succ Tablet											
Erythromycin Ethyl Succ 400 MG Tab (E.E.S. 400 MG Tablet)	Tab	03100030300305	No	0	No	No	No	No	N/A	No	Yes
Erythromycin Lactobionate Injection											
Erythromycin Lactobionate 500 MG Inj (Erythrocin LACT.I.V.)	Sol Recon	03100050502105	No	0	No	No	Yes	No	N/A	No	Yes
Erythromycin Ophthalmic Ointment 5MG/GM											
Erythromycin Ophth Oint 3.5 GM 5mg/gm	Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	Yes
Erythromycin Ophth Oint 1 GM 5 MG/GM	Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	Yes
Esmolol Hydrochloride Inj											
Esmolol HCL 10 MG/ML Inj (Brevibloc)	Sol	33200025102015	No	0	No	Yes	Yes	No	N/A	No	Yes
Estradiol Cypionate Inj											
Estradiol Cypionate 5MG/ML INJ (Depo-Estradiol)	Oil	24000035101710	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
Estradiol Patch											
Estradiol 0.05 MG/24HR Patch (Once-weekly) (Climara)	Patch Weekly	24000035008820	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)	Patch Biweekly	24000035008730	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.025 MG/24H Patch (Once-weekly) (Climara)	Patch Weekly	24000035008810	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.0375 MG/24HR Patch (Once-weekly) (Climara)	Patch Weekly	24000035008815	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.05 MG/24HR Patch (Estraderm) (Estraderm Patch)	Patch Biweekly	24000035008720	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.1 MG/24HR Patch Bi-weekly(Estraderm) (Estraderm)	Patch Biweekly	24000035008750	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.1 MG/24HR Patch Biweekly (Vivelle) (Vivelle Transdermal Patch Biweekly)	Patch Biweekly	24000035008750	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.06 MG/24HR Patch (Once-weekly) (Climara Patch)	Patch Weekly	24000035008824	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.1 MG/24HR Patch (Alora) BiWeekly (Alora Transdermal Patch Biweekly)	Patch Biweekly	24000035008750	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.1 MG/24HR Patch (Once-weekly) (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008840	No	0	No	Yes	No	No	N/A	No	Yes
Estradiol 0.025 MG/24HR Patch Biweekly (Vivelle) (Vivelle-Dot Transderm Patch Biweekly)	Patch Biweekly	24000035008705	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.0375 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot Transderm Patch Biweekly)	Patch Biweekly	24000035008710	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.075 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot patch)	Patch Biweekly	24000035008730	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.075 MG/24HR Patch (Once-weekly) (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008830	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.05 MG/24HR Patch (Alora) Biweekly (Alora)	Patch Biweekly	24000035008720	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Estradiol Tablet											
Estradiol 1 MG Tab (Estrace)	Tab	24000035000305	No	0	No	No	No	No	N/A	No	Yes
Estradiol 2 MG Tab (Estrace)	Tab	24000035000310	No	0	No	No	No	No	N/A	No	Yes
Estradiol 0.5 MG Tab (Estrace)	Tab	24000035000303	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
Estradiol Valerate Inj											
Estradiol Valerate 20 MG/ML Inj (Delestrogen)	Oil	24000035201705	No	0	No	No	Yes	No	N/A	No	Yes
Estradiol Valerate 10 MG/ML Inj (Delestrogen)	Oil	24000035201710	No	0	No	No	Yes	No	N/A	No	Yes
Estradiol Valerate 40 MG/ML Inj (Delestrogen)	Oil	24000035201715	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
Estrogens Conjugated Tablet											
Estrogens Conjugated 0.3 MG Tab (Premarin)	Tab	24000015000310	Yes	0	No	No	No	No	N/A	No	Yes
Estrogens Conjugated 0.625 MG (Premarin)	Tab	24000015000320	Yes	0	No	No	No	No	N/A	No	Yes
Estrogens Conjugated 0.625 MG Tab UD (Premarin)	Tab	24000015000320	Yes	0	No	No	No	No	N/A	Yes	Yes
Estrogens Conjugated 0.9 MG Tab (Premarin)	Tab	24000015000325	Yes	0	No	No	No	No	N/A	No	Yes
Estrogens Conjugated 1.25 MG Tab (Premarin)	Tab	24000015000330	Yes	0	No	No	No	No	N/A	No	Yes
Estrogens Conjugated 1.25 MG Tab UD (Premarin)	Tab	24000015000330	Yes	0	No	No	No	No	N/A	Yes	Yes
Estrogens Conjugated 0.45 MG Tab (Premarin)	Tab	24000015000315	Yes	0	No	No	No	No	N/A	No	Yes
Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**											
Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Estrogens Esterified Tablet											
Estrogens Esterified 0.3 MG Tab (Menest)	Tab	24000030000305	No	0	No	No	No	No	N/A	No	Yes
Estrogens Esterified 0.625 MG Tab (Menest)	Tab	24000030000310	No	0	No	No	No	No	N/A	No	Yes
Estrogens Esterified 1.25 MG Tab (Menest)	Tab	24000030000315	No	0	No	No	No	No	N/A	No	Yes
Estrogens Esterified 2.5 MG Tab (Menest)	Tab	24000030000320	No	0	No	No	No	No	N/A	No	Yes
Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**											
Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Estropipate Tablet											
Estropipate 1.5 MG Tab (Ogen)	Tab	24000055000310	No	0	No	No	No	No	N/A	No	Yes
Estropipate 0.75 MG Tab (Ogen)	Tab	24000055000305	No	0	No	No	No	No	N/A	No	Yes
Estropipate 3 MG Tab (Ogen)	Tab	24000055000315	No	0	No	No	No	No	N/A	No	Yes
Ethambutol Oral Tablet											
Ethambutol HCL 100 MG Tab (Myambutol)	Tab	09000040100305	No	0	No	No	Yes	No	N/A	No	Yes
Ethambutol HCL 400 MG Tab (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	No	Yes
Ethambutol HCL 400 MG Tab UD (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	Yes	Yes
Formulary Restrictions: ****PILL LINE ONLY****											
Ethyl Chloride Spray											
Ethyl Chloride Spray 100% ML (Ethyl Chloride Spray)	Aero	90851005003200	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****FOR CLINIC USE ONLY****											
Etidronate Disodium Tablet											
Etidronate Disodium 200 MG Tab (Didronel)	Tab	30042040100305	No	0	No	No	No	No	N/A	No	Yes
Etidronate Disodium 400 MG Tab (Didronel)	Tab	30042040100310	No	0	No	No	No	No	N/A	No	Yes
Etoposide Inj											
Etoposide (VePesid) 100MG/5ML Inj (VePesid Inj)	Sol	21500010002025	No	0	No	No	Yes	No	N/A	No	Yes
Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Sol	21500010002030	No	0	No	No	Yes	No	N/A	No	Yes
Etoposide Oral											
Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	No	0	No	No	No	No	N/A	No	Yes
Etoposide 50 MG Cap UD	Cap	21500010000120	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**											
Fat Emulsion 10%											
Fat Emulsion 10% 500 ML Inj (Liposyn III 10%)	Emul	80200010001610	No	0	No	Yes	Yes	No	N/A	No	Yes
Fat Emulsion 250ML											
Fat Emulsion 20% 250ML Inj (Intralipid)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes
Fat Emulsion20%											
Fat Emulsion 20% 500 ML INJ (Liposyn III 20%)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes
fentaNYL Injection											
fentaNYL Citrate 0.05 MG/ML, 2 ML Inj (Fentanyl Citrate Injection)	Sol	65100025102005	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Citrate 0.05 MG/ML, 5 ML Inj (Fentanyl Citrate Injection)	Sol	65100025102005	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Citrate 0.05 MG/ML, 2 ml Vials	Sol	65100025102005	No	2	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
MLP Requires Cosign											
fentaNYL Patch											
fentaNYL Patch 100 MCG/HR (Duragesic)	Patch 72 Hour	65100025008650	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Patch 25 MCG/HR (Duragesic)	Patch 72 Hour	65100025008620	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Patch 50 MCG/HR (Duragesic)	Patch 72 Hour	65100025008630	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Patch 75 MCG/HR (Duragesic)	Patch 72 Hour	65100025008640	No	2	Yes	No	Yes	No	N/A	No	Yes
fentaNYL Patch 12 (12.5) MCG/HR (Duragesic)	Patch 72 Hour	65100025008610	No	2	Yes	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**											
PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Ferric Gluconate Inj											
Ferric Gluconate 62.5MG/5ML INJ (Ferrlecit)	Sol	82300085102020	No	0	No	No	Yes	No	N/A	No	Yes
Ferrous Gluconate Tablet											
Ferrous Gluconate 225 MG Tab (Iron)	Tab	82300020000380	No	0	No	No	No	No	N/A	No	Yes
Ferrous Gluconate 324 (5 GR) MG Tab (Ferrous Gluconate)	Tab	82300020000319	No	0	No	No	No	No	N/A	No	Yes
Ferrous Gluconate 324 MG Tab UD (Ferrous Gluconate)	Tab	82300020000319	No	0	No	No	No	No	N/A	Yes	Yes
Ferrous Gluconate 325 MG (5GR) Tab UD	Tab	82300020000320	No	0	No	No	No	No	N/A	Yes	Yes
Ferrous Gluconate 325 MG (5 GR) Tab	Tab	82300020000322	No	0	No	No	No	No	N/A	No	Yes
Ferrous Sulfate Elixir 220 MG/5ML											
Ferrous SULFATE Elixir (480 ML) 220 MG/ 5 ML (Iron)	Elixir	82300010001010	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
*****Approved for use in NPO patients only*****											
Medical Referral Center (MRC) Use Only											
Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML											
Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML	Liq	82300010000925	No	0	No	No	No	No	N/A	No	Yes
Ferrous Sulfate syrup 300(60 Fe) MG/5ML											
Ferrous Sulfate Oral Syrup 300 MG/5ML cup (Ferrous Sulfate 300 mg/ 5 ml)	Syrup	82300010001210	No	0	No	Yes	No	No	N/A	Yes	Yes
Formulary Restrictions:											
*****MRC Use Only**											
Approved for use in NPO patients only**											
Medical Referral Center (MRC) Use Only											
Filgrastim Injection											
Filgrastim 300 MCG/ML Inj Vial (Neupogen)	Sol	82401520002010	No	0	Yes	No	Yes	No	N/A	No	Yes
Filgrastim 480 MCG/1.6ML Inj Vial (Neupogen)	Sol	82401520002012	No	0	Yes	No	Yes	No	N/A	No	Yes
Filgrastim 300 MCG/0.5ML SYR (Neupogen)	Sol	82401520002016	No	0	Yes	No	Yes	No	N/A	No	Yes
Filgrastim 480MCG/0.8ML SYR (Neupogen)	Sol	82401520002018	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Loc. Active	Unit Dose	Fmlry
Non-Formulary Use Criteria:											
**1. Adjunctive therapy for cancer chemotherapy.											
a. Chemotherapy primary prophylaxis for "dose dense" treatment regimen.											
b. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia.											
c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.											
d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.**											
**2. All of the following must be true for patient to be eligible for filgrastim treatment of hepatitis C treatment-related neutropenia:											
a. Patient receiving hepatitis C therapy ; AND											
b. Patient develops neutropenia defined as either											
i. ANC < 250/mm3; or											
ii. ANC < 500mm3 with one of the following risk factors for developing infection;											
a. Cirrhosis, biopsy proven or clinically evident;											
b. Pre-or post-liver transplant;											
c. HIV/HCV co-infection											
d. Receiving HCV triple therapy;											
AND											
c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction.**											
Formulary Restrictions:											
Oncologist/Hematologist Use Only											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
First-Mouthwash BLM Mouth/Throat Suspension											
First-Mouthwash BLM Mouth/Throat Suspension (First-Mouthwash)	Susp	88359905401820	No	0	No	Yes	No	No	N/A	No	Yes
Flublok Intramuscular Solution											
Influenza Vaccine (Flublok) IM Soln (egg free) (flublok)	Sol	17100020852000	No	0	No	No	No	No	N/A	No	Yes
Fluconazole injection											
Fluconazole 400 MG INJ (Diflucan IV 400 MG)	Sol	11407015012020	No	0	No	Yes	Yes	No	N/A	No	Yes
Fluconazole 200 MG INJ (Diflucan IV 200 MG)	Sol	11407015012010	No	0	No	Yes	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?											
2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.											
Formulary Restrictions:											
****NOT APPROVED FOR ONYCHOMYCOSIS****											
Fluconazole injection 400 mg/200 ml Premix											
Fluconazole Premix 400 MG INJ (Diflucan)	Sol	11407015022020	No	0	No	Yes	Yes	No	N/A	Yes	Yes
Non-Formulary Use Criteria:											
1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?											
2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.											
Formulary Restrictions:											
****NOT APPROVED FOR ONYCHOMYCOSIS****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Fluconazole injection 200 mg/100 ml Premix											
Fluconazole Premix 200MG INJ (diflucan)	Sol	11407015022010	No	0	No	Yes	Yes	No	N/A	Yes	Yes
Non-Formulary Use Criteria: **1. Onychomycosis use: Does patient have a diabetic or circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation?** **2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.** Formulary Restrictions: ****NOT APPROVED FOR ONYCHOMYCOSIS****											
Fluconazole Tablet											
Fluconazole 150 MG Tab (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	No	Yes
Fluconazole 100 MG Tab (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	No	Yes
Fluconazole 100 MG Tab UD (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	Yes	Yes
Fluconazole 200 MG Tab (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	No	Yes
Fluconazole 200 MG Tab UD (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	Yes	Yes
Fluconazole 50 MG Tab (Diflucan)	Tab	11407015000310	No	0	No	No	No	No	N/A	No	Yes
Fluconazole 150 MG Tab UD (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	Yes	Yes
Non-Formulary Use Criteria: **1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.** **2. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.** Formulary Restrictions: ****NOT APPROVED FOR ONYCHOMYCOSIS****											
Fludarabine Phosphate											
Fludarabine Phosphate 50 MG INJ (Fludara Injection)	Sol Recon	21300025102120	No	0	No	No	Yes	No	N/A	No	Yes
Fludrocortisone Acetate Tablet											
Fludrocortisone Acetate 0.1 MG Tab (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	No	Yes
Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	Yes	Yes
Flumazenil Inj											
Flumazenil Intravenous Solution 1 MG/10ML (Romazicon)	Sol	93200040002030	No	0	No	No	Yes	No	N/A	No	Yes
Flumazenil Intravenous Solution 0.5 MG/5ML (Romazicon)	Sol	93200040002025	No	0	No	No	Yes	No	N/A	No	Yes
Flunisolide Nasal (Nasalide) 25 MCG/ACT											
Flunisolide Nasal (Nasalide) 0.025%, 25ml SOL (Nasalide)	Sol	42200030002005	No	0	No	Yes	No	No	N/A	No	Yes
Flunisolide Nasal (Nasarel) 29 MCG/ACT											
Flunisolide Nasal (Nasarel) 0.025%, 25ml NASA (Nasarel Nasal Soln)	Sol	42200030002060	No	0	No	Yes	No	No	N/A	No	Yes
Fluocinonide Cream 0.05%											
Fluocinonide 0.05%, 15g cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes
Fluocinonide 0.05%, 30g Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes
Fluocinonide 0.05%, 60g cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Fluocinonide Ointment 0.05%											
Fluocinonide 0.05%, 60GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes
Fluocinonide 0.05%, 15 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes
Fluocinonide 0.05%, 30 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes
Fluorescein 25% Injection											
Fluorescein 25% 250MG/ML Inj (AK-Fluor Injection)	Sol	86806010202015	No	0	No	Yes	No	No	N/A	No	Yes
Fluorescein Sodium Ophth Strip 1 MG											
Fluorescein Sodium Strip 1 MG EA (Fluorets)	Strip	86806010106120	No	0	No	Yes	No	No	N/A	No	Yes
Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Strip	86806010106110	No	0	No	No	No	No	N/A	Yes	Yes
Fluorescein/Benoxinate Ophth 0.25-0.4%											
Fluorescein/Benoxinate Ophth 0.25% / 0.4% 5ML (Fluress)	Sol	86806010222010	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Restricted to Optometry/Ophthalmology diagnostic use only ** Clinic Use Only****											
Fluoride Cream 1.1%											
Fluoride Cream 1.1%, 51gm (Prevident 5000 Plus)	Cm	88402020003721	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO CREAM FORMULATION ONLY****											
Fluorometholone Ophth Ointment 0.1%											
Fluorometholone Ophth 0.1%, 3.5GM Oint (FML SOP)	Oint	86300020004205	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**											
MLP Requires Cosign											
Fluorometholone Ophth Susp 0.1%											
Fluorometholone Ophth 0.1%, 10 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes
Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes
Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes
MLP Requires Cosign											
Fluorometholone Ophth Susp 0.25%											
Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	No	0	Yes	Yes	No	No	N/A	No	Yes
Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**											
MLP Requires Cosign											
Fluorouracil Injection 50 MG/ML											
Fluorouracil Intravenous Solution 500 MG/10ML (Fluorouracil Injection)	Sol	21300030002020	No	0	No	No	Yes	No	N/A	No	Yes
Fluorouracil Intravenous Solution 1 GM/20ML	Sol	21300030002025	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Do Not Refrigerate											
Fluorouracil Cream 0.5%											
Fluorouracil Cream 0.5%, 30GM (Carac 0.5%)	Cm	90372030003705	No	0	No	Yes	No	No	N/A	No	Yes
Fluorouracil Cream 1%											
Fluorouracil Cream 1%, 30GM (Fluoroplex)	Cm	90372030003710	No	0	No	Yes	No	No	N/A	No	Yes
Fluorouracil Cream 5%											
Fluorouracil Cream 5% , 25GM (Efudex Cream)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes
Fluorouracil External Cream 5 % (40gm) (Efudex Cream 5%)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes
Fluorouracil Solution 2%											
Fluorouracil 2%, 10ML Soln (Efudex 2% Solution)	Sol	90372030002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Fluorouracil Solution 5%											
Fluorouracil Solution 5%, 10 ML (Efudex 5% Solution)	Sol	90372030002050	No	0	No	Yes	No	No	N/A	No	Yes
FLUoxetine Capsule											
FLUoxetine 10 MG Cap (Prozac)	Cap	58160040000110	No	0	Yes	No	No	No	N/A	No	Yes
FLUoxetine 20 MG Cap (Prozac)	Cap	58160040000120	No	0	Yes	No	No	No	N/A	No	Yes
FLUoxetine 20 MG Cap UD (Prozac)	Cap	58160040000120	No	0	Yes	No	No	No	N/A	Yes	Yes
FLUoxetine 10 MG Cap UD (Prozac)	Cap	58160040000110	No	0	Yes	No	No	No	N/A	Yes	Yes
FLUoxetine 40 MG Cap (Prozac)	Cap	58160040000140	No	0	Yes	No	No	No	N/A	No	Yes
Advisories:											
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****											
MLP Requires Cosign											
FLUoxetine Solution 20 MG/5ML											
FLUoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	Sol	58160040002020	No	0	Yes	Yes	No	No	N/A	No	Yes
FLUoxetine 20 MG/5ML SOL, UD (Prozac)	Sol	58160040002020	No	0	Yes	Yes	No	No	N/A	Yes	Yes
Advisories:											
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****											
MLP Requires Cosign											
FLUoxetine Tablet											
FLUoxetine 20 MG Tab (Prozac)	Tab	58160040000320	No	0	Yes	No	No	No	N/A	No	Yes
FLUoxetine 10 MG Tab (Prozac)	Tab	58160040000310	No	0	Yes	No	No	No	N/A	No	Yes
Advisories:											
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****											
MLP Requires Cosign											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
FluPHENAZine Decanoate Injection											
FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)	Sol	59200025302005	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML											
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML (60ml)	Elixir	59200025101005	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
FluPHENAZine Injection											
FluPHENAZine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection)	Sol	59200025102005	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
FluPHENAZine Oral Solution 5 MG/ML											
FluPHENAZine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution)	Concentrate	59200025101320	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
FluPHENAZine Tablet											
FluPHENAZine 1 MG Tab (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	N/A	No	Yes
FluPHENAZine 1 MG Tab UD (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
FluPHENAZine 10 MG Tab (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	N/A	No	Yes
FluPHENAZine 10 MG Tab UD (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
FluPHENAZine 2.5 MG Tab (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	N/A	No	Yes
FluPHENAZine 2.5 MG Tab UD (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
FluPHENAZine 5 MG Tab (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	N/A	No	Yes
FluPHENAZine 5 MG Tab UD (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Flutamide Capsule											
Flutamide 125 MG Cap UD (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	Yes	Yes
Flutamide 125 MG Cap (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Folic Acid Injection											
Folic Acid Injection 5 MG/ML,10ML (Folic Acid Injection)	Sol	82200010002005	No	0	No	No	Yes	No	N/A	No	Yes
Folic Acid Tablet											
Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	No	Yes
Folic Acid 1 MG Tab UD (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	Yes	Yes
Folic Acid Oral Tablet 400 MCG	Tab	82200010000305	No	0	No	No	No	No	N/A	No	Yes
Folic Acid Tablet Complex											
Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	No	0	No	No	No	No	N/A	No	Yes
Fosamprenavir Calcium (FPV) 50 MG/ML Suspension											
Fosamprenavir Calcium (FPV) 50 MG/ML Suspension (Lexiva)	Susp	12104525101820	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Fosamprenavir Calcium (FPV) Tablet											
Fosamprenavir Calcium (FPV) 700 MG Tab (Lexiva)	Tab	12104525100330	No	0	No	No	No	No	N/A	No	Yes
Fosamprenavir Calcium (FPV) 700 MG Tab UD (Lexiva)	Tab	12104525100330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Fosaprepitant Dimeglumine IV Soln 115 MG											
Fosaprepitant Dimeglumine IV Soln 115 MG	Sol Recon	50280035102120	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**											
Foscarnet Sodium Inj											
Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)	Sol	12200020102020	No	0	No	No	Yes	No	N/A	No	Yes
Foscarnet Sodium Inj 24 MG/ML, 500 MG (Foscavir)	Sol	12200020102020	No	0	No	No	Yes	No	N/A	No	Yes
Furosemide Injection											
Furosemide Injection 10 MG/ML, 2 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes
Furosemide Injection 10 MG/ML, 4 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes
Furosemide Injection 10 MG/ML,10 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes
Furosemide Oral Soln 10 MG/ML											
Furosemide Oral Soln 10 MG/ML (Furosemide Oral Soln)	Sol	37200030002050	No	0	No	No	No	No	N/A	No	Yes
Furosemide Tablet											
Furosemide 20 MG Tab (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	No	Yes
Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	Yes	Yes
Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes
Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes
Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	No	Yes
Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Gabapentin Soln 250 MG/5ML											
Gabapentin SOL 250MG/5ML, 470ML (Neurontin)	Sol	72600030002020	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria: **2. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid , carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.**										
Formulary Restrictions: *****For neuropathic pain only** ***Not approved for seizures or bipolar disorder*****										
MLP Requires Cosign										
Gabapentin Tablet/Capsule										
Gabapentin 100 MG CAP (Neurontin)	Cap	72600030000110	No	0	Yes	No	Yes	Yes	N/A	No	Yes
Gabapentin 100 MG CAP UD (Neurontin)	Cap	72600030000110	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Gabapentin 300 MG CAP (Neurontin)	Cap	72600030000130	No	0	Yes	No	Yes	Yes	N/A	No	Yes
Gabapentin 300 MG CAP UD (Neurontin)	Cap	72600030000130	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Gabapentin 400 MG CAP (Neurontin)	Cap	72600030000140	No	0	Yes	No	Yes	Yes	N/A	No	Yes
Gabapentin 400 MG CAP UD (Neurontin)	Cap	72600030000140	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Gabapentin 600 MG Tab (Neurontin)	Tab	72600030000330	No	0	Yes	No	Yes	Yes	N/A	No	Yes
Gabapentin 800 MG TAB (Neurontin)	Tab	72600030000340	No	0	Yes	No	Yes	Yes	N/A	No	Yes
Gabapentin 600 MG Tab UD (Neurontin)	Tab	72600030000330	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Gabapentin 800 MG TAB UD (Neurontin)	Tab	72600030000340	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes
Non-Formulary Use Criteria: **2. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid , carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.**										
Formulary Restrictions: *****For neuropathic pain only** **Not approved for seizures or bipolar disorder*****										
MLP Requires Cosign										
Gadopentetate Dimeglumine 496.01 MG/ML soln										
Gadopentetate Dimeglumine 496MG/ML,20M INJ (Magnevist)	Sol	94500030102047	No	0	No	No	Yes	No	N/A	No	Yes
Ganciclovir (Ophth) Implant 4.5 MG											
Ganciclovir (Ophth) Implant Implant 4.5 MG (Vitrasert)	Implant	86103007002320	No	0	No	No	No	No	N/A	No	Yes
Ganciclovir Capsule											
Ganciclovir 500 MG Cap (Cytovene)	Cap	12200030000140	No	0	No	No	No	No	N/A	No	Yes
Ganciclovir IV Solution											
Ganciclovir 500 MG INJ (Cytovene IV)	Sol Recon	12200030102110	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Gastrografin Oral Solution 66-10 % 120 ml											
Gastrografin Oral Solution 66-10 % 120 ml (Gastrografin)	Sol	94402015302050	No	0	No	Yes	Yes	No	N/A	No	Yes
Gemcitabine Inj											
Gemcitabine 1 Gram Inj (Gemzar Inj) **Medical Referral Center (MRC) Use Only**	Sol Recon	21300034102140	No	0	No	No	Yes	No	N/A	No	Yes
Gemfibrozil Tablet											
Gemfibrozil 600 MG TAB (Lopid)	Tab	39200030000310	No	0	No	No	No	No	N/A	No	Yes
Gemfibrozil 600 MG TAB UD (Lopid)	Tab	39200030000310	No	0	No	No	No	No	N/A	Yes	Yes
Gentamicin Ophth oint											
Gentamicin Ophthlamic (3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)	Oint	86101030004205	No	0	No	Yes	No	No	N/A	No	Yes
Gentamicin Ophth Soln 0.3%											
Gentamicin Ophth 3 MG/ML(5ML) SOLN (Gentamicin Ophth Soln)	Sol	86101030002005	No	0	No	Yes	No	No	N/A	No	Yes
Gentamicin Premix Inj											
Gentamicin Inj Premix 80MG/100ML INJ	Sol	07000020112008	No	0	No	Yes	Yes	No	N/A	No	Yes
Gentamicin Inj Premix 100MG/100ML IV soln	Sol	07000020112015	No	0	No	Yes	Yes	No	N/A	No	Yes
Gentamicin Inj Premix 120MG/100ml IV Soln (Gent/saline)	Sol	07000020112025	No	0	No	No	Yes	No	N/A	No	Yes
Gentamicin Sulfate Injection											
Gentamicin Sulfate 40 MG/ML,2ML INJ (Garamycin Injection)	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes
Gentamicin Sulfate 40 MG/ML, 20 ML Inj	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes
Gentamicin Sulfate Injection Soln 10 MG/ML (2ML)	Sol	07000020102035	No	0	No	No	Yes	No	N/A	No	Yes
glipiZIDE Tablet											
glipiZIDE 10 MG TAB (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	No	Yes
glipiZIDE 5 MG TAB (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	No	Yes
glipiZIDE 5 MG TAB UD (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	Yes	Yes
glipiZIDE 10 MG TAB UD (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	Yes	Yes
GlucaGen Injection Solution Reconstituted 1 MG											
GlucaGen Injection Solution Reconstituted 1 MG	Sol Recon	27300010152110	No	0	No	No	Yes	No	N/A	No	Yes
Glucagon Hydrochloride Inj											
Glucagon HCl 1 MG Inj Kit (Glucagon Emergency Kit)	Kit	27300010106410	No	0	No	Yes	Yes	No	N/A	No	Yes
Glucose Gel 40%											
Glucose Gel 40% GM - Glutose 15 (Glutose 15)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes
Glucose Gel 40% GM - Insta-Glucose 31 (Insta-Glucose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes
Glucose Gel 40 % GM Glutose 45 (Glutose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Glucose Oral Tablet											
Glucose 4 GM Tab (Glucose Tablets)	Tab Chew	27300030000515	No	0	No	Yes	No	No	N/A	No	Yes
glyBURIDE Tablet											
glyBURIDE 1.25 MG TAB (Glyburide)	Tab	27200040000305	No	0	No	No	No	No	N/A	No	Yes
glyBURIDE 2.5 MG Tab (Micronase)	Tab	27200040000310	No	0	No	No	No	No	N/A	No	Yes
glyBURIDE 5 MG Tab (Micronase)	Tab	27200040000315	No	0	No	No	No	No	N/A	No	Yes
glyBURIDE 2.5 MG TAB UD (Micronase)	Tab	27200040000310	No	0	No	No	No	No	N/A	Yes	Yes
glyBURIDE 5 MG Tab UD (Micronase)	Tab	27200040000315	No	0	No	No	No	No	N/A	Yes	Yes
Glycerin Adult Suppository											
Glycerin (Adult) Rectal Suppository 2.1 GM	Supp	46600010005250	No	0	No	Yes	No	No	N/A	No	Yes
Glycerin (Adult) Rectal Suppository 2 GM	Supp	46600010005215	No	0	No	No	No	No	N/A	No	Yes
Glycopyrrolate Tablet											
Glycopyrrolate 1 MG Tab (Robinul)	Tab	49102030000310	No	0	No	No	No	No	N/A	No	Yes
Glycopyrrolate 2MG Tab (Robinul)	Tab	49102030000315	No	0	No	No	No	No	N/A	No	Yes
Glycopyrrolate 1 MG Tab UD	Tab	49102030000310	No	0	No	No	No	No	N/A	Yes	Yes
Glycopyrrolate inj											
Glycopyrrolate 0.2MG/ML, 1ML Inj (Robinul)	Sol	49102030002010	No	0	No	No	Yes	No	N/A	No	Yes
Glycopyrrolate Injection Solution 0.4 MG/2ML (Robinul)	Sol	49102030002012	No	0	No	No	Yes	No	N/A	No	Yes
Glycopyrrolate Injection Solution 1 MG/5ML (robinul)	Sol	49102030002013	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
for IV or IM injection without dilution!											
Glycopyrrolate Oral Solution 1 MG/5ML											
Glycopyrrolate Oral Solution 1 MG/5ML	Sol	49102030002060	No	0	No	Yes	No	No	N/A	No	Yes
Gold Sodium Thiomalate											
Gold Sodium Thiomalate 50 MG/ML,1 ML Inj (Aurolate Inj)	Sol	66200030002015	No	0	No	No	Yes	No	N/A	No	Yes
Granisetron HCl Oral Solution 2 MG/10ML											
Granisetron HCl Oral Solution 2 MG/10ML (Kytril)	Sol	50250035102060	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
Medical Referral Center (MRC) Use Only											
Granisetron Injection											
Granisetron HCl 1 MG/ML, 1 ML Inj (Kytril Injection)	Sol	50250035102010	No	0	No	No	Yes	No	N/A	No	Yes
Granisetron HCl Intravenous Solution 4 MG/4ML (Kytril)	Sol	50250035102015	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
Medical Referral Center (MRC) Use Only											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Granisetron Tablet											
Granisetron HCl 1 MG TAB (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	No	Yes
Granisetron HCl 1 MG TAB UD (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
Medical Referral Center (MRC) Use Only											
Haloperidol Decanoate Injection											
Haloperidol Decanoate 100 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol Decanoate 50 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302010	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Haloperidol Lactate Injection											
Haloperidol Lactate INJ 5MG/ML, 1ML (Haldol Injection)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol Lactate INJ 5MG/ML, 10ML (Haldol 5MG/ML INJ)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol Lactate INJ 5MG/ML (Haldol)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Haloperidol Lactate Oral Concentrate											
Haloperidol Lactate Oral Conc 2 MG/ML, 120ML (Haldol)	Concentrate	59100010201305	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Haloperidol Lactate Oral Conc 2 MG/ML, 5 ML Cup	Concentrate	59100010201305	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Haloperidol Tablet											
Haloperidol 0.5 MG TAB (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 0.5 MG Tab UD (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Haloperidol 1 MG Tab (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 1 MG Tab UD (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Haloperidol 10 MG Tab (Haldol)	Tab	59100010100325	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 2 MG Tab (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 2 MG Tab UD (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Haloperidol 20 MG Tab (Haldol)	Tab	59100010100330	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 5 MG Tab (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	No	Yes
Haloperidol 5 MG Tab UD (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**											
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**											
MLP Requires Cosign											
Hemorrhoidal Ointment 0.25-3-14-71.9 %											
Hemorrhoidal 30 GM Ointment (Prompt Rectal Ointment)	Oint	89994004604220	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Hemorrhoidal Rectal Ointment 79.3-3 %											
Hemorrhoidal Rectal Ointment 57GM	Oint	89400000004200	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Hemorrhoidal Suppository 0.25%											
Hemorrhoidal Suppository (Anu-Med Rectal Suppository)	Supp	89994002455210	No	0	No	Yes	No	No	N/A	Yes	Yes
Heparin Sodium Inj											
Heparin Sodium 1,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 1,000 Units/ML, 30 ML Inj (Heparin Sodium)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 10,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 10,000 Units/ML, 4 ML Inj (Heparin)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 5,000 Units/ML, 10 ML Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 5,000 Units/ML, Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 5,000 Units/ML, 1 ML Inj (Heparin)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium 10,000 Units/ML , 0.5 ML Inj	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium (Porcine) PF Inj 5000 UNIT/0.5ML	Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium Lock Flush											
Heparin Lock Flush 10 UNIT/ML 5 ML Inj Syringe (Monject Prefill Advanced Hep Lock)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium Lock Flush 100 UNIT/ML (30 ML) (Hep LOCK)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium Lock Flush 100 UNIT/ML (1 ML) (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Sodium Lock Flush 100 UNIT/ML (10 ML) (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML(5 ML in 12 MLSyr)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML (5 ML Syringe) (Hep Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 10 UNIT/ML 10 ml inj (Hep Flush-)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML (5 ml in10ml Syr)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML (3 ML syringe)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100Unit/ML 5 ML Vial	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML (2ML in 3ml sy)PF	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes
Heparin Lock Flush 100 UNIT/ML (10 ml in 12ml) (Monoject Prefill Adv)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Hepatitis A (Vaqta) Vaccine											
Hepatitis A (Vaqta) IM Suspension 50 UNIT/ML (Vaqta)	Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis A Virus Vaccine											
Hepatitis A Virus Vaccine 1440ELU/1ML INJ (Havrix)	Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Immune Globulin											
Hepatitis B Immune Globulin 50MG/ML Inj(HepaGam) (HepaGam B Inejction solution)	Sol	19100010002050	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Immune Globulin 1560/5ML Inj(Nabi-HB (Nabi HB)	Sol	19100010002000	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Vaccine-Recomb											
Hepatitis B Vaccine-Recomb 20 MCG/ML,1 ML Inj (Engerix-B)	Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Vaccine-Recomb 10 MCG/ 0.5 ML Inj (Engerix-B)	Injectable	17100010202210	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Vaccine-Recomb 40 MCG/ML, 1 ML Inj (Recombivax HB)	Susp	17100010201840	No	0	No	No	Yes	No	N/A	No	Yes
Engerix-B Injection Suspension 10 MCG/0.5ML (Engerix-B)	Susp	17100010201827	No	0	No	No	Yes	No	N/A	No	Yes
Hepatitis B Vaccine -Recomb 5 MCG/0.5ML (Recombivax HB)	Susp	17100010201815	No	0	No	No	Yes	No	N/A	No	Yes
Hetastarch											
Hetastarch 6%, 500 ML Inj (Hespan)	Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	Yes
Homatropine Ophth Soln 2%											
Homatropine Ophth 2%, 5 ML SOL (Isopto Homatropine)	Sol	86350030102005	No	0	No	Yes	No	No	N/A	No	Yes
Homatropine Ophth Soln 5%											
Homatropine Ophth 5%, 15 ML Sol (Isopto Homatropine 5% Ophth Soln)	Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	Yes
Homatropine Ophth 5%, 5 ML Sol (Isopto)	Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	Yes
Hyaluronidase 150 UNIT/ML inj											
Hyaluronidase 150 UNIT/ML inj (Hydase Injection)	Sol	99350040302010	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: *****MRC USE ONLY** ***Oncology Use Only***** **Medical Referral Center (MRC) Use Only**											
hydrALAZINE Tablet											
hydrALAZINE 10 MG Tab (Apresoline)	Tab	36400010100305	No	0	No	No	No	No	N/A	No	Yes
hydrALAZINE 100 MG TAB (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	N/A	No	Yes
hydrALAZINE 25 MG Tab UD (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	Yes	Yes
hydrALAZINE 25 MG Tab (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	No	Yes
hydrALAZINE 50 MG Tab (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	No	Yes
hydrALAZINE 50 MG Tab UD (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	Yes	Yes
hydrALAZINE 10 MG Tab UD (Apresoline)	Tab	36400010100305	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Hydrochlorothiazide Tablet/Capsule											
Hydrochlorothiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	No	Yes
Hydrochlorothiazide 25 MG Tab (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	No	Yes
Hydrochlorothiazide 25 MG Tab UD (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	Yes	Yes
Hydrochlorothiazide 50 MG Tab (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	No	Yes
Hydrochlorothiazide 50 MG Tab UD (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	Yes	Yes
Hydrochlorothiazide 12.5 MG Cap UD (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	Yes	Yes
Hydrochlorothiazide 12.5 MG Tab	Tab	37600040000303	No	0	No	No	No	No	N/A	No	Yes
Hydrocortisone Cream 1%											
Hydrocortisone Cream 1%, 30 GM (Cortaid)	Cm	90550075003720	No	0	No	Yes	No	No	N/A	No	Yes
Hydrocortisone Cream 1%, 0.9 GM	Cm	90550075003720	No	0	No	No	No	No	N/A	Yes	Yes
Hydrocortisone Cream 1%, (454 GM)	Cm	90550075003720	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Hydrocortisone Acetate Foam 10%											
Hydrocortisone Acetate Foam 10%, 15 GM (Cortifoam)	Foam	89150010103905	No	0	No	No	No	No	N/A	No	Yes
Hydrocortisone Acetate Suppositories 25 MG											
Hydrocortisone Acetate SUPP 25 MG (Hemril-HC Suppository)	Supp	89100010105230	No	0	No	Yes	No	No	N/A	No	Yes
Hydrocortisone Enema 100 MG/60 ML											
Hydrocortisone Enema 100 MG/60 ML (Colocort Rectal Enema)	Enema	89150010005110	No	0	No	Yes	No	No	N/A	No	Yes
Hydrocortisone Ointment 1%											
Hydrocortisone Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Hydrocortisone Rectal Cream 2.5%											
Hydrocortisone Rectal Cream 2.5 %, 28.4GM (Proctosol-HC Rectal Cream W/Applicator)	Cm	89100010003720	No	0	No	Yes	No	No	N/A	No	Yes
Hydrocortisone Rectal Cream 2.5 % 20gm	Cm	89100010003720	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****restricted to Hemorrhoid treatment****											
Hydrocortisone Sod Succinate Inj											
Hydrocortisone Sod Succinate 100 MG INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	N/A	No	Yes
Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	N/A	No	Yes
Hydrocortisone Sod Succinate 125 MG/ML,2ML INJ (Solu-Cortef)	Sol Recon	22100025402155	No	0	No	Yes	Yes	No	N/A	No	Yes
Hydrocortisone Sod Succinate 125 MG/ML,4ML INJ (Solu-Cortef)	Sol Recon	22100025402161	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Hydrocortisone Tablet											
Hydrocortisone 10 MG Tab (Cortef)	Tab	22100025000305	No	0	No	No	No	No	N/A	No	Yes
Hydrocortisone 5 MG Tab (Cortef)	Tab	22100025000303	No	0	No	No	No	No	N/A	No	Yes
Hydrocortisone 20 MG Tab (Cortef)	Tab	22100025000310	No	0	No	No	No	No	N/A	No	Yes
Hydrocortisone 20 MG Tab UD (Cortef)	Tab	22100025000310	No	0	No	No	No	No	N/A	Yes	Yes
Hydrocortisone 10 MG Tab UD (Cortef)	Tab	22100025000305	No	0	No	No	No	No	N/A	Yes	Yes
Hydrogen Peroxide 3%											
Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes
Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes
Hydroxychloroquine Tablet											
Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)	Tab	13000020100305	No	0	No	No	No	No	N/A	No	Yes
Hydroxychloroquine 200 MG TAB UD (Plaquenil)	Tab	13000020100305	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE)****											
HydroxyUREA Capsule											
HydroxyUREA 500 MG Cap (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	No	Yes
HydroxyUREA 500 MG Cap UD (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
hydrOXYzine HCL Inj											
hydrOXYzine HCL 25 MG/ML, 1 ML Inj (Atarax)	Sol	57200040102005	No	0	No	No	Yes	No	N/A	No	Yes
hydrOXYzine HCL 50 MG/ML, 2 ML Inj (Vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes
hydrOXYzine HCL 50 MG/ML, 1 ML Inj (vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
hydrOXYzine Tablets											
hydrOXYzine HCL 10 MG Tab (Atarax)	Tab	57200040100305	No	0	No	No	Yes	Yes	N/A	No	Yes
hydrOXYzine HCL 25 MG Tab UD (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	N/A	Yes	Yes
hydrOXYzine HCL 25 MG Tab (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	N/A	No	Yes
hydrOXYzine HCL 50 MG Tab (Atarax)	Tab	57200040100315	No	0	No	No	Yes	Yes	N/A	No	Yes
hydrOXYzine HCL 50 MG Tab UD (Atarax)	Tab	57200040100315	No	0	No	No	Yes	Yes	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
Non-Formulary Use Criteria:											
1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl.											
2. Excessive salivation with clozapine											
3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)											
4. Chronic pruritus-associated dialysis											
5. Non-formulary use approved via PILL LINE ONLY											
6. URTICARIA: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.											
7. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
8. URTICARIA: Documented failure (ensuring compliance) of steroid pulse therapy (i.e prednisone 30 mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder)**											
Medical Referral Center (MRC) Use Only											
Ibuprofen Suspension 100 MG/5ML											
Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)	Susp	66100020001820	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Ibuprofen Tablet											
Ibuprofen 200 MG Tab (OTC) (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	No	Yes
Ibuprofen 200 MG Tab UD (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	Yes	Yes
Ibuprofen 400 MG Tab UD (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	Yes	Yes
Ibuprofen 400 MG Tab (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	No	Yes
Ibuprofen 600 MG Tab UD (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	Yes	Yes
Ibuprofen 600 MG Tab (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	No	Yes
Ibuprofen 800 MG Tab UD (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	Yes	Yes
Ibuprofen 800 MG Tab (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Ifosfamide Inj											
Ifosfamide 50 MG/ML (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes
Ifosfamide 1 GM Inj (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****											
Imatinib Mesylate Tablet											
Imatinib Mesylate 400 MG Tab (Gleevec)	Tab	21534035100340	No	0	No	No	No	No	N/A	No	Yes
Imatinib Mesylate 100 MG Tab (Gleevec)	Tab	21534035100320	No	0	No	No	No	No	N/A	No	Yes
Imatinib Mesylate 100 MG Tab UD (Gleevec)	Tab	21534035100320	No	0	No	No	No	No	N/A	Yes	Yes
Imatinib Mesylate 400 MG Tab UD (Gleevec)	Tab	21534035100340	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Imipramine Tablet											
Imipramine 10 MG Tab (Tofranil)	Tab	58200050100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Imipramine 25 MG Tab (Tofranil)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Imipramine 25 MG Tab UD (Tofranil 25 MG)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Imipramine 50 MG Tab (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Imipramine 50 MG Tab UD (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT**** **MLP Requires Cosign**											
Immune Globulin (Human) IM											
Immune Globulin (Human) Intramuscular Injectable (GamaSTAN S/D)	Injectable	19100020002200	No	0	No	No	Yes	No	N/A	No	Yes
Immune Globulin (Human) IM RhoGam											
Immune Globulin , RhoGAM (Human) IM Inj 300 MCG (RhoGAM (Human) Intramuscular Injectable 300 MCG)	Injectable	19100050002220	No	0	No	No	Yes	No	N/A	No	Yes
Immune Globulin Intraveneous (Gammagard S/D)											
Immune globulin Gammagard S/D IV Soln 10 GM (Gammagard)	Sol Recon	19100020102130	No	0	No	No	Yes	No	N/A	No	Yes
Immune Globulin, Human											
Immune Globulin (Gamunex) IV Soln 10 GM/100ML10% (Gamunex Intravenous Solution 10 GM/100ML)	Sol	19100020102072	No	0	No	No	Yes	No	N/A	No	Yes
Immune Globulin (Gamunex) IV Soln 20 GM/200ML10% (Gamunex)	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes
Immune Globulin (Gamunex) IV Soln 5 GM/50ML (Gamunex)	Sol	19100020102068	No	0	No	No	Yes	No	N/A	No	Yes
Indinavir Sulfate (IDV) Capsules											
Indinavir Sulfate (IDV) 200 MG Cap (Crixivan)	Cap	12104530200120	No	0	No	No	No	No	N/A	No	Yes
Indinavir Sulfate (IDV) 400 MG Cap (Crixivan)	Cap	12104530200140	No	0	No	No	No	No	N/A	No	Yes
Indinavir Sulfate (IDV) 400 MG Cap UD (Crixivan)	Cap	12104530200140	No	0	No	No	No	No	N/A	Yes	Yes
Indinavir Sulfate (IDV) 200 MG Cap UD (Crixivan)	Cap	12104530200120	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION*****											
Indomethacin Capsule											
Indomethacin 25 MG Cap (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	No	Yes
Indomethacin 25 MG Cap UD (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	Yes	Yes
Indomethacin 50 MG Cap (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	No	Yes
Indomethacin 50 MG Cap UD (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	Yes	Yes
Indomethacin Suspension 25 MG/5ML											
Indomethacin 25 MG/5ML suspension (Indocin)	Susp	66100030001805	No	0	No	Yes	No	No	N/A	No	Yes
Influenza A (H1N1) Monoval Vac IM Susp											
Influenza A (H1N1) Monoval Vac IM Suspension	Susp	17100020601800	No	0	No	No	Yes	No	N/A	No	Yes
Influenza A (H1N1) Monoval Vac Nasal Liquid											
Influenza A (H1N1) Monoval Vac Nasal Liquid	Liq	17100020640900	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Influenza Virus vaccine (Afluria) IM Suspension											
Influenza Virus (Afluria) IM Suspension (afluria)	Susp	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes
Influenza Virus Vaccine (Fluarix)											
Influenza Virus Vaccine Split IM Inj (Fluarix)	Injectable	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes
Influenza Virus Vaccine (Flucelvax) IM Injection											
Influenza Virus Vaccine (Flucelvax) IM Injection (Flucelvax)	Susp	17100020801800	No	0	No	No	Yes	No	N/A	No	Yes
Influenza Virus Vaccine (Flulaval) IM Injectable											
Influenza Virus Vaccine (Flulaval) IM Injectable (Fluvaval)	Injectable	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes
Influenza Virus Vaccine (Fluzone)											
Influenza Virus Vaccine (Fluzone) IM Injec (Fluzone IM)	Injectable	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes
Inhaler Assist Device											
Inhaler Assist Device (Easivent Valved Holding Chamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
Inspirease Bags											
Inspirease Bags EA (Inspirease Bags)	Miscellaneous	97100550106300	No	0	No	Yes	No	No	N/A	No	Yes
Inspirease System											
Inspirease System (Inspirease System)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
Insulin NPH -Human											
Insulin NPH (10 ML) 100 UNITS/ML INJ (NovoLIN N Insulin)	Susp	27104020001805	No	0	No	No	Yes	No	N/A	No	Yes
Insulin (HumuLIN) N Subcut Susp 100 UNIT/ML (HumuLIN N)	Susp	27104020001805	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: ****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****											
Insulin REG - Human											
Insulin Reg (10 ML) 100 UNITS/ML Inj (NovoLIN R Insulin)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes
Insulin (HumuLIN) R Inj Solution 100 UNIT/ML (HumuLIN R)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes
Insulin(HumuLIN R U-500 Conc) Soln 500 UNIT/ML (HumuLIN R Concentrate)	Sol	27104010002015	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: ****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****											
Insulin Regular Pump Infusion Soln											
Insulin Regular Pump Infusion Soln (HumuLIN pump infusion soln)	Sol	27104010002005	No	0	No	No	No	No	N/A	No	Yes
Iodine Solution 5%											
Iodine 5%/Potassium Iodide 10% in water, 15 ML (Lugol's)	Sol	79350032002020	No	0	No	Yes	No	No	N/A	No	Yes
Iodine Strong Oral Solution 5 % 473ml	Sol	79350032002020	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Iohexol Intravenous Solution											
Iohexol 2.4G/10ML Inj (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Iohexol 300 MG/ML ML (Omnipqaue)	Sol	94402042002030	No	0	No	Yes	Yes	No	N/A	No	Yes
Iothalamate Meglumine											
Iothalamate Meglumine 60%, 50 ML Inj (Conray 60%)	Sol	94402050102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Ioversol Intravenous Soln 51 % (240)											
Ioversol Intravenous Soln 51% (100ml) Optiray (Optiray)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes
Ioversol Intravenous Soln 64%											
Ioversol Intravenous Soln 64% (100 ml) Optiray (Optiray 300)	Sol	94402055002064	No	0	No	No	Yes	No	N/A	No	Yes
Ioversol Intravenous Soln 68%											
Ioversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes
Ioversol Intravenous Soln 68% (150 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes
Ioversol Intravenous Soln 74%											
Ioversol Intravenous Soln 74 % optiray 350 (Optiray 350)	Sol	94402055002074	No	0	No	No	Yes	No	N/A	No	Yes
Ipratropium Inhalation Solution 0.02%											
Ipratropium Inhalation Sol 0.02%, 2.5ML UD (Atrovent Inhalation Solution)	Sol	44100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes
Ipratropium Inhaler HFA											
Ipratropium HFA 12.9 GM MDI (Atrovent HFA)	Aero Sol	44100030123420	No	0	No	Yes	No	No	N/A	No	Yes
Ipratropium Nasal Spray											
Ipratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	Yes
Ipratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Sol	42300040102020	No	0	No	Yes	No	No	N/A	No	Yes
Ipratropium/Albuterol Neb Sol 2.5-0.5MG/3ML											
Ipratropium/Albuterol Neb Sol 0.5/3(2.5equiv)MG (Duoneb)	Sol	44209902012015	No	0	No	Yes	No	No	N/A	Yes	Yes
Irinotecan HCL INj											
Irinotecan HCl Intravenous Solution 100 MG/5ML (Captosar) **Medical Referral Center (MRC) Use Only**	Sol	21550040102030	No	0	No	No	Yes	No	N/A	No	Yes
Iron Dextran Inj											
Iron Dextran Inj 100MG/2ML (Infed)	Sol	82300040002010	No	0	No	No	Yes	No	N/A	No	Yes
Irrigating Solution Ophth (EYE STREAM)											
Irrigating Solution, Ophth 30 ML (Eye Stream Irrigation)	Sol	86803020002000	No	0	No	Yes	No	No	N/A	No	Yes
Irrigating Solution Ophth 2											
Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes
Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Isoflurane Inhalation Solution											
Isoflurane (100ML) ML (Forane)	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes
Isoflurane (250ML) ML	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Isoniazid Syrup 50 mg/5ml											
Isoniazid (473 ML) 10 MG/ML (Isoniazid)	Syrup	09000060001210	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
****May be written for 270 day order for TB preventive therapy****											
Isoniazid Tablet											
Isoniazid 100 MG Tab (INH)	Tab	09000060000305	No	0	No	No	Yes	No	N/A	No	Yes
Isoniazid 300 MG Tab (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	No	Yes
Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	Yes	Yes
Advisories:											
****May be written for 270 day order for TB preventive therapy****											
Isoproterenol HCL Inj											
Isoproternol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	No	0	No	No	Yes	No	N/A	No	Yes
Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Isosorbide Dinitrate ER Tablet											
Isosorbide Dinitrate ER 40 MG Tab (Isordil-ER)	Tab ER	32100020000405	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate Sublingual Tablet											
Isosorbide Dinitrate Sublingual Tab 2.5 MG (Isordil)	Tab Sublingual	32100020000705	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate Sublingual Tab 5 MG	Tab Sublingual	32100020000710	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate Tablet											
Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)	Tab	32100020000325	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate 10 MG Tab UD (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Dinitrate 20 MG Tab UD (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	32100020000320	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Dinitrate 5 MG Tab UD (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate ER 24 hour Tablet											
Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate ER 30 Mg 24 hour Tab (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate ER 60 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Mononitrate ER 120 MG 24 Hour Tab UD (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Isosorbide Mononitrate Tablet											
Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	No	Yes
Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	Yes	Yes
Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	Yes	Yes
Itraconazole Capsule											
Itraconazole 100 MG CAP UD (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	Yes	Yes
Itraconazole 100 MG CAP (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.											
2. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.											
Formulary Restrictions:											
****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****											
Itraconazole Oral Solution 10 MG/ML											
Itraconazole Oral SOL 10MG/ML Oral Sol, 150ML (Sporanox)	Sol	11407035002020	No	0	No	No	No	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.											
2. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.											
Formulary Restrictions:											
****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****											
Ivermectin Tablet											
Ivermectin 3 MG Tab (Stromectol)	Tab	15000007000310	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
Is this for use At Ashland , Ky ?											
Ketamine Hydrochloride Inj											
Ketamine Hydrochloride Inj 50 MG/ML,10ML (Katalar)	Sol	70400020102010	No	3	Yes	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Ketoconazole shampoo 2%											
Ketoconazole shampoo 2% 120 ML (Nizoral shampoo)	Shampoo	90154045004510	No	0	No	Yes	No	No	N/A	No	Yes
Ketorolac Injection 30 MG/ML											
Ketorolac Tromethamine Inj soln 30 MG/ML,1 ML (Toradol 30 MG Inj)	Sol	66100037102030	No	0	Yes	No	Yes	No	N/A	No	Yes
Ketorolac Tromethamine Injection Soln 60 MG/2ML (Toradol)	Sol	66100037102034	No	0	Yes	No	Yes	No	N/A	No	Yes
Ketorolac Tromethamine IM Soln 60 MG/2ML (Toradol)	Sol	66100037102071	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
"Limited to 5 consecutive day of therapy"											
Formulary Restrictions:											
****LIMITED to 10 DAYS ONLY per year****											
MLP Requires Cosign											
Ketorolac Tromethamine Inj 15 MG/ML											
Ketorolac Tromethamine Inj 15 MG/ML (Toradol)	Sol	66100037102015	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
Limited to 5 consecutive days of therapy											
Formulary Restrictions:											
****LIMITED to 10 DAYS ONLY per year****											
MLP Requires Cosign											
Labetalol HCL Inj											
Labetalol HCL 5 MG/ML, 20 ML Inj (Normodyne Inj)	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	Yes
Labetalol HCL Tablet											
Labetalol HCL 100 MG Tab UD (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	Yes	Yes
Labetalol HCL 100 MG Tab (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	No	Yes
Labetalol HCL 200 MG Tab (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	No	Yes
Labetalol HCL 200 MG Tab UD (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	Yes	Yes
Labetalol HCL 300 MG Tab (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	No	Yes
Labetalol HCL 300 MG Tab UD (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	Yes	Yes
Lactated Ringer's and 5% Dextr											
Lactated Ringer's and 5% Dextr 1000 ML (Lactated Ringer's and 5% Dextrose)	Sol	79993002302020	No	0	No	Yes	Yes	No	N/A	No	Yes
Lactated Ringer's Injection											
Lactated Ringer's Injection 1000 ML Inj (Lactated Ringers Inj)	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes
Lactulose Soln 10 GM/15 ML											
Lactulose (473 ML) 10 GM/15 ML Soln (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes
Lactulose 10 GM/15 ML UD (Lactulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	Yes	Yes
Lactulose Soln 10 GM/15 ML (Enulose)											
Lactulose 20 GM/30 ML UD (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	Yes	Yes
Lactulose (946 ML) 10 GM/15 ML Soln (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
Lactulose (236 ML) 10 GM/15 ML Soln	Sol	46600020002010	No	0	No	No	No	No	N/A	No	Yes
Lactulose Soln (473 ML) 10 GM/15 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
Lactulose Soln (1892 ML) 10 GM/15ML (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
lamiVUDine (3TC) oral tab											
lamiVUDine (3TC) 150 MG Tab (Epivir (3TC))	Tab	12106060000320	No	0	No	No	No	No	N/A	No	Yes
lamiVUDine (3TC) 300 MG Tab (Epivir)	Tab	12106060000330	No	0	No	No	No	No	N/A	No	Yes
lamiVUDine (3TC) 150 MG Tab UD (Epivir)	Tab	12106060000320	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
lamiVUDine (3TC) Solution 10 MG/ML											
lamiVUDine (3TC) 10 MG/ML Soln, 240ML (Epivir Solution)	Sol	12106060002020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
lamiVUDine-Zidovudine 150-300 Mg Tablet											
lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)	Tab	12109902500320	No	0	No	No	No	No	N/A	No	Yes
lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)	Tab	12109902500320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Formulary Restrictions:											
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
lamoTRIgine Tablet											
lamoTRIgine 100 MG Tab (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	N/A	No	Yes
lamoTRIgine 150 MG TAB (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	N/A	No	Yes
lamoTRIgine 200 MG TAB (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	N/A	No	Yes
lamoTRIgine 25 MG TAB (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	N/A	No	Yes
lamoTRIgine 25 MG Tab UD (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	N/A	Yes	Yes
lamoTRIgine 150 MG Tab UD (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	N/A	Yes	Yes
lamoTRIgine 100 MG Tab UD (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	N/A	Yes	Yes
lamoTRIgine 200 MG Tab UD (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
Lanthanum Carbonate Tablet											
Lanthanum Carbonate 500 MG Tab (Fosrenol)	Tab Chew	52800045200540	No	0	No	No	No	No	N/A	No	Yes
Lanthanum Carbonate 750 MG Tab (Fosrenol)	Tab Chew	52800045200550	No	0	No	No	No	No	N/A	No	Yes
Lanthanum Carbonate 1000 MG Tab Chewable	Tab Chew	52800045200560	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Latanoprost Ophth Soln 0.005% 2.5 ML											
Latanoprost Ophth Soln 0.005% (2.5ml) (Xalatan 50 MCG / ML Ophth Soln)	Sol	86330050002020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
*****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****											
Formulary Restrictions:											
****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY*****											
Leucovorin Calcium Inj											
Leucovorin Calcium 100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	No	0	No	No	Yes	No	N/A	No	Yes
Leucovorin Calcium 50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	No	0	No	No	Yes	No	N/A	No	Yes
Leucovorin Calcium 350 MG Inj	Sol Recon	21755040102160	No	0	No	No	Yes	No	N/A	No	Yes
Leucovorin Calcium Tablet											
Leucovorin Calcium 10 MG Tab (Wellcovorin)	Tab	21755040100325	No	0	No	No	No	No	N/A	No	Yes
Leucovorin Calcium 25 MG Tab (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	No	Yes
Leucovorin Calcium 5 MG Tab (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	No	Yes
Leucovorin Calcium 25 MG Tab UD (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	Yes	Yes
Leucovorin Calcium 5 MG Tab UD (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	Yes	Yes
Leuprolide Acetate 3 month Intramuscularly											
Leuprolide Acetate 22.5 MG Depot Inj (Lupron Depot)	Kit	21405010156430	No	0	No	Yes	Yes	No	N/A	No	Yes
Leuprolide acetate 11.25 MG Depot Inj (Lupron Depot 3 month)	Kit	21405010156420	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
***Female use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate 4 month Intramuscularly											
Leuprolide acetate 30 MG Depot Inj (Lupron Depot 4 MONTH)	Kit	21405010206430	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
***Female use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate 45 MG Depot (4 Months) IM Kit											
Leuprolide Acetate 45 MG Depot IM Kit (Lupron Depot)	Kit	21405010256450	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***Female use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Leuprolide Acetate Intramuscularly (30 day)											
Leuprolide Acetate 3.75 MG Depot Inj (Lupron Depot)	Kit	21405010106405	No	0	No	Yes	Yes	No	N/A	No	Yes
Leuprolide Acetate 7.5 MG Depot Inj (Lupron Depot)	Kit	21405010106410	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
***Female use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate Subcutaneous (30 day)											
Leuprolide Acetate Subcutaneous Kit 7.5 MG (Eligard Subcutaneous Kit 7.5 MG)	Kit	21405010106415	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***Male use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate Subcutaneous 22.5mg 3 month											
Leuprolide Acetate Subcutaneous Kit 22.5 MG (Eligard Subcutaneous Kit 22.5 MG)	Kit	21405010156432	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***Male use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate Subcutaneous 30 mg 4 month											
Leuprolide Acetate Subcutaneous Kit 30 MG (Eligard)	Kit	21405010206435	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***Male use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
Leuprolide Acetate Subcutaneous 45 MG 6 month											
Leuprolide Acetate Subcutaneous Kit 45 MG (Eligard)	Kit	21405010256445	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***Male use only*											
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***											
Formulary Restrictions:											
****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
levETIRAcetam oral soln 100 MG/ML											
levETIRAcetam Oral Solution 100 MG/ML (Keppra solution)	Sol	72600043002020	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmlry
Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
levETIRAcetam Tablet											
levETIRAcetam 250 MG Tab (Keppra)	Tab	72600043000320	No	0	No	No	No	No	N/A	No	Yes
levETIRAcetam 500 MG Tab (Keppra)	Tab	72600043000330	No	0	No	No	No	No	N/A	No	Yes
levETIRAcetam 750 MG Tab (Keppra)	Tab	72600043000340	No	0	No	No	No	No	N/A	No	Yes
levETIRAcetam 500 MG Tab UD (Keppra)	Tab	72600043000330	No	0	No	No	No	No	N/A	Yes	Yes
levETIRAcetam 1000 MG Tab (Keppra)	Tab	72600043000350	No	0	No	No	No	No	N/A	No	Yes
levETIRAcetam 250 MG Tab UD (Keppra)	Tab	72600043000320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
Levofloxacin inj											
Levofloxacin 25 MG/ML, 20ML INJ (Levaquin)	Sol	05000034002020	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**											
Levofloxacin Tablet											
Levofloxacin 250 MG Tab UD (Levaquin)	Tab	05000034000320	No	0	Yes	No	No	No	N/A	Yes	Yes
Levofloxacin 250 MG Tab (Levaquin)	Tab	05000034000320	No	0	Yes	No	No	No	N/A	No	Yes
Levofloxacin 500 MG Tab UD (Levaquin)	Tab	05000034000330	No	0	Yes	No	No	No	N/A	Yes	Yes
Levofloxacin 500 MG Tab (Levaquin)	Tab	05000034000330	No	0	Yes	No	No	No	N/A	No	Yes
Levofloxacin 750 MG Tab (Levaquin)	Tab	05000034000340	No	0	Yes	No	No	No	N/A	No	Yes
Levofloxacin 750 MG Tab UD (Levaquin)	Tab	05000034000340	No	0	Yes	No	No	No	N/A	Yes	Yes
Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**											
Levofloxacin/Dextrose Premix											
Levofloxacin/Dextrose Premix 500 MG IV (Levaquin)	Sol	05000034112028	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Levofloxacin/Dextrose Premix 750 MG IV (Levaquin 750MG Premix)	Sol	05000034112032	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Levofloxacin in D5W Intravenous Soln 250 MG/50ML (Levaquin)	Sol	05000034112024	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**											
Levonorgestrel / Ethinyl Es 0.15-30 MG-MCG Tab											
Levonorgestrel / Ethinyl Est 0.15/0.03 MG Tab (Nordette)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Levonorgestrel Tablet											
Levonorgestrel 7/7/7 Tab (Tri-Levlen) (Tri-Levlen - 28)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	Yes
Levonorgestrel/Estradiol 91DAY Tab											
Levonorgestrel/Estradiol 91Day 0.15/0.03 (Seasonale)	Tab	25993002300320	No	0	No	No	No	No	N/A	No	Yes
LoSeasonique Oral Tablet 0.1-0.02 & 0.01 MG (Loseasonique)	Tab	25993002300315	No	0	No	No	No	No	N/A	No	Yes
Levonorgestrel/Ethinyl Est (Trivora) Tab											
Levonorgestrel/Ethinyl Est 6-5-10 Tab(Triphasil) (Triphasil 28)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	Yes
Levonorgestrel/ethinyl estr Tab											
Levonorgestrel/Ethinyl estr 0.15/0.03(Levlen)Tab (Levlen 28)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes
Levonorgestrel/Ethinyl 0.1-20 MG-MCG Tab(Sronyx) (Sronyx)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes
Levonorgestrel/Ethinyl Estrad Tablet											
Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab(Alesse) (Alesse-28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes
Levonorgestrel/Ethinyl est (Aviane) 0.1/0.02Tab (Levlite 28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes
Levonorgestrel/Ethinyl est0.1-20MG-MCG(Orsythia) (Orsythia Oral Tablet)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium inj											
LevoTHYROXINE Sodium 100MCG/ML INJ (Synthroid Injection)	Sol Recon	28100010102110	No	0	No	No	Yes	No	N/A	No	Yes
LevoTHYROXINE Sodium 40 MCG/Ml	Sol Recon	28100010102105	No	0	No	No	Yes	No	N/A	No	Yes
LevoTHYROXINE Sodium Tablet											
LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	No	Yes
LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 112 MCG Tab UD (Levoxyl)	Tab	28100010100322	No	0	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium 137 MCG Tab UD (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Lidocaine 1% Injection											
Lidocaine HCl 1% Inj 30 ML (Xylocaine)	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl 1% Inj 10 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl 1% Inj 10 MG/ML	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 1%, 50 ML Inj (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 1% Inj 20 ML (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl - Methylparaben Free Inj											
Lidocaine HCl-MPF 0.5 % Inj ML (Xylocaine MPF)	Sol	69100040102006	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl-MPF 1%, Inj 2 ML (Xylocaine-MPF)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl-MPF 1%, Inj 5 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl-MPF 2%, Inj 5 ML (Xylocaine-MPF)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl-MPF 4%, Inj 5 ML (Xylocaine-MPF 4%)	Sol	69100040102025	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 1% MPF 2 ML Inj (xylocaine MPF injection)	Sol	69100040102011	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl 1% MPF 5ml Inj (SDV) (Xylocaine MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 0.5% Injection											
Lidocaine HCl 0.5% Inj (Lidocaine)	Sol	69100040102005	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCL 2% Injection											
Lidocaine HCl 2% (20 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 2% (50 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 2%, 20 ML Inj (Xylocaine 2% Inj)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine HCl 2%, 50 ML Inj (Xylocaine)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 2% (2 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCL 2 % Soln 10 ml (Xylocaine 2%)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **"Clinic Use Only"**											
Lidocaine HCL 2% Injection (Cardiac)											
Lidocaine HCl 2% 5ML 20 MG/ML Inj (cardiac)	Sol	35200020102030	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl 20MG/ML,5ML PFS (Xylocaine Cardiac 100 MG PFS)	Sol	35200020102030	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **"ACLS Use Only"** **Medical Referral Center (MRC) Use Only**											
Lidocaine HCl 4% Soln (360 Kit)											
Lidocaine HCl 4% Soln (360 Kit) (LTA 360 Kit Mouht/Throat Solution)	Sol	88350065102045	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl External Cream 3 %											
Lidocaine HCl External Cream 3 % (28 GM)	Cm	90850060103730	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Lidocaine HCl Lotion 3%											
Lidocaine HCl External Lotion 3 % (177 ml) (Lidocaine 3% Lotion)	Lotion	90850060104140	No	0	No	Yes	No	No	N/A	No	Yes
Lidocaine HCL Solution 4%											
Lidocaine HCl Solution 4% 50 ML	Sol	90850060102015	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions: **"Clinic Use only"**											
Lidocaine HCl/Epinephrine 1% Inj											
Lidocaine HCl w Epinephrine 1%, 20 ML Inj	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl w Epinephrine 1%, 10 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl w Epinephrine 1%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl w Epinephrine 1% 30 ML INJ	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **"clinic Use only"**											
Lidocaine HCl/Epinephrine 2% Inj											
Lidocaine HCl w Epinephrine 2% MDV (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes
Lidocaine HCl w Epinephrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: **"Clinic Use Only"**											
Lidocaine Jelly 2%											
Lidocaine Jelly 2%, 30 GM Topical (Xylocaine Jelly Gel)	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	Yes
Lidocaine Jelly 2%, Uro-Jet											
Lidocaine Jelly 2%, 20 ML Uro-Jet	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine Jelly 2%, 10 ML Uro-jet (Uro-Jet)	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	Yes
Lidocaine Jelly 2 %, 5 ml Uro-jet	Gel	90850060104005	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: **For use in Urology Procedures**											
Lidocaine Ointment 5%											
Lidocaine HCl Ointment 5% (35.4 GM) (Xylocaine 5% Ointment)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes
Lidocaine HCl Ointment 5 % (50 GM)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes
Lidocaine viscous HCl Oral 2%											
Lidocaine Viscous HCl 2%, 100 ML O/S (Xylocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	No	Yes
Lidocaine Viscous HCl 2%, 15 ML UD Cup O/S (Lidocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	Yes	Yes
Liothyronine Sodium inj 10 mcg/ml											
Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)	Sol	28100020102020	No	0	No	No	Yes	No	N/A	No	Yes
Liothyronine Sodium Tablet											
Liothyronine Sodium 25 MCG Tab (Cytomel)	Tab	28100020100310	No	0	No	No	No	No	N/A	No	Yes
Liothyronine Sodium 5 MCG Tab (Cytomel)	Tab	28100020100305	No	0	No	No	No	No	N/A	No	Yes
Liothyronine Sodium 50 MCG Tab (Cytomel)	Tab	28100020100315	No	0	No	No	No	No	N/A	No	Yes
Liothyronine Sodium 25 MCG Tab UD (re-Pack)	Tab	28100020100310	No	0	No	No	No	No	N/A	Yes	Yes
Liothyronine Sodium 50 MCG Tab UD (Re-Pack)	Tab	28100020100315	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Liposyn II (250 ml and 500 ML)											
Liposyn II 500 ML 20% Inj (Liposyn) (Liposyn)	Emul	80200010001620	No	0	No	No	Yes	No	N/A	No	Yes
Liposyn II Intravenous Emulsion 20 % 250 ml (Lipsoyn)	Emul	80200010001620	No	0	No	No	Yes	No	N/A	No	Yes
Liposyn III											
Liposyn III IV Emulsion 10-2.5-1.2 %	Emul	80200010001610	No	0	No	No	No	No	N/A	No	Yes
Lisinopril Tablet											
Lisinopril 10 MG Tab UD (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	Yes	Yes
Lisinopril 20 MG Tab UD (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	Yes	Yes
Lisinopril 20 MG Tab (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 40 MG Tab (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 5 MG Tab UD (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	Yes	Yes
Lisinopril 5 MG Tab (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 10 MG Tab (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 40 MG Tab UD (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	Yes	Yes
Lisinopril 2.5 MG Tab UD (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	Yes	Yes
Lisinopril 2.5 MG Tab (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 30 MG Tab (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	No	Yes
Lisinopril 30 MG Tab UD (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	Yes	Yes
Lithium Carbonate Capsule											
Lithium Carbonate 150 MG Cap	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate 300 MG Cap (Eskalith)	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate 600 MG Cap (Lithium Carbonate)	Cap	59500010100110	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate 300 MG Cap UD	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Lithium Carbonate 150 MG Cap UD	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories: ***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."*** **MLP Requires Cosign**											
Lithium Carbonate ER Tablet											
Lithium Carbonate SR 300 MG Tab (Lithobid)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate ER 300 MG Tab (Eskalith CR)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate ER 450 MG Tab (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	No	Yes
Lithium Carbonate ER 300 MG Tab UD	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
MLP Requires Cosign											
Lithium Carbonate Tablet											
Lithium Carbonate 300 MG Tab UD (Lithium Carbonate)	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Lithium Carbonate 300 MG Tab	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
MLP Requires Cosign											
Lithium Citrate Oral Syrup 8 MEQ/5ML											
Lithium Citrate (60mg/ml)= 8MEQ/5ML, 473ML SOLN (Lithium Citrate)	Sol	59500010202010	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD (Lithium Citrate Syrup)	Sol	59500010202010	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
MLP Requires Cosign											
Lomustine Capsule											
Lomustine 10 MG Cap (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	No	Yes
Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	No	Yes
Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	No	Yes
Lomustine 10 MG Cap UD (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	Yes	Yes
Lomustine 40 MG Cap UD (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	Yes	Yes
Lomustine 100 MG Cap UD (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Lopamidol Soln Inj											
Lopamidol Soln 61% Inj (Isovue-300)	Sol	94402047002062	No	0	No	Yes	Yes	No	N/A	No	Yes
Loperamide Capsule											
Loperamide Capsule 2 MG (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	No	Yes
Loperamide Capsule 2 MG UD (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Lopinavir-Ritonavir 100-25 MG Tab											
Lopinavir-Ritonavir 100-25 MG Tab (Kaletra)	Tab	12109902550310	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****											
Lopinavir-Ritonavir 200-50 Mg Tablet											
Lopinavir-Ritonavir 200-50 MG Tab (Kaletra)	Tab	12109902550320	No	0	No	No	No	No	N/A	No	Yes
Lopinavir-Ritonavir 200-50 MG Tab UD (Kaletra)	Tab	12109902550320	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****											
Lopinavir/Ritonavir Solution 400-100 MG/5ML											
Lopinavir/Ritonavir Soln 80/20MG/ML, 160 ML (Kaletra Soln)	Sol	12109902552020	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****											
LORazepam Inj											
LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	Yes	Yes	No	N/A	Yes	Yes
LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002010	No	4	Yes	Yes	Yes	No	N/A	No	Yes
LORazepam 2 MG/ML Carpuject (1ml) (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes
LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
Non-Formulary Use Criteria:											
01. Control of severe agitation in psychiatric patients											
02. When lack of sleep causes an exacerbation of psychiatric illness.											
03. Part of a prolonged taper schedule											
04. Detoxification for substance abuse											
05. Failure of standard modalities for seizure disorders (4th line therapy)											
06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)											
07. Adjunct to neuroleptic therapy to stabilize psychosis.											
08. Second line therapy for anti-mania											
09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)											
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent											
11. Nausea and Vomiting in Oncology Treatment patients											
Formulary Restrictions:											
Formulary for 30 days only. Is this order for less than 31 days?											
MLP Requires Cosign											
LORazepam Tablet											
LORazepam 0.5 MG Tab UD (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
LORazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
LORazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
LORazepam 1 MG Tab (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes
LORazepam 0.25 MG Tab (1/2 tab) (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
LORazepam 0.5 MG Tab (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
LORazepam 2 MG Tab (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
Non-Formulary Use Criteria:											
01. Control of severe agitation in psychiatric patients											
02. When lack of sleep causes an exacerbation of psychiatric illness.											
03. Part of a prolonged taper schedule											
04. Detoxification for substance abuse											
05. Failure of standard modalities for seizure disorders (4th line therapy)											
06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)											
07. Adjunct to neuroleptic therapy to stabilize psychosis.											
08. Second line therapy for anti-mania											
09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)											
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent											
11. Nausea and Vomiting in Oncology Treatment patients											
Formulary Restrictions:											
Formulary for 30 days only. Is this order for less than 31 days?											
MLP Requires Cosign											
Loxapine Succinate Capsule											
Loxapine Succinate 10 MG Cap (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	No	Yes
Loxapine Succinate 10 MG Cap UD (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	Yes	Yes
Loxapine Succinate 25 MG Cap (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	No	Yes
Loxapine Succinate 25 MG Cap UD (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	Yes	Yes
Loxapine Succinate 5 MG Cap (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	No	Yes
Loxapine Succinate 50 MG Cap (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	No	Yes
Loxapine Succinate 50 MG Cap UD (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	Yes	Yes
Loxapine Succinate 5 MG Cap UD (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
Lubricant, Surgical											
Lubricant, Surgical 5 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes
Lubricant, Surgical 720 GM (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes
Lubricant, Surgical 60 GM TUBE (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes
Lubricant, Surgical 4.25 OZ EA (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes
Lubricant, Surgical 3 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes
Lubricating Jelly											
Lubricating Jelly 120 GM (KY Jelly)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Magnesium Hydroxide Susp											
Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	Yes	Yes
Magnesium Hydroxide (480ML) 400MG/5ML SUSP (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes
Magnesium Hydroxide Susp 180 ML (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes
Milk of Magnesia Susp (OTC) 400 MG/5ML 480 ML (MOM)	Susp	46100010101820	No	0	No	No	No	No	N/A	No	Yes
Magnesium Hydroxide 400 MG/5ML Susp (355ml) (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Magnesium Hydroxide Susp conc 800 MG/5ML											
Magnesium Hydroxide Susp Concentrated (400ML) (Milk Of Magnesia)	Susp	46100010101840	No	0	No	Yes	No	No	N/A	No	Yes
Magnesium Hydroxide conc (10 ml) (Milk of Magnesia)	Susp	46100010101840	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Magnesium Oxide 500 MG Tab											
Magnesium Oxide 500 MG Tab (Mag-Ox)	Tab	79400010360340	No	0	No	No	No	No	N/A	No	Yes
Magnesium Oxide 400 (241.3 Mg) MG Tab											
Magnesium Oxide 400 (241.3 Mg) MG Tab (MagOx 400)	Tab	79400010360318	No	0	No	No	No	No	N/A	No	Yes
Magnesium Oxide 400 (240 Mg) MG Tab	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes
Magnesium Oxide Tablet											
Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)	Tab	48400020000310	No	0	No	No	No	No	N/A	No	Yes
Magnesium Oxide 400 MG Tab UD (Mag-OX)	Tab	48400020000310	No	0	No	No	No	No	N/A	Yes	Yes
Magnesium Oxide 420 MG Tab (Maox 420)	Tab	48400020000315	No	0	No	No	No	No	N/A	No	Yes
Magnesium Oxide 250 MG Tablet	Tab	48400020000305	No	0	No	No	No	No	N/A	No	Yes
Magnesium Sulfate											
Magnesium Sulfate Inj Premix 40 MG/ML (50 Ml) (Mag sulfate)	Sol	79400010402002	No	0	No	No	Yes	No	N/A	No	Yes
Magnesium Sulfate in D5W											
Magnesium Sulfate/D5W Inj Premix 1% (1G/100ml)	Sol	79400010412020	No	0	No	No	Yes	No	N/A	No	Yes
Magnesium Sulfate Inj											
Magnesium Sulfate 1GM/2ML Inj (mEq dosing) (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes
Magnesium Sulfate INJ											
Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes
Magnesium Sulfate 1GM/2ML INJ (GM dosing) (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Mannitol Inj											
Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	No	0	No	No	Yes	No	N/A	No	Yes
Measles, Mumps AND Rubella VAC											
Measles, Mumps And Rubella VAC 0.5 ML Inj (M-M-R II)	Injectable	17109903102200	No	0	No	No	Yes	No	N/A	No	Yes
Mechlorethamine HCL Inj											
Mechlorethamine HCL 10 MG Inj (Mustargen)	Sol Recon	21101030102105	No	0	No	No	Yes	No	N/A	No	Yes
Meclizine HCl Tablet											
Meclizine HCl 12.5 MG Tab UD (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	Yes	Yes
Meclizine HCl 12.5 MG Tab (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	No	Yes
Meclizine HCl 25 MG Tab UD (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	Yes	Yes
Meclizine HCl 25 MG Tab (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
Meclizine HCl Tablet Chewable											
Meclizine HCl Chewable Tablet 25 MG	Tab Chew	50200050000510	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
medroxyPROGESTERone Tab											
medroxyPROGESTERone 10 MG Tab (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	No	Yes
medroxyPROGESTERone 2.5 MG Tab (Provera)	Tab	26000020200305	No	0	No	No	No	No	N/A	No	Yes
medroxyPROGESTERone 5 MG Tab (Provera)	Tab	26000020200310	No	0	No	No	No	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.											
2. Confirmation of legitimate prescribing prior to incarceration.											
3. Psychiatric diagnostic evaluation and treatment plan.											
4. Consultation with BOP Chief Psychiatrist.											
Formulary Restrictions:											
****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
medroxyPROGESTERone Injection											
medroxyPROGESTERone 150MG/ML,1ML INJ (Depo-Provera)	Susp	25150035101820	No	0	No	No	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.											
2. Confirmation of legitimate prescribing prior to incarceration.											
3. Psychiatric diagnostic evaluation and treatment plan.											
4. Consultation with BOP Chief Psychiatrist.											
Formulary Restrictions:											
****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
medroxyPROGESTERone Injection 400mg/ml											
medroxyPROGESTERone Injection IM Susp 400 MG/ML (Depo-Provera)	Susp	21404010101840	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****										
Megestrol Acetate Suspension 40 MG/ML											
Megestrol Acetate Oral Susp 40 MG/ML (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	No	Yes
Megestrol Acetate Oral Susp 40 MG/ML , 240 ML (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	No	Yes
Megestrol Acetate Oral Susp 40 MG/ML, 10 ML UD (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	Yes	Yes
Megestrol Acetate Tablet											
Megestrol Acetate 20 MG Tab (Megace)	Tab	21404020100305	No	0	No	No	No	No	N/A	No	Yes
Megestrol Acetate 40 MG Tab (Megace)	Tab	21404020100310	No	0	No	No	No	No	N/A	No	Yes
Megestrol Acetate 40 MG Tab UD	Tab	21404020100310	No	0	No	No	No	No	N/A	Yes	Yes
Meloxicam Tablet											
Meloxicam 7.5 MG Tab (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	No	Yes
Meloxicam 15 MG Tab (Mobic)	Tab	66100052000330	No	0	No	No	No	No	N/A	No	Yes
Meloxicam 7.5 MG Tab UD (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	Yes	Yes
Meloxicam 15 MG Tab UD (Mobic)	Tab	66100052000330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Melphalan Inj											
Melphalan Hydrochloride 50 MG Inj (Alkeran IV)	Sol Recon	21101040102110	No	0	No	Yes	Yes	No	N/A	No	Yes
Melphalan Tablet											
Melphalan 2 MG Tab (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	N/A	No	Yes
Melphalan 2 MG Tab UD (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	N/A	Yes	Yes
Mepivacaine HCl Injection 1%											
Mepivacaine HCl Injection Solution 1 % (Polocaine)	Sol	69100050102005	No	0	No	No	Yes	No	N/A	No	Yes
Mercaptopurine Tablet											
Mercaptopurine 50 MG Tab (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	No	Yes
Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**											
Meropenem IV											
Meropenem IV 1GM (Merrem IV)	Sol Recon	16150050002140	No	0	No	No	Yes	No	N/A	No	Yes
Meropenem Intravenous Solution 500 MG (Merrem)	Sol Recon	16150050002120	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Mesalamine Enema											
Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	52500030005105	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****											
Mesalamine ER Caps 0.375GM											
Mesalamine Capsule ER 24 Ho 0.375 GM (Apriso)	Cap ER 24	52500030007020	No	0	No	No	No	No	N/A	No	Yes
Mesalamine ER Capsule											
Mesalamine 250 MG ER Cap (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	No	Yes
Mesalamine 500 MG ER Cap (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	No	Yes
Mesalamine 250 MG ER Cap UD (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	Yes	Yes
Mesalamine 500 MG ER Cap UD (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	Yes	Yes
Mesalamine Rectal Kit 4 GM											
Mesalamine Rectal Kit 4 GM (Rowasa)	Kit	52500030206420	No	0	No	Yes	No	No	N/A	No	Yes
Mesalamine Suppository											
Mesalamine Rectal Suppository 1000 MG (Canasa)	Supp	52500030005240	No	0	No	No	No	No	N/A	No	Yes
Mesalamine Tablet (Delayed Release)											
Mesalamine 400 MG Delayed Release Tab (Asacol)	Tab DR	52500030000620	No	0	No	No	No	No	N/A	No	Yes
Mesalamine 400 MG Delayed Release Tab UD (Asacol)	Tab DR	52500030000620	No	0	No	No	No	No	N/A	Yes	Yes
Mesalamine HD 800 MG Delayed Release Tab (Asacol HD)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	No	Yes
Mesalamine HD 800 MG Delayed Release Tab UD (Asacol HD)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	Yes	Yes
Mesna Inj											
Mesna IV Sol 100 MG/ML (Mesnex)	Sol	21758050002010	No	0	No	No	Yes	No	N/A	No	Yes
Mesna Tablet											
Mesna 400 MG Tab (Mesnex)	Tab	21758050000320	No	0	No	No	No	No	N/A	No	Yes
metFORMIN Solution 500 MG/5ML											
metFORMIN Solution 500 MG/5ML (473ML) (Riomet)	Sol	27250050002020	No	0	No	Yes	No	No	N/A	No	Yes
metFORMIN Tablets											
metFORMIN 500 MG Tab UD (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	Yes	Yes
metFORMIN 500 MG Tab (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	No	Yes
metFORMIN 850 MG Tab (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	No	Yes
metFORMIN 1000 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	No	Yes
metFORMIN 1000 MG Tab UD (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	Yes	Yes
metFORMIN 850 MG Tab UD (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	Yes	Yes
Methadone Concentrate											
Methadone Concentrate 10 MG/ML (Intensol)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**											
METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)											
*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**											
PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE											
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
Medical Referral Center (MRC) Initiation Only											
MLP Requires Cosign											
Methadone HCl Oral Solution 5 MG/5ML											
Methadone HCl Oral Solution 5 MG/5ML	Sol	65100050102010	No	2	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**											
METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)											
*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**											
PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE											
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
Medical Referral Center (MRC) Initiation Only											
MLP Requires Cosign											
Methadone Solution 10 MG/5 ML											
Methadone HCl Solution 2 MG/ML, 500 ML (Methadone)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes
Methadone HCl Solution 2 MG/ML (5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Methadone HCl Solution 2 MG/ML (2.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Methadone HCl Solution 2 MG/ML (12.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Methadone HCl Solution 2 MG/ML (6 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Methadone HCl Solution 2 MG/ML (7.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Methadone HCl Solution 2 MG/ML (15 ML)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes
Methadone HCl Solution 2 MG/ML (10 ML UD)	Sol	65100050102015	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**											
METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)											
*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**											
PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE											
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Medical Referral Center (MRC) Initiation Only											
MLP Requires Cosign											
Methadone Tablet											
Methadone 10 MG Tab UD (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
Methadone 5 MG Tab (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Methadone 5 MG Tab UD (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
Methadone 10 MG Tab (Methadose)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Methadone 40 MG Diskets (Methadose Disket)	Tab Soluble	65100050107320	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Methadone 2.5 MG Tab (1/2 tablet) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Advisories:											
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**											
METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)											
*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**											
PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE											
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
Medical Referral Center (MRC) Initiation Only											
MLP Requires Cosign											
Methadone Tablet (NYC-Detox)											
Methadone 5 MG Tab (NYC-Detox Use Only) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Advisories:											
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**											
METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)											
*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**											
PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE											
ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT											
TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION											
** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**											
IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**											
MLP Requires Cosign											
Methenamine Hippurate 1 GM Tablet											
Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)	Tab	53000020200305	No	0	No	No	No	No	N/A	No	Yes
Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)	Tab	53000020200305	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Methenamine Mandelate Tablet											
Methenamine Mandelate 500 MG Tab (Mandelamine)	Tab	53000020100310	No	0	No	No	No	No	N/A	No	Yes
Methenamine Mandelate 1 GM Tab (Mandelamine)	Tab	53000020100320	No	0	No	No	No	No	N/A	No	Yes
Methimazole Tablet											
Methimazole 10 MG Tab (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	No	Yes
Methimazole 5 MG Tab (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	N/A	No	Yes
Methimazole 10 MG Tab UD (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	Yes	Yes
Methotrexate Sodium Inj											
Methotrexate Sodium Inj Soln 25 MG/ML	Sol	21300050102030	No	0	No	No	Yes	No	N/A	No	Yes
Methotrexate Sodium Inj Soln 25 MG/ML 2ML	Sol	21300050102030	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Methotrexate Sodium Tablet											
Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)	Tab	21300050100310	No	0	No	No	No	No	N/A	No	Yes
Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	No	0	No	No	No	No	N/A	Yes	Yes
Methotrexate Sodium 10 MG Tab	Tab	21300050100340	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Formulary Restrictions:											
***"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**											
Methoxsalen Capsule											
Methoxsalen 10 MG Cap (Oxsoralen-Ultra 10 MG)	Cap	90250560100110	No	0	No	No	No	No	N/A	No	Yes
Methoxsalen Lotion											
Methoxsalen Lotion1%, 30 ML (Oxsoralen Lotion)	Lotion	90871010004105	No	0	No	Yes	No	No	N/A	No	Yes
Methyldopa Tablet											
Methyldopa 250 MG Tab (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	No	Yes
Methyldopa 500 MG Tab (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	N/A	No	Yes
Methyldopa 250 MG Tab UD (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA***											
Methylene Blue Inj 1%											
Methylene Blue Inj 1%, 10 ML (Methylene Blue)	Sol	93000050002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Methylergonovine Maleate Inj											
Methylergonovine Maleate 200 MCG/ML,1 ML Inj (Methylergonovine Maleate Inj)	Sol	29000020102005	No	0	No	No	Yes	No	N/A	No	Yes
Methylergonovine Maleate Tablet											
Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
MethylPREDNISolone Acetate Injection											
methylPREDNISolone Acetate 40 MG/ML,1 ML Inj (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes
methylPREDNISolone Acetate 80 MG/ML,5 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes
methylPREDNISolone Acetate 80 MG/ML,1 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes
MethylPREDNISolone Sod Succinate Inj											
methylPREDNISolone SOD Succ 1 GRAM Vial (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes
methylPREDNISolone SOD Succ 125 MG/ML,8 ML Inj (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes
methylPREDNISolone SOD Succ 125 MG/2 ML Inj (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	Yes
methylPREDNISolone SOD Succ 40 MG/ML 1 ML Inj (Solu Medrol 40 MG ACT-O-VIAL)	Sol Recon	22100030202105	No	0	No	Yes	Yes	No	N/A	No	Yes
methylPREDNISolone SOD Succ 125 MG/ML,4 ML Inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes
methylPREDNISolone SOD Succ 500 MG (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	No	Yes	No	N/A	No	Yes
MethylPREDNISolone Tab											
methylPREDNISolone 2 MG Tab (Medrol)	Tab	22100030000305	No	0	No	No	No	No	N/A	No	Yes
methylPREDNISolone 4 MG Tab (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	No	Yes
methylPREDNISolone 16 MG Tab (Medrol)	Tab	22100030000320	No	0	No	No	No	No	N/A	No	Yes
methylPREDNISolone 4 MG Tab UD (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	Yes	Yes
methylPREDNISolone 32 MG Tab	Tab	22100030000330	No	0	No	No	No	No	N/A	No	Yes
MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)											
methylPREDNISolone 4 MG Tab (21 count Pack) (Medrol Dospak 4MG -21 TAB)	Tab	22100030006405	No	0	No	Yes	No	No	N/A	No	Yes
Metoclopramide HCL Injection											
Metoclopramide HCL 5 MG/ML, 2 ML Inj (Reglan Injection)	Sol	52300020102005	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
"limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.											
Non-Formulary Use Criteria:											
1. Restricted to 12 weeks of therapy for all formulations											
2. If NFR approved, after 12 weeks, get periodic AIMS testing											
Metoclopramide HCl Soln 10 MG/10ML											
Metoclopramide HCl Soln 10 MG/10 ML(Cup) (Reglan)	Sol	52300020102013	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.											
Non-Formulary Use Criteria:											
1. Restricted to 12 weeks of therapy for all formulations											
2. If NFR approved, after 12 weeks, get periodic AIMS testing											
Metoclopramide Tablet											
Metoclopramide 10 MG Tab (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	No	Yes
Metoclopramide 10 MG Tab UD (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	Yes	Yes
Metoclopramide 5 MG Tab (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	No	Yes
Metoclopramide 5 MG Tab UD (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
"limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.											
Non-Formulary Use Criteria:											
1. Restricted to 12 weeks of therapy for all formulations											
2. If NFR approved, after 12 weeks, get periodic AIMS testing											
Metolazone Tablet											
Metolazone 10 MG Tab (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	No	Yes
Metolazone 2.5 MG Tab (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	No	Yes
Metolazone 2.5 MG Tab UD (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	Yes	Yes
Metolazone 5 MG Tab (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	No	Yes
Metolazone 5 MG Tab UD (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	Yes	Yes
Metolazone 10 MG Tab UD (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Injection											
Metoprolol 1MG/ML, 5ML Inj (Lopressor Injection)	Sol	33200030102005	No	0	No	No	Yes	No	N/A	No	Yes
Metoprolol Succinate XL Tablet 24 Hour											
Metoprolol Succ XL 24 Hour 25 MG Tab (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Succ XL 24 Hour 25 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Succ XL 24 Hour 200 MG Tab (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
"Approved for use in Congestive Heart Failure only"											
Metoprolol Tartrate Tablet											
Metoprolol Tartrate 100 MG Tab (Lopressor)	Tab	33200030100315	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Tartrate 100 MG Tab UD (Lopressor)	Tab	33200030100315	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Tartrate 50 MG Tab UD (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Tartrate 50 MG Tab (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Tartrate 25 MG Tab (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	Yes
Metoprolol Tartrate 25 MG Tab UD (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	Yes	Yes
Metoprolol Tartrate 12.5 MG Tab (1/2 tablet) (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	Yes
metroNIDAZOLE Capsule											
metroNIDAZOLE 375 MG Cap (Flagyl)	Cap	16000035000107	No	0	No	No	No	No	N/A	No	Yes
metroNIDAZOLE Cream 0.75%											
metroNIDAZOLE Topical Cream 0.75% (45GM) (MetroCream)	Cm	90060040003710	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
Utilize 0.75% topical cream unless use is not clinically indicated. 0.75% cream provides substantial pharmacoeconomic advantage over the 1% cream and all gel formulations. Most conditions can be appropriately treated with the 0.75% topical cream."											
MetroNIDAZOLE External Cream 1 %											
MetroNIDAZOLE External Cream 1 %	Cm	90060040003720	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Utilize 0.75% topical cream unless use is not clinically indicated. 0.75% cream provides substantial pharmacoeconomic advantage over the 1% cream and all gel formulations. Most conditions can be appropriately treated with the 0.75% topical cream."											
metroNIDAZOLE Injection											
metroNIDAZOLE 500 MG Inj (Flagyl IV)	Sol	16000035112020	No	0	No	Yes	Yes	No	N/A	No	Yes
metroNIDAZOLE/Sodium Chloride PRE-MIX 500MG IV (Flagyl)	Sol	16000035112020	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****INJECTION LIMITED TO PATIENTS THAT ARE NPO*****											
metroNIDAZOLE Tablet											
metroNIDAZOLE 250 MG Tab (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	No	Yes
metroNIDAZOLE 250 MG Tab UD (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	Yes	Yes
metroNIDAZOLE 500 MG Tab UD (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	Yes	Yes
metroNIDAZOLE 500 MG Tab (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	No	Yes
metroNIDAZOLE Vaginal Gel 0.75%											
metroNIDAZOLE Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)	Gel	55100035004020	No	0	No	Yes	No	No	N/A	No	Yes
Mexiletine HCL Capsule											
Mexiletine HCL 150 MG Cap (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	No	Yes
Mexiletine HCL 150 MG Cap UD (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	Yes	Yes
Mexiletine HCL 200 MG Cap (Mexitil)	Cap	35200025100110	No	0	No	No	No	No	N/A	No	Yes
Mexiletine HCL 250 MG Cap (Mexitil)	Cap	35200025100115	No	0	No	No	No	No	N/A	No	Yes
Mexiletine HCL 200 MG Cap UD (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
****CARDIOLOGIST INITIATED THERAPY ONLY****											
Miconazole Cream 2%											
Miconazole Nitrate Cream 2%, 28.4 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Nitrate Cream 2%, 15 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Nitrate Cream 2% 42.5 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Nitrate Cream 2%, 30 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Miconazole Powder											
Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	97800000003200	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Miconazole Vaginal suppository 200 mg (QTY 3)											
Miconazole Vaginal (QTY 3) 200 MG Suppository (Monistat 3)	Supp	55104050105210	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Vaginal Cream 2%											
Miconazole Vaginal Cream 2%, 45 GM (Monistat-7)	Cm	55104050103710	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Vaginal Cream 4 %											
Miconazole Vaginal Cream 4 % 15 gm (Monistat 3 Vaginal Cream 4 %)	Cm	55104050103720	No	0	No	Yes	No	No	N/A	No	Yes
Miconazole Vaginal Suppository 100 mg (QTY 7)											
Miconazole Vaginal (QTY 7) 100 MG Suppository (Monistat 7 Vaginal Suppository)	Supp	55104050105205	No	0	No	Yes	No	No	N/A	No	Yes
Microchamber spacer											
Microchamber Spacer (MicroChamber Spacer)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
Midazolam HCL Injection											
Midazolam 10 MG/2 ML Inj (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes
Midazolam HCL Inj 5 MG/ML, 1 ML (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes
Midazolam HCL Inj 5 MG/ML, 5 ML (Versed)	Sol	60201025102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes
Midazolam HCl Injection Solution 2 MG/2ML, 2 ML (Versed)	Sol	60201025102002	No	4	Yes	No	Yes	No	N/A	No	Yes
Midazolam HCl Injection Solution 5 MG/5ML (Versed)	Sol	60201025102003	No	4	Yes	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****FOR ANESTHESIA/SURGERY USE ONLY****											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Minoxidil Tablet											
Minoxidil 10 MG Tab (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	No	Yes
Minoxidil 2.5 MG Tab (Loniten)	Tab	36400020000305	No	0	No	No	No	No	N/A	No	Yes
Minoxidil 10 MG Tab UD (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	Yes	Yes
Minoxidil 2.5 MG Tab UD	Tab	36400020000305	No	0	No	No	No	No	N/A	Yes	Yes
Mirtazapine Tablet											
Mirtazapine 30 MG Tab (Remeron)	Tab	58030050000330	No	0	Yes	No	Yes	No	N/A	No	Yes
Mirtazapine 15 MG Tab UD (Remeron)	Tab	58030050000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Mirtazapine 15 MG Tab (Remeron)	Tab	58030050000315	No	0	Yes	No	Yes	No	N/A	No	Yes
Mirtazapine 30 MG Tab UD (Remeron)	Tab	58030050000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Mirtazapine 45 MG Tab UD (Remeron)	Tab	58030050000345	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Mirtazapine 45 MG Tab (Remeron)	Tab	58030050000345	No	0	Yes	No	Yes	No	N/A	No	Yes
Mirtazapine 7.5 MG Tab (Remeron)	Tab	58030050000308	No	0	Yes	No	Yes	No	N/A	No	Yes
Mirtazapine 7.5 MG Tab UD (Remeron)	Tab	58030050000308	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Misoprostol Tablet											
Misoprostol 100 MCG Tab UD (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	N/A	Yes	Yes
Misoprostol 100 MCG Tab (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	N/A	No	Yes
Misoprostol 200 MCG Tab (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	N/A	No	Yes
Misoprostol 200 MCG Tab UD (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	N/A	Yes	Yes
Mitomycin Inj											
Mitomycin 20 MG Inj (Mutamycin)	Sol Recon	21200050002110	No	0	No	No	Yes	No	N/A	No	Yes
Mitomycin 40 MG Inj (Mutamycin)	Sol Recon	21200050002120	No	0	No	No	Yes	No	N/A	No	Yes
Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	No	0	No	No	Yes	No	N/A	No	Yes
Mitotane Tablet											
Mitotane 500 MG Tab (Lysodren)	Tab	21402250000320	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
MitoXANTRONE HCL Inj											
MitoXANTRONE HCl IV Concentrate 20 MG/10ML	Concentrate	21200055001320	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Mometasone Furoate 110 MCG/Inh											
Mometasone Furoate Inhal 110 MCG/Inh (30 doses) (Asmanex 30 Metered Doses)	Aero Pwdr	44400036208010	No	0	No	Yes	No	No	N/A	No	Yes
Mometasone Furoate 220 MCG/Inh											
Mometasone Furoate Inhal 220 MCG/Inh (60 doses) (Asmanex 60 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes
Mometasone Furoate Inhal 220 MCG/Inh (30 doses) (Asmanex 30 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes
Mometasone Furoate Inhal 220 MCG/Inh (120 doses) (Asmanex 120 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes
Monoject Insulin Syringe Misc 29G X 1/2" 1 ML											
Monoject Insulin Syringe Misc 29G X 1/2" 1 ML (Monoject)	Miscellaneous	97051030906380	No	0	No	Yes	Yes	No	N/A	No	Yes
Monoject TB Safety Syringe Misc 28G X 1/2" 1 ML											
Monoject TB Safety Syringe Misc 28G X 1/2" 1 ML	Miscellaneous	97051040706360	No	0	No	Yes	Yes	No	N/A	No	Yes
Morphine Concentrated Sulfate Solution 20 MG/ML											
Morphine Sulfate Concentrated Oral Soln 20MG/ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine ER 24 Hour Capsule (AVINza)											
Morphine ER (AVINza) 24 Hour 90 MG Capsule (AVINza)	Cap ER 24	65100055207040	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine ER (AVINza) 24 Hour 60 MG Capsule (AVINza)	Cap ER 24	65100055207030	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine ER (AVINza) 24 Hour 30 MG Capsule (AVINza)	Cap ER 24	65100055207020	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine ER (AVINza) 24 Hour 120 MG Capsule (AVINza)	Cap ER 24	65100055207050	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Cap ER 24	65100055207025	No	2	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Pump Infusion Solution											
Morphine Pump Infusion Solution	Sol	65100055102050	No	2	Yes	No	No	No	N/A	No	Yes
MLP Requires Cosign											
Morphine Sulfate ER 12 Hour Tablet											
Morphine SR/ER 12 Hour 100 MG Tab	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine SR/ER 12 Hour 200 MG Tab	Tab ER	65100055100480	No	2	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate Injection											
Morphine Sulfate 10 MG/ML, 1 ML Tbx (Morphine Sulfate Inj)	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 15 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 2 MG/ML, 1 ML Inj (Morphine Sulfate Injection)	Sol	65100055102005	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 4 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102010	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Inj)	Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj 8 MG/ML, 1ML Tbx (Morphine Sulfate Injection)	Sol	65100055102025	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj 8 MG/ML 1 ML, Ampule (Morphine Sulfate Injection)	Sol	65100055102025	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 10 MG/ML, 1 ML Vial	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 1 MG/ML (2ml) inj	Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine 1 MG/ML PF Inj (2ml) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj Soln 5 MG/ML 1 ML vial	Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Injection Solution 10 MG/ML	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj 8 MG/ML, 1ML Syringe	Sol	65100055102025	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate 15 MG/ML, SDV Inj	Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Inj Soln 1 MG/ML (10ML) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate (PF) Inj 10 MG/ML carpujet (Morphine carpujet)	Sol	65100055102060	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate (PF) Inj 4 MG/ML Carpuject (Morphine Carpuject)	Sol	65100055102058	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate (PF) 2 MG/ML Inj	Sol	65100055102057	No	2	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate Injection (PCA)											
Morphine Sulfate (PCA) 5 MG/ML, 30 ML Inj (Morphine Sulfate Injection PCA)	Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate (PCA) 1 MG/ML	Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate (PCA) 5 MG/1 ML	Sol	65100055102017	No	2	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate Injection MDV											
Morphine Sulfate 15 MG/ML MDV Inj (Morphine Sulfate Injection)	Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate IR Tablet											
Morphine Sulfate IR 15 MG Tab (MSIR)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Morphine Sulfate IR 15 MG Tab UD (Morphine)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
Morphine Sulfate IR 30 MG Tab	Tab	65100055100315	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Morphine Sulfate IR 30 MG Tab UD	Tab	65100055100315	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate Microinfusion Inj Soln											
Morphine Sulfate Microinfusion Inj 200MG/20ML	Sol	65100055302020	No	2	Yes	No	Yes	No	N/A	No	Yes
MLP Requires Cosign											
Morphine Sulfate Solution 10 MG/5ML											
Morphine Sulfate Oral Soln 10 MG/5ML (5 ML Cup) (Morphine)	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
Morphine Sulfate Oral Solution 10 MG/5 ML 500ml	Sol	65100055102065	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate Oral Soln 10 MG/5 ML (2.5ML UD)	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate Solution 20 MG/10ML											
Morphine Sulfate Oral Solution 20 MG/5 ML	Sol	65100055102070	No	2	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate SR 12 Hour Tablet											
Morphine SR/ER 12 Hour 30 MG Tab UD (MS Contin)	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine SR/ER 12 Hour 15 MG Tab	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine SR/ER 12 Hour 15 MG Tab UD (Oramorph)	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine SR/ER 12 Hour 30 MG Tab	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine SR/ER 12 Hour 60 MG Tab (Oramorph sr 12 hour)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine SR/ER 12 Hour 60 MG Tab UD (Oramorph)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Morphine Sulfate SR 24 Hour Capsule (Kadian)											
Morphine Sulfate SR 24 Hour 100 MG Cap (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 30 MG Cap (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 60 MG Cap (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 20 MG Cap (Kadian)	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 10 MG Cap (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 80 MG Cap (Kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 50 MG Cap (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	No	Yes
Morphine Sulfate SR 24 Hour 20 MG Cap UD	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 30 MG Cap UD (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 50 MG Cap UD (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 60 MG Cap UD (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 80 MG Cap UD (kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 100 MG Cap UD (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 10 MG Cap UD	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	Yes	Yes
Morphine Sulfate SR 24 Hour 40 MG Cap (Kadian)	Cap ER 24	65100055107035	No	2	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****											
MLP Requires Cosign											
Moxifloxacin HCL Ophth Solution 0.5%											
Moxifloxacin HCL 0.5% Ophth Soln (Vigamox)	Sol	86101038102020	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
*****Physician Use Only***											
Do Not Use for MRSA**											
MLP Requires Cosign											
Multi Vitamin Conc IV											
Multi Vitamin Conc IV 2 X 5ML, VL Inj (MVI-12, 2 X 5 ML Injection)	Injectable	78200000002200	No	0	No	No	Yes	No	N/A	No	Yes
M.V.I. Pediatric Intravenous Injectable	Injectable	78200000002200	No	0	No	No	Yes	No	N/A	No	Yes
Multivitamin Chewable Tablet											
Multivitamin Chewable Tab (Flinstone) (Flintstone Complete Chewable Multivitamin Tab)			No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Non-Formulary Use Criteria:											
1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)											
2. Pregnant patient (prenatal vitamins)											
3. Patient undergoing active detoxification for substance abuse											
4. Patient has a malnutrition/malabsorption disorder											
Multivitamin Liquid (Thera Plus)											
Multivitamin Liquid (Thera-Plus) 120 ML (Thera Plus Liquid)	Liq	78200000000900	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
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Non-Formulary Use Criteria:											
1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)											
2. Pregnant patient (prenatal vitamins)											
3. Patient undergoing active detoxification for substance abuse											
4. Patient has a malnutrition/malabsorption disorder											
Multivitamin W/Minerals Tablet chewable											
Multivitamin W/ Zinc (ADEKS) TAB (ADEKS)	Tab Chew	78310000000500	No	0	No	No	No	No	N/A	No	Yes
Multivitamin/w minerals Oral Tablet Chewable (Centrum Oral Tablet Chewable)	Tab Chew	78310000000500	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.** Non-Formulary Use Criteria: **1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder**											
Mycophenolate Mofetil 250 MG Capsule											
Mycophenolate Mofetil 250 MG Cap (CellCept)	Cap	99403030100120	No	0	No	No	No	No	N/A	No	Yes
Mycophenolate Mofetil 500 MG Tablet											
Mycophenolate Mofetil 500 MG Tab (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	No	Yes
Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	Yes	Yes
Nadolol Tab											
Nadolol 20 MG Tab (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	No	Yes
Nadolol 40 MG Tab (Corgard)	Tab	33100010000305	No	0	No	No	No	No	N/A	No	Yes
Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	N/A	No	Yes
Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	Yes	Yes
Nadolol 40 MG Tab UD (repack) (Corgard)	Tab	33100010000305	No	0	No	No	No	No	N/A	Yes	Yes
Nadolol 40 MG Tab UD	Tab	33100010000305	No	0	No	No	No	No	N/A	Yes	Yes
Nafcillin Sodium Injection											
Nafcillin Sodium 1 GM Inj (Nafcillin)	Sol Recon	01300040102105	No	0	No	No	Yes	No	N/A	No	Yes
Nafcillin Sodium 10 GM Inj (Nafcillin)	Sol Recon	01300040102125	No	0	No	No	Yes	No	N/A	No	Yes
Nafcillin Sodium ADVantage 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes
Nafcillin Sodium 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes
Nafcillin Sodium Premix											
Nafcillin Sodium in Dextrose 2G/100ML			No	0	No	No	Yes	No	N/A	No	Yes
Nalbuphine Hydrochloride Injection											
Nalbuphine Hydrochloride 10 MG/ML,1ML Inj (Nubain)	Sol	65200030102005	No	0	Yes	No	Yes	No	N/A	No	Yes
Nalbuphine Hydrochloride 20 MG/ML,1ML INJ (Nubain)	Sol	65200030102010	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories: ****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**											
Naloxone Hydrochloride Inj											
Naloxone Hydrochloride 400 MCG/ML,1 ML Inj (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes
Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)	Sol	93400020102015	No	0	No	No	Yes	No	N/A	No	Yes
Naloxone Hydrochloride 0.4 MG/ML (10 ml) MDV	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes
Naloxone HCl Auto-injector 0.4 MG/0.4ML (Evzio)	Sol Auto-	9340002010D53 0	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Naphazoline/Pheniramine Ophth Soln 0.025-0.3%											
Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes
Naphazoline/Pheniramine Soln(Visine-A)0.025-0.3% (VisineA ophth solution)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes
Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Naproxen E.C. Tablet											
Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	No	0	No	No	No	No	N/A	No	Yes
Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Naproxen Suspension 125 MG/5ML											
Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Naproxen Tablet											
Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	No	Yes
Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	No	Yes
Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	No	Yes
Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	Yes	Yes
Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Nelfinavir Mesylate (NFV) Tablet											
Nelfinavir Mesylate (NFV) 250 MG Tab (Viracept)	Tab	12104545200320	No	0	No	No	No	No	N/A	No	Yes
Nelfinavir Mesylate (NFV) 625 MG Tab (Viracept)	Tab	12104545200340	No	0	No	No	No	No	N/A	No	Yes
Nelfinavir Mesylate (NFV) 625 MG Tab UD (Viracept)	Tab	12104545200340	No	0	No	No	No	No	N/A	Yes	Yes
Nelfinavir Mesylate (NFV) 250 MG Tab UD (Viracept)	Tab	12104545200320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Nelfinavir(NFV) Oral Powder											
Nelfinavir Mesylate (NFV) Powder 50 MG/1 GM (Viracept Powder)	Pwdr	12104545202920	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Neomy/Poly B/ Bacit/HC Ointment											
Neomy/Poly B/ Bacit/HC 15G OINT (Cortisporin Oint)	Oint	90109904104220	No	0	No	Yes	No	No	N/A	No	Yes
Neomy/Polymi/Bacit/HC Ophth Oint											
Neomy/Polymi/Bacit/HC Ophth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin Sulfate Oral Solution 25 MG/ML											
Neomycin Sulfate Oral Solution 25 MG/ML (Neo-Fradin)	Sol	07000040102010	No	0	No	No	No	No	N/A	No	Yes
Neomycin Sulfate Tablet											
Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	No	Yes
Neomycin Sulfate 500 MG Tab UD (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	Yes	Yes
Neomycin, Poly B, Bacitracin Oint UD											
Neomycin, Poly B, Bacitracin Oint UD (triple ABX (Triple Antibiotic Oint)	Oint	90109803104200	No	0	No	Yes	No	No	N/A	Yes	Yes
Formulary Restrictions: **"Clinic Use only"**											
Neomycin/Poly B/Bacitracin Ophth oint											
Neomycin/Poly B/Bacitracin Ophth Oint 3.5 GM (Neo/Poly B/Bacit Ophth Ointment)	Oint	86109903104220	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/Dexameth Ophth Oint											
Neomycin/Poly B/Dexameth Ophth Oint 3.5 GM GM (Maxitrol)	Oint	86309903324210	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/Dexameth Ophth Susp											
Neomycin/Poly B/Dexameth Ophth Susp 5 ML (Maxitrol Ophth Susp)	Susp	86309903321810	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/Gramicidin Ophth Soln											
Neomycin/Poly B/Gramicidin Ophth Soln 10 ml (Neosporin Ophthalmic Solution)	Sol	86109903202000	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/HC Otic Soln 5-10000-1											
Neomycin/Poly B/HC Otic Soln 10 ML (Cortisporin Otic Soln)	Sol	87991003102010	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/HC Otic Susp 3.5-10000-1											
Neomycin/Poly B/HC Otic Susp 10 ML (Cortisporin Susp)	Susp	87991003101807	No	0	No	Yes	No	No	N/A	No	Yes
Neomycin/Poly B/Hydrocort Ophth Susp											
Neomycin/Poly B/Hydrocort Ophth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**** **MLP Requires Cosign**											
Neomycin/Polymyxin B GU IRRIG											
Neomycin/Polymyxin B GU Irrig 20 ML (Neosporin G.U. IRRIGANT)	Sol	56701002102000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Neostigmine Bromide Tablet											
Neostigmine Bromide 15 MG Tab (Prostigmin)	Tab	76000040100305	No	0	No	No	No	No	N/A	No	Yes
Neostigmine Methylsulfate Inj											
Neostigmine Methylsulfate 1:1000 1MG/ML Inj (Neostigmine)	Sol	76000040202020	No	0	No	No	Yes	No	N/A	No	Yes
Neostigmine Methylsulfate 0.5MG/ML,1ML Inj (Prostigmin 1:2000)	Sol	76000040202015	No	0	No	No	Yes	No	N/A	No	Yes
Nevirapine (NVP) Suspension 50 MG/5ML											
Nevirapine (NVP) Suspension 50 MG / 5 ML (Viramune)	Susp	12109050001820	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Nevirapine (NVP) Tablet											
Nevirapine (NVP) 200 MG Tab (Viramune)	Tab	12109050000320	No	0	No	No	No	No	N/A	No	Yes
Nevirapine (NVP) 200 MG Tab UD (Viramune)	Tab	12109050000320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Niacin ER Tablet											
Niacin ER 500 MG Tab (Niaspan)	Tab ER	39450050000450	Yes	0	No	No	No	No	N/A	No	Yes
Niacin ER 750 MG Tab (Niaspan)	Tab ER	39450050000460	Yes	0	No	No	No	No	N/A	No	Yes
Niacin ER 1000 MG Tab (Niaspan)	Tab ER	39450050000470	Yes	0	No	No	No	No	N/A	No	Yes
Niacin ER 500 MG Tab UD (Niaspan)	Tab ER	39450050000450	Yes	0	No	No	No	No	N/A	Yes	Yes
Niacin ER 1000 MG Tab UD (Niaspan)	Tab ER	39450050000470	Yes	0	No	No	No	No	N/A	Yes	Yes
Niacin ER 750 MG Tab UD (Niaspan)	Tab ER	39450050000460	Yes	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Should only be used for those patients intolerant to or failing statin therapy. Can be considered as a second agent to add onto a statin for secondary prevention only (although benefit has not been substantiated)."											
Formulary Restrictions:											
****NON-SUBSTITUTABLE-USE NIASPAN ONLY*****											
NIFEdipine ER Tablet											
NIFEdipine 30 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007530	Yes	0	No	No	No	No	N/A	No	Yes
NIFEdipine 60 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	N/A	No	Yes
NIFEdipine 90 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	N/A	No	Yes
NIFEdipine 30 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007530	Yes	0	No	No	No	No	N/A	Yes	Yes
NIFEdipine 60 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	N/A	Yes	Yes
NIFEdipine 90 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
*****AMLODIPINE IS FIRST LINE DIHYDROPYRIDINE THERAPY ****											
Nitrofurantoin Macrocrystal Capsule											
Nitrofurantoin Macrocrystal 50 MG Cap (Macrodantin)	Cap	53000050100115	No	0	No	No	No	No	N/A	No	Yes
Nitrofurantoin Macrocrystal 100 MG Cap (Macrodantin)	Cap	53000050100120	No	0	No	No	No	No	N/A	No	Yes
Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrodantin)	Cap	53000050100120	No	0	No	No	No	No	N/A	Yes	Yes
Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrodantin)	Cap	53000050100115	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Nitrofurantoin Monohydrate Cap (Macrobid)											
Nitrofurantoin Mono 100 MG Cap (Macrobid) (Macrobid)	Cap	53000050150120	No	0	No	No	No	No	N/A	No	Yes
Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)	Cap	53000050150120	No	0	No	No	No	No	N/A	Yes	Yes
Nitrofurantoin Suspension 25 MG/5ML											
Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)	Susp	53000050001810	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Intravenous											
Nitroglycerin IV 5 MG/ML,10 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	N/A	No	Yes
Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	N/A	No	Yes
Nitroglycerin Ointment 2%											
Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Ointment 2 % 60 GM (Nitropaste)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch											
Nitroglycerin Patch 0.1 MG/HR (Nitrodur)	Patch 24 Hour	32100030008510	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch 0.2 MG/HR (Nitrodur)	Patch 24 Hour	32100030008520	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch 0.3 MG/HR (Nitrodur)	Patch 24 Hour	32100030008530	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch 0.4 MG/HR (Nitrodur)	Patch 24 Hour	32100030008540	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch 0.6 MG/HR (Nitrodur)	Patch 24 Hour	32100030008550	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin Patch 0.8 MG/HR (Nitrodur)	Patch 24 Hour	32100030008560	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin SR Capsule											
Nitroglycerin SR 2.5 MG Cap (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	No	Yes
Nitroglycerin SR 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	No	Yes
Nitroglycerin SR 9 MG Cap (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	No	Yes
Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	Yes	Yes
Nitroglycerin SR 6.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	Yes	Yes
Nitroglycerin SR 9 MG Cap UD (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	Yes	Yes
Nitroglycerin Sublingual Tablet											
Nitroglycerin SL 0.3 MG Tab (Nitrostat)	Tab Sublingual	32100030000710	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin SL 0.6 MG Tab (Nitrostat)	Tab Sublingual	32100030000720	No	0	No	Yes	No	No	N/A	No	Yes
Nitroglycerin SL 0.4 MG Tab (Nitrostat)	Tab Sublingual	32100030000715	No	0	No	Yes	No	No	N/A	No	Yes
Nitroprusside Sodium											
Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)	Sol	36400040102020	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****PROTECT FROM LIGHT** **CHECK METABOLITES****											
Norepinephrine Bitartrate Inj											
Norepinephrine Bitartrate 1 MG/ML, 4 ML Inj (Levophed)	Sol	38000090102010	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Norethindrone (Nor-Q.D.) Tablets											
Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)	Tab	25100010000305	No	0	No	No	No	No	N/A	No	Yes
Norethindrone (Nora-BE) Oral Tablet 0.35 MG (Nora-BE)	Tab	25100010000305	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone Acetate Tablet											
Norethindrone Acetate 5 MG Tab (Aygestin)	Tab	26000030100305	No	0	No	No	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra Tablet											
Norethindrone/Ethinyl estra 1/0.020MG Tab (Loestrin 1/20)	Tab	25990002600310	No	0	No	No	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra + Fe 1/20 Tab											
Norethindrone/Ethinyl estra + Fe 1/0.020MG Tab (Loestrin Fe 1/20)	Tab	25990003610310	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra + Fe 1.5/30 Tab											
Norethindrone/Ethinyl estra + Fe 1.5/0.030M Tab (Loestrin Fe 1.5/30)	Tab	25990003610320	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 1-35 Tablet											
Norethindrone/Ethinyl estra 1/0.035MG Tab (Norinyl 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 1/0.035 MG TAB,Ortho (Ortho Novum 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 1/0.035MG Tab(Necon) (Necon 1/35 28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 1/0.05 MG (Ovcon-50 Oral Tablet 50-1 MCG-MG)	Tab	25990002500330	No	0	No	No	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 21 Tablet											
Norethindrone/Ethinyl estra 21 1.5/0.030MG Tab (Loestrin 21)	Tab	25990002600320	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl estra 7/7/7											
Norethindrone/Ethinyl estra 7/7/7 (28)Tab (Ortho-Novum 7/7/7)	Tab	25992002200310	No	0	No	Yes	No	No	N/A	No	Yes
Tri-Norinyl (28) Oral Tablet 0.5/1/0.5-35 MG-MCG (Tri-Norinyl 28)	Tab	25992002200330	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Ethinyl 0.5/1/0.5-35 MG-MCG tab (Leena oral tablet)	Tab	25992002200330	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Mestranol Tablet											
Norethindrone/Mestranol 1MG/0.05MG Tab (Necon) (Necon 1/50 - 28)	Tab	25990002700310	No	0	No	Yes	No	No	N/A	No	Yes
Norethindrone/Mestranol 1MG/0.05MG Tab (Norinyl) (Norinyl)	Tab	25990002700310	No	0	No	Yes	No	No	N/A	No	Yes
Nortriptyline HCl Capsule											
Nortriptyline HCl 10 MG Cap (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	N/A	No	Yes
Nortriptyline HCl 10 MG Cap UD (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Nortriptyline HCl 25 MG Cap (Pamelor)	Cap	58200060100110	No	0	Yes	No	Yes	No	N/A	No	Yes
Nortriptyline HCl 25 MG CAP UD (PAMELOR)	Cap	58200060100110	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Nortriptyline HCl 50 MG Cap UD (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Nortriptyline HCl 75 MG Cap (Pamelor)	Cap	58200060100120	No	0	Yes	No	Yes	No	N/A	No	Yes
Nortriptyline HCl 50 MG Cap (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT*** **RECOMMEND TO BE ADMINISTRED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****											
MLP Requires Cosign											
Nortriptyline HCl Oral solution 10 MG/5ML											
Nortriptyline HCl Oral Soln 10MG/5ML (Pamelor Solution)	Sol	58200060102005	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT*****											
MLP Requires Cosign											
Nutritional Supplement -Fiber 1.0 cal Oral Liq											
Nutri Sup (Jevity Oral) Liquid (Jevity)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate"**											
Non-Formulary Use Criteria:											
1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet"											
2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND											
3. A documented medical diagnosis affecting nutritional status, AND											
4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.											
MLP Requires Cosign											
Nutritional Supplement -Fiber 1.5 cal Oral Liq											
Nutri Sup (Jevity 1.5 Cal) Oral Liquid (Jevity 1.5 Cal)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Nutri Sup (Isosource) 1.5 Cal Oral Liquid (Isosource)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate"**											
Non-Formulary Use Criteria:											
1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet"											
2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND											
3. A documented medical diagnosis affecting nutritional status, AND											
4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.											
MLP Requires Cosign											
Nutritional Supplement -Standard 1.0 Cal/Ml Liq											
Nutri Sup (Boost) Liquid	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate"**											
Non-Formulary Use Criteria:											
1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet"											
2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND											
3. A documented medical diagnosis affecting nutritional status, AND											
4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.											
MLP Requires Cosign											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Nystatin Cream 100,000 Unit/GM											
Nystatin Cream 100,000 Unit/GM (30 GM) (Mycostatin Cream)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Cream 100,000 Unit/GM (15 GM) (Mycostatin)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Ointment 100,000 Unit/GM											
Nystatin Ointment (15GM) (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Ointment (30GM) (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Powder 100000 UNIT/GM											
Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)	Pwdr	90150080002900	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Powder 100,000 Unit/GM 30 GM (Mycostatin)	Pwdr	90150080002950	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Susp 100,000 UNIT/ML											
Nystatin Susp 100,000 UNIT/ML (480ML) (Mycostatin)	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes
Nystatin Susp 100,000 UNIT/ML UD (5ml) (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	No	0	No	No	No	No	N/A	Yes	Yes
Nystatin Susp 100,000 UNIT/ML (60 ml)	Susp	88100010001805	No	0	No	No	No	No	N/A	No	Yes
Nystatin Tablet											
Nystatin 500,000 Unit Tab (Mycostatin)	Tab	11000060000305	No	0	No	No	No	No	N/A	No	Yes
Nystatin Vaginal Tablet											
Nystatin Vaginal Tablet 100,000 Unit (Mycostatin)	Tab	55100050000310	No	0	No	No	No	No	N/A	No	Yes
Octreotide Acetate Injection											
Octreotide Acetate Inj 50 MCG/ML (Sandostatin)	Sol	30170070102005	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate Inj 100 MCG/ML (Sandostatin)	Sol	30170070102010	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate Inj 200 MCG/ML,5ML (Sandostatin)	Sol	30170070102015	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate Inj 1000 MCG/ML	Sol	30170070102030	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate Inj 500 MCG/ML (Sandostatin)	Sol	30170070102020	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate LAR Depot Injection											
Octreotide Acetate LAR Depot 20 MG/5ML Inj (Sandostatin LAR DEPOT)	Kit	30170070106420	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate LAR Depot 30 MG Inj (Sandostatin LAR)	Kit	30170070106430	No	0	No	No	Yes	No	N/A	No	Yes
Octreotide Acetate LAR Depot 10 MG Inj (Sandostatin)	Kit	30170070106410	No	0	No	No	Yes	No	N/A	No	Yes
OLANZapine IM											
OLANZapine Intramuscular 10 MG Inj (Zyprexa)	Sol Recon	59157060002120	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**											
OLANZapine Tablet											
OLANZapine 5 MG Tab UD (Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 5 MG Tab (Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	No	Yes
OLANZapine 7.5 MG Tab UD (Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 7.5 MG Tab (Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	No	Yes
OLANZapine 10 MG Tab UD (Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 10 MG Tab (Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	No	Yes
OLANZapine 2.5 MG Tab UD (Zyprexa)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 2.5 MG Tab (ZyPREXA)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	No	Yes
OLANZapine 15 MG Tab (Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
OLANZapine 15 MG Tab UD (Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 20 MG Tab UD (Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes
OLANZapine 20 MG Tab (Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Omeprazole Capsule											
Omeprazole 20 MG Cap (Prilosec)	Cap DR	49270060006520	No	0	Yes	No	No	No	N/A	No	Yes
Omeprazole 10 MG Cap (Prilosec)	Cap DR	49270060006510	No	0	Yes	No	No	No	N/A	No	Yes
Omeprazole 40 MG Cap (Prilosec)	Cap DR	49270060006530	No	0	Yes	No	No	No	N/A	No	Yes
Omeprazole 20 MG Cap UD (Prilosec)	Cap DR	49270060006520	No	0	Yes	No	No	No	N/A	Yes	Yes
Advisories:											
**Deference is given to the local P&T Committee for appropriate management of the following:											
1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary.											
2. GERD: supported by current EGD documentation.											
3. Documented doses of ranitidine 750 mg per day divided into qid dosing											
4. Documentation of chronic need for NSAIDS with prior history of GI bleed											
5. Documented Zollinger-Ellison Syndrome											
6. Documented Schatzki's Ring											
7. Documented Barrett's Esophagus											
8. Documented Esophageal Stricture											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
MLP Requires Cosign											
Ondansetron Injection											
Ondansetron HCl Injection Solution 40 MG/20ML (Zofran)	Sol	50250065052030	No	0	No	No	Yes	No	N/A	No	Yes
Ondansetron HCl Injection Solution 4 MG/2ML (Zofran)	Sol	50250065052024	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
Medical Referral Center (MRC) Use Only											
Ondansetron Injection premix											
Ondansetron 32 MG/50ML Inj (Zofran Inj)	Sol	50250065152007	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****											
Medical Referral Center (MRC) Use Only											
Ondansetron Oral Solution 4 mg/5ml											
Ondansetron Oral Sol 4MG/5ML (Zofran Oral Solution)	Sol	50250065052070	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**											
Ondansetron Tablet											
Ondansetron 4 MG Tab (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	No	Yes
Ondansetron 4 MG Tab UD (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	Yes	Yes
Ondansetron 8 MG Tab (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	No	Yes
Ondansetron 8 MG Tab UD (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**											
Oxaliplatin											
Oxaliplatin 100 MG INJ (Eloxatin)	Sol Recon	21100028002130	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: ***Flush Line with Dextrose ONLY*** **Medical Referral Center (MRC) Use Only**											
OXcarbazepine Suspension 300 MG/5ML											
OXcarbazepine Oral Suspension 300 MG/5ML (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
OXcarbazepine Tablet											
OXcarbazepine 150 MG Tab (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	No	Yes
OXcarbazepine 300 MG Tab (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	N/A	No	Yes
OXcarbazepine 600 MG Tab (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	No	Yes
OXcarbazepine 150 MG Tab UD (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	Yes	Yes
OXcarbazepine 600 MG Tab UD (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	Yes	Yes
OXcarbazepine 300 MG Tab UD	Tab	72600046000320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****											
Oxybutynin Tablet											
Oxybutynin 5 MG Tab (Ditropan)	Tab	54100045200330	No	0	No	No	Yes	Yes	N/A	No	Yes
Oxybutynin 5 MG Tab UD (Ditropan)	Tab	54100045200330	No	0	No	No	Yes	Yes	N/A	Yes	Yes
oxyCODONE HCl Capsule											
oxyCODONE HCl 5 MG Cap	Cap	65100075100110	No	2	Yes	No	Yes	Yes	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Loc. Active	Unit Dose	Fmlry
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**											
	MLP Requires Cosign											
oxyCODONE HCl Oral Sol 5 MG/5 ML												
	oxyCODONE HCl Oral Sol 1 MG/1 ML, 5 ML UD (Roxicodone)	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
	OxyCODONE HCl Oral Solution 5 MG/5ML (5ml)	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**											
	MLP Requires Cosign											
oxyCODONE HCl Tablet												
	oxyCODONE HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
	oxyCODONE HCl 30 MG Tab IR (Roxicodone tablet)	Tab	65100075100340	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE HCl 15 MG Tab	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE HCl 20 MG Tab IR	Tab	65100075100330	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE HCl 10 MG Tab IR (Roxicodone tablet)	Tab	65100075100320	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**											
	MLP Requires Cosign											
oxyCODONE/Acetaminophen 5MG/325 MG												
	oxyCODONE/Acetaminophen 5/325 MG Tab (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	oxyCODONE/Acetaminophen 5/325 MG Tab UD (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**											
	MLP Requires Cosign											
oxyCODONE/Acetaminophen 5MG/325 MG/5ML Sol												
	oxyCODONE/APAP 5/325 MG/5 ML Soln UD (Percocet)	Sol	65990002202005	No	2	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**										
oxyCODONE/Acetaminophen 7.5MG/325 MG Tab											
oxyCODONE/Acetaminophen 7.5/325 MG Tab (Percocet)	Tab	65990002200327	No	2	Yes	No	Yes	Yes	N/A	No	Yes
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**											
oxyCODONE/Acetaminophen 10MG/325 MG Tablet											
oxyCODONE/Acetaminophen 10/325 MG Tab (Percocet)	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	No	Yes
oxyCODONE/Acetaminophen 10/325 MG Tab UD	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**											
Oxytocin Injection 10 Unit/ML											
Oxytocin 10 Units/ML, 1 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes
Oxytocin 10 Units/ML, 10 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes
PACLitaxel Injection Concentrate 6 MG/ML											
PACLitaxel 100 MG/16.7ML Inj (Taxol)	Concentrate	21500012001335	No	0	No	No	Yes	No	N/A	No	Yes
PACLitaxel Intravenous Concentrate 30 MG/5ML (Taxol)	Concentrate	21500012001325	No	0	No	No	Yes	No	N/A	No	Yes
Palonosetron Injection											
Palonosetron 0.25MG/5ML Inj (Aloxi)	Sol	50250070102020	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO SECOND LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFRAN**** **Medical Referral Center (MRC) Use Only**											
Pamidronate Injection											
Pamidronate Disodium 90 MG Inj (Aredia)	Sol Recon	30042060102140	No	0	No	Yes	Yes	No	N/A	No	Yes
Pamidronate Disodium Intravenous Soln 90 MG/10ML (Aredia)	Sol	30042060102012	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: ****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Pancrelipase Capsule											
Pancrelipase 10000/37500/33200 (L/P/A) Units Cap (Pangestyme CN-10)	Cap DR	51990003206772	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase Delayed Rel Capsule											
Pancrelipase 24000/76000/120000 (L/P/A) Unit Cap (Creon 24000)	Cap DR	51200024006760	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 6000/19000/30000 (L/P/A) Units Cap (Creon 6000)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 12000/38000/60000 (L/P/A) Units Cap (Creon 12000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 10000/55000/34000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006730	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 5000/17000/27000 (L/P/A) Unit Cap (Zenpep)	Cap DR	51200024006715	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 15000/51000/82000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006748	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 21000/37000/61000 (L/P/A) Units Cap (Pancreaze)	Cap DR	51200024006754	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 4200/10000/17500 *(L/P/A) DR Caps (PANCREAZe)	Cap DR	51200024006710	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 20000/68000/109000 (L/P/A) Unit Cap (Zenpep Oral Capsule Delayed Release 20000 UNIT)	Cap DR	51200024006752	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase 12000/38000/60000 (L/P/A) units UD (Creon 12000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	Yes	Yes
Pancrelipase 6000/19000/30000 (L/P/A) Caps UD (creaon)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	Yes	Yes
Pancrelipase 10500/25000/43750 (L/P/A) Caps (Pancreaze Oral Capsule Delayed)	Cap DR	51200024006734	No	0	No	No	No	No	N/A	No	Yes
Pancrelipase Delayed Release 3000-9500 UNIT Cap (Creon)	Cap DR	51200024006705	No	0	No	No	No	No	N/A	No	Yes
Pancuronium Bromide Injection											
Pancuronium Bromide 1 MG/ML, 10ML INJ (Pavulon)	Sol	74200040102005	No	0	No	No	Yes	No	N/A	No	Yes
Pantoprazole Injection											
Pantoprazole 40 MG Inj (Protonix)	Sol Recon	49270070102120	No	0	No	No	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Patient does NOT have Non-Ulcer Dyspepsia: NO APPROVALS. REFER TO COMMISSARY FOR OTC AGENTS											
2. GERD: supported by current EGD documentation											
3. Documented doses of ranitidine 750 mg per day divided into qid dosing											
4. Documentation of chronic need for NSAIDS with prior history of GI bleed											
5. Documented Zollinger-Ellison Syndrome											
6. BID dosing - GERD via ambulatory pH monitoring or upper endoscopy results											
7. Documented Schatzki's Ring											
8. Documented Barrett's Esophagus											
9. Documented Esophageal Stricture											
Formulary Restrictions:											
Inpatient use only											
Medical Referral Center (MRC) Use Only											
Pediatric Electrolyte Solution											
Pediatric Electrolyte Solution	Sol	79991000002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM											
PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM	Sol Recon	46992004302120	No	0	No	No	No	No	N/A	No	Yes
PEG/Electrolyte Solution											
PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)	Sol Recon	46992005302130	No	0	No	Yes	No	No	N/A	No	Yes
PEG/Electrolyte Solution 4000 ML - Colyte (Colyte- Flavored)	Sol Recon	46992005302140	No	0	No	Yes	No	No	N/A	No	Yes
Pegfilgrastim Injection											
Pegfilgrastim Subcutaneous Sol 6 MG/0.6ML (Neulasta)	Sol	82401570002020	No	0	Yes	No	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria:											
1. Therapy is recommended by hematology/oncology specialist or consultant. The clinical encounter/consult needs to clearly indicate the rational for the therapy. The date of the clinical encounter/consult should be referenced within the NFR or provided as an attachment.											
2. Chemotherapy primary prophylaxis for "dose-dense" treatment regimens that have shortened intervals between chemotherapy doses. OR,											
3. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia. OR,											
4. Chemotherapy primary prophylaxis for patients older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer or other serious comorbidities. OR,											
5. Chemotherapy secondary prophylaxis for patient with Hx of prior neutropenic complications. OR,											
6. Treatment for hepatitis-treatment-induced neutropenia must be done in consultation with Central Office staff in accordance with the BOP Hepatitis C Clinical Practice Guidelines. Include interferon dose, dose adjustments, and the pre-treatment and most recent WBC and absolute neutrophil values.											
Formulary Restrictions:											
Oncologist/Hematologist Use Only											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Peginterferon ALFA 2A Injection											
Peginterferon ALFA 2A 180 MCG/1 ML Inj (Pegasys)	Sol	12353060052020	No	0	No	Yes	Yes	No	N/A	No	Yes
Peginterferon ALFA 2A 180 MCG/0.5 ML Inj (Pegasys)	Kit	12353060056440	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2A 180 MCG/0.5ML (proClick) (Pegasys proclick)	Sol	12353060052040	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2A 135 MCG/0.5ML (ProClick) (Pegasys)	Sol	12353060052030	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****											
Formulary Restrictions:											
****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment*****											
Peginterferon ALFA 2B Injection											
Peginterferon ALFA 2B 150 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106430	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B 80 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106416	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B 120 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106424	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B 50 MCG/0.5 ML Inj	Kit	12353060106410	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B Redipen 50 MCG/0.5 ML (Peg-Intron Redipen Pak 4 Subcut Kit 50 MCG/0.5ML)	Kit	12353060106410	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B Redipen 120 MCG/0.5ML (Peg-Intron Redipen)	Kit	12353060106424	No	0	No	No	Yes	No	N/A	No	Yes
Peginterferon ALFA 2B Redipen 150 MCG/0.5ML (peg-intron redipen)	Kit	12353060106430	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****											
Formulary Restrictions:											
****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment*****											
Penicillamine Capsule											
Penicillamine 250 MG Cap (Cuprimine)	Cap	99200030000110	No	0	No	No	No	No	N/A	No	Yes
Penicillin G Benzathine Injection											
Penicillin G Benzathine 1.2 MU/2ML Inj (Bicillin L-A)	Susp	01100020001815	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Benzathine 2.4 MU/4ML Inj (Bicillin L-A 2.4MU)	Susp	01100020001820	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****											
Penicillin G Pot in Dex IV Soln 20000 UNIT/ML											
Penicillin G Pot in Dex premix 20000 UNIT/ML 50m	Sol	01100010112050	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Potassium Injection											
Penicillin G Potassium 5,000,000 Unit Inj (Pfizerpen 5 MU)	Sol Recon	01100010102125	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Potassium 1000000 unit/ml Inj Soln	Sol Recon	01100010102135	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Procaine Injection											
Penicillin G Procaine 600,000 Unit/1ML Inj (Wycillin)	Susp	01100030001820	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Sodium Injection											
Penicillin G Sodium 5,000,000 Unit/10ML INJ	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin G Sodium 5,000,000 Unit Inj	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes
Penicillin VK Suspension											
Penicillin VK 250MG/5ML, 100 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes
Penicillin VK 250MG/5ML, 200 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes
Penicillin VK Tablet											
Penicillin VK 250 MG Tab UD (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	Yes	Yes
Penicillin VK 250 MG Tab (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	No	Yes
Penicillin VK 500 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	No	Yes
Penicillin VK 500 MG Tab UD (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	Yes	Yes
Pentamidine Isothionate Inhalation											
Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)	Sol Recon	16000045002170	No	0	No	Yes	Yes	No	N/A	No	Yes
Pentamidine Isothionate Injection											
Pentamidine Isothionate 300 MG Inj (Pentam 300 MG)	Sol Recon	16000045002130	No	0	No	No	Yes	No	N/A	No	Yes
Permethrin Cream 5%											
Permethrin 5%, 60 GM Cream (Elimite)	Cm	90900035003720	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****NOT APPROVED FOR PROPHYLAXIS****											
Permethrin Lotion 1%											
Permethrin 1%, 60 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	N/A	No	Yes
Permethrin 1%, 120 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****NOT APPROVED FOR PROPHYLAXIS****											
Perphenazine Tablet											
Perphenazine 16 MG Tab (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	N/A	No	Yes
Perphenazine 2 MG Tab (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	N/A	No	Yes
Perphenazine 4 MG Tab UD (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Perphenazine 4 MG Tab (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	N/A	No	Yes
Perphenazine 8 MG Tab UD (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Perphenazine 8 MG Tab (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	N/A	No	Yes
Perphenazine 16 MG Tab UD (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Perphenazine 2 MG Tab UD (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Petrolatum, White, Gel											
Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)	Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	Yes
Petroleum, White, Jelly, 15 GM (Vasoline)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes
Petrolatum White Gel (454 gm) (Petrolatum White Gel)	Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	Yes
Petrolatum, White gel (49gm) (Vaseline)	Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	Yes
Petrolatum, White Gel (5 gm)	Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	Yes
Petroleum, White Gel (368 GM)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****Restricted to diabetics, dialysis, inpatients only*****											
Phenazopyridine Tablet											
Phenazopyridine HCl 100 MG Tab (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	N/A	No	Yes
Phenazopyridine HCl 200 MG Tab (Pyridium)	Tab	56300010100310	No	0	No	No	No	No	N/A	No	Yes
Phenazopyridine HCl 100 MG Tab UD (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	N/A	Yes	Yes
Phenazopyridine HCl 200 MG Tab UD	Tab	56300010100310	No	0	No	No	No	No	N/A	Yes	Yes
PHENobarbital Elixir											
PHENobarbital 4 MG/ML Elixir (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Dose Unit	Fmlry
Advisories:											
****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **Immediate release, non-enteric coated, oral controlled substances are to be crushed prior to administration** **Immediate release controlled substance capsules should be pulled apart and administered in powder form****											
Non-Formulary Use Criteria:											
1. Diagnosis of seizure, AND											
2. Used in combination with other anticonvulsant medications, AND											
3. Used as 3rd line agent, AND											
4. Compliance > 90% maintained											
Formulary Restrictions:											
For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment											
MLP Requires Cosign											
PHENobarbital Tablet											
PHENobarbital 100 MG Tab UD (PHENobarbital)	Tab	60100060000325	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 15 MG Tab UD (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 15 MG Tab (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 30 MG Tab UD (PHENobarbital)	Tab	60100060000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 32.4 MG Tab (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 32.4 MG Tab UD (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 30 MG Tab (old) (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 60 MG Tab UD (PHENobarbital)	Tab	60100060000320	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 64.8 MG Tab (PHENobarbital)	Tab	60100060000322	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 16.2 MG Tab UD (PHENobarbital)	Tab	60100060000308	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
PHENobarbital 60 MG Tab	Tab	60100060000320	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 97.2 MG Tab	Tab	60100060000324	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 100 MG Tab	Tab	60100060000325	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 7.5 MG Tab (1/2 tablet) (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
PHENobarbital 30 MG Tab	Tab	60100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes
Advisories:											
****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **Immediate release, non-enteric coated, oral controlled substances are to be crushed prior to administration** **Immediate release controlled substance capsules should be pulled apart and administered in powder form****											
Non-Formulary Use Criteria:											
1. Diagnosis of seizure, AND											
2. Used in combination with other anticonvulsant medications, AND											
3. Used as 3rd line agent, AND											
4. Compliance > 90% maintained											
Formulary Restrictions:											
For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment											
MLP Requires Cosign											
Phenoxybenzamine HCl Capsule											
Phenoxybenzamine HCl 10 MG Capsule (Dibenzyline)	Cap	36300010100105	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Phentolamine Mesylate Injection											
Phentolamine Mesylate 5 MG Inj (Regitine)	Sol Recon	36300020102105	No	0	No	No	Yes	No	N/A	No	Yes
Phenylephrine HCl Injection											
Phenylephrine 10MG/ML Inj, 1ML	Sol	38000095102010	No	0	No	No	Yes	No	N/A	No	Yes
Phenylephrine Ophth Solution 10%											
Phenylephrine Ophth Sol 10%, 5 ML (AK-Dilate 10% Ophth)	Sol	86400040102015	No	0	No	Yes	No	No	N/A	No	Yes
Phenylephrine Ophth Solution 2.5%											
Phenylephrine Ophth Sol 2.5%, 5 ML (Mydfrin)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes
Phenylephrine Ophth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes
Phenylephrine Ophth Solution 2.5% (refrig)											
Phenylephrine Ophth Sol 2.5%, 2 ML UD (Neo-Synephrine)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	Yes	Yes
Phenytoin Chewable Tablet											
Phenytoin 50 MG Chewable Tab (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	No	Yes
Phenytoin 50 MG Chewable Tab UD (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
Formulary Restrictions:											
****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***											
Phenytoin Oral Susp 125 MG/5ML											
Phenytoin Oral Susp 125 MG/5ML, 237ML (Dilantin-125 Liquid)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Formulary Restrictions:											
****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***											
Phenytoin Sodium ER (Dilantin) 100 mg Cap											
Dilantin Oral Capsule 100 MG (Brand Name) (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Phenytoin Sodium ER Capsule											
Phenytoin ER 100 MG Cap (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes
Phenytoin ER 100 MG Cap UD (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	Yes	Yes
Phenytoin ER 30 MG Cap (Dilantin)	Cap	72200030200105	No	0	No	No	No	No	N/A	No	Yes
Phenytoin ER 30 MG Cap UD	Cap	72200030200105	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Phenytoin Sodium Injection 50mg/ml											
Phenytoin 50 MG/ML, 2ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes
Phenytoin 50 MG/ML, 5ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Formulary Restrictions:											
****USE SUSPENSION WITH CAUTION*****											
Physostigmine Injection											
Physostigmine 1 MG/ML, 2ML Inj (Antilirium)	Sol	93000060102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Phytonadione Injection											
Phytonadione 10MG/ML, 1ML Inj (Aqua-Mephyton)	Sol	77204030002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Phytonadione Injection Soln 1 MG/0.5ML (vitamin K1)	Sol	77204030002005	No	0	No	No	Yes	No	N/A	No	Yes
Phytonadione Tablet											
Phytonadione 5 MG Tab (Mephyton)	Tab	77204030000305	No	0	No	No	No	No	N/A	No	Yes
Phytonadione 5 MG Tab UD (Mephyton)	Tab	77204030000305	No	0	No	No	No	No	N/A	Yes	Yes
Pilocarpine HCl Ophthalmic Solution 1%											
Pilocarpine HCl Ophth Sol 1%, 15 ML (Pilocarpine 1%)	Sol	86501030102015	No	0	No	Yes	No	No	N/A	No	Yes
Pilocarpine HCl Ophthalmic Solution 2%											
Pilocarpine HCl Ophth Sol 2%, 15ML (Pilocarpine HCL Ophthalmic)	Sol	86501030102020	No	0	No	Yes	No	No	N/A	No	Yes
Pilocarpine HCl Ophthalmic Solution 4%											
Pilocarpine HCl Ophth Sol 4%, 15 ML (Isopto-Carpine)	Sol	86501030102030	No	0	No	Yes	No	No	N/A	No	Yes
Pilocarpine HCl Ophthalmic Solution 6%											
Pilocarpine HCl Ophth Sol 6%, 15 ML	Sol	86501030102040	No	0	No	Yes	No	No	N/A	No	Yes
Pindolol Tablet											
Pindolol 10 MG Tab (Visken)	Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes
Pindolol 5 MG Tab (Visken)	Tab	33100030000305	No	0	No	No	No	No	N/A	No	Yes
Piperacillin/Tazobactam Injec											
Piperacillin/Tazobac 2 G/ 0.25 G Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobac 2GM/0.225GM Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobac 3 GM/0.375G Inj (Zosyn)	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobac 4 GM/0.5G Inj (Zosyn)	Sol Recon	01990002702140	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobac 36 G/4.5G Inj (Zosyn)	Sol Recon	01990002702170	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobactam 3GM/0.375 GM Advantage	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Piperacillin/Tazobactam Injection Premix											
Piperacillin/Tazobactam Premix 2.25 GM/50ML INJ (Zosyn)	Sol	01990002722020	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobactam Premix 3.375 GM (Zosyn)	Sol	01990002722030	No	0	No	No	Yes	No	N/A	No	Yes
Piperacillin/Tazobactam Premix 4.5 GM/100ML INJ (Zosyn)	Sol	01990002722025	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Medical Referral Center (MRC) Use Only											
Plasma Protein Fraction											
Plasma Protein Fraction 5%, 50 ML Inj (Plasmanate)	Sol	85400020002005	No	0	No	No	Yes	No	N/A	No	Yes
Pneumococcal Vac 13 Val Conj Inj											
Pneumococcal Vac 13 Val Conj Inj (Prevnar 13)	Susp	17200065301800	No	0	No	Yes	Yes	No	N/A	No	Yes
Pneumococcal Vac 23 Polyvalent Injection											
Pneumococcal Vac 23 Polyvalent Inj 25 MCG/0.5ML (Pneumovax 23)	Injectable	17200065002205	No	0	No	Yes	Yes	No	N/A	No	Yes
Podophyllum Resin External Solution											
Podophyllum Resin External Solution 25%, 15ml (Podocon)	Sol	90750020002025	No	0	No	No	Yes	No	N/A	No	Yes
Polyethyl Glycol-Polyvinyl Alc Ophth Soln 1-1 %											
Hypotears (Peg-Polyvinyl) Ophth Soln 1-1% 30 ML (Hypo Tears)	Sol	86209902452020	No	0	No	No	No	No	N/A	No	Yes
Polysaccharide Iron Complex Caps											
Polysaccharide Iron Complex 150 MG Cap (Niferex 150)	Cap	82300050000110	No	0	No	No	No	No	N/A	No	Yes
Polysaccharide Iron Complex 150 MG UD Caps (Niferex)	Cap	82300050000110	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions: ****RESTRICTED TO DIALYSIS PATIENTS****											
Polysaccharide Iron Complex Elixir/Soln											
Polysaccharide Iron Complex Oral Liquid 15 MG/ML	Liq	82300050000950	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO DIALYSIS PATIENTS****											
Potassium Acetate Inj											
Potassium Acetate 2 mEq/ML, 20 ML Inj	Sol	79700010002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories: ****Caution - this is a concentrated electrolyte****											
Potassium Chloride ER Capsule											
Potassium Chloride 10 mEq ER Cap (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	No	Yes
Potassium Chloride ER Tablet (Klor-Con)											
Potassium Chloride 10 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	Yes	Yes
Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	No	Yes
Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	No	Yes
Potassium Chloride ER Tab (K-Dur/Klor-con M)											
Potassium Chloride 20 mEq ER Tab (K-Dur) (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes
Potassium Chloride 20 mEq ER Tab UD (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	Yes	Yes
Potassium Chloride 20 mEq ER Tab (Klor-Con M) (Klor-Con)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes
Potassium Chloride 10 mEq ER Tab (KlorCon M) (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Potassium Chloride in NaCl (40 mEq in 1000 ml)											
Potassium Chloride 40MEQ in 1000ml NS	Sol	79992002102030	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj (pre made bag)											
Potassium Chloride/ 0.9% NACL 1000 ML 20 mEq Inj	Sol	79992002102020	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Potassium Chloride Injection (concentrate)											
Potassium Chloride Inj 2 mEq/ML, 10ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 10 mEq/100ML	Sol	79700030002050	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 20 mEq/100ml	Sol	79700030002060	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 10 mEq/50ML	Sol	79700030002055	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 20 mEq/50ML	Sol	79700030002070	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Chloride Inj 40 mEq/100ML	Sol	79700030002075	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Medical Referral Center (MRC) Use Only											
Potassium Chloride Oral packet											
Potassium Chloride Powder 20 mEq Pak (Kay Ciel)	Packet	79700030003015	No	0	No	Yes	No	No	N/A	No	Yes
Potassium Chloride Oral Solution											
Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Liq	79700030000910	No	0	No	Yes	No	No	N/A	Yes	Yes
Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD	Liq	79700030000910	No	0	No	Yes	No	No	N/A	Yes	Yes
Potassium Chlor Oral Sol 10%, 473ML	Liq	79700030000910	No	0	No	Yes	No	No	N/A	No	Yes
Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution)	Liq	79700030000920	No	0	No	Yes	No	No	N/A	No	Yes
Potassium Chlor Oral Sol 20% (40mEq), 15ML UD	Liq	79700030000920	No	0	No	No	No	No	N/A	Yes	Yes
Potassium Citrate											
Potassium Citrate 1080 MG ER Tab UD (10 MEQ) (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	Yes	Yes
Potassium Citrate Tablet											
Potassium Citrate 1080 MG ER Tab (10 MEQ) (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	No	Yes
Potassium Citrate 540 MG ER Tab (5 MEQ) (Urocit-K)	Tab ER	56202010200420	No	0	No	No	No	No	N/A	No	Yes
Potassium Citrate/Citric Acid Oral Solution											
Potassium Citrate/Citric Acid SOL 2 mEq/ML (Polycitra-K)	Sol	56202022002025	No	0	No	Yes	No	No	N/A	No	Yes
Pot Citrate/Citric Acid Oral Soln1100-334 MG/5ML (Cytra-K)	Sol	56202022002025	No	0	No	No	No	No	N/A	No	Yes
Potassium Iodide Oral Solution 1 GM/ML											
Potassium Iodide Oral Solution 1 GM/ML (SSKI)	Sol	79350010002020	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Potassium Phosphate IV											
Potassium Phosphate 3 MM/ML 4.4 MEQ/ML INJ	Sol	79600010012005	No	0	No	No	Yes	No	N/A	No	Yes
Potassium Phosphate 4.4 MEQ/ml IV Soln (Potassium Phosphate)	Sol	79600010012005	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Caution - this is a concentrated electrolyte****											
Povidone-Iodine External Ointment 10%											
Povidone-Iodine External Oint 10% (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	No	Yes
Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	Yes	Yes
Povidone-Iodine External Solution 10%											
Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
Povidone-Iodine External Solution 10% ,118 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
Povidone-Iodine Scrub 7.5%											
Povidone-Iodine Scrub 7.5%, ML (Betadine Surgical Scrub)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes
Povidone-Iodine Swab 10%											
Povidone-Iodine Swab 10% (Betadine Swabsticks)	Swab	92200040009420	No	0	No	Yes	No	No	N/A	No	Yes
Pravastatin Tablet											
Pravastatin 10 MG Tab (Pravachol)	Tab	39400065100320	No	0	No	No	No	No	N/A	No	Yes
Pravastatin 20 MG Tab (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	No	Yes
Pravastatin 40 MG Tab (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	No	Yes
Pravastatin 80 MG Tab (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	No	Yes
Pravastatin 80 MG Tab UD (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	Yes	Yes
Pravastatin 10 MG Tab UD	Tab	39400065100320	No	0	No	No	No	No	N/A	Yes	Yes
Pravastatin Sodium 20 MG Tab UD (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	Yes	Yes
Pravastatin Sodium 40 MG Tab UD (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
***"Pravastatin preferred statin for patients taking protease inhibitors"**											
prednisoLONE Ace. ophth susp 0.12%											
prednisoLONE Ace. Ophth Susp 0.12%, 5ml (Pred Mild)	Susp	86300050101809	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED****											
MLP Requires Cosign											
prednisoLONE Ace. ophth susp 1%											
prednisoLONE Ace. Ophth Susp 1%, 5 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
prednisoLONE Ace. Ophth Susp 1%, 10 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
prednisoLONE Ace. Ophth Susp 1%, 15 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
Pred Forte Ophthalmic Suspension 1 % (Pred Forte)	Susp	86300050101815	No	0	Yes	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED**** **MLP Requires Cosign**											
prednisoLONE Sod Phos ophth Solution 1%											
prednisoLONE Sod Phos ophth 1%, 10ml (AK-Pred Ophthalmic Solution)	Sol	86300050202015	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED**** **MLP Requires Cosign**											
predniSONE 10 mg Dosepak (21)											
predniSONE 10 MG Tab Dosepak #21 (Sterapred DS)	Tab	22100045006410	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE 10 mg Dosepak (48)											
predniSONE 10 MG Tab Dosepak #48 (Sterapred DS)	Tab	22100045006410	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE 5 mg Dosepack #21											
predniSONE 5 MG Tab Dosepack #21 (Deltasone)	Tab	22100045006405	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE 5 mg Dosepack #48											
predniSONE 5 MG Tab Dosepack #48 (Deltasone)	Tab	22100045006405	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE Solution 1 MG/ML											
predniSONE Solution 1 MG/ML, 5ML UD	Sol	22100045002005	No	0	No	Yes	No	No	N/A	Yes	Yes
predniSONE Solution 1 MG/ML	Sol	22100045002005	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE Solution 5 MG/ML											
predniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)	Concentrate	22100045001310	No	0	No	Yes	No	No	N/A	No	Yes
predniSONE Tablet											
predniSONE 1 MG Tab (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	No	Yes
predniSONE 1 MG Tab UD (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	Yes	Yes
predniSONE 10 MG Tab (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	No	Yes
predniSONE 2.5 MG Tab (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	No	Yes
predniSONE 2.5 MG Tab UD (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	Yes	Yes
predniSONE 20 MG Tab (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	No	Yes
predniSONE 20 MG Tab UD (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	Yes	Yes
predniSONE 5 MG Tab UD (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	Yes	Yes
predniSONE 5 MG Tab (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	No	Yes
predniSONE 50 MG Tab (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	No	Yes
predniSONE 50 MG Tab UD (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	Yes	Yes
predniSONE 10 MG Tab UD (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Prenatal Plus Iron Oral Tablet 29-1 MG											
Prenatal Plus Iron Oral Tablet 29-1 MG	Tab	78512010000330	No	0	No	No	No	No	N/A	No	Yes
Prenatal Vitamin Tablet											
Prenatal Plus Tab (Prenatal Plus)	Tab	78512015000324	No	0	No	No	No	No	N/A	No	Yes
Prenatal Vitamin Chew Tab -Prenatal 19 (Prenatal 19 Oral Tablet Chewable)	Tab Chew	78512015000530	No	0	No	No	No	No	N/A	No	Yes
Prenatal Oral Tablet 28-0.8 MG	Tab	78512015000328	No	0	No	No	No	No	N/A	No	Yes
Prenatal Oral Tablet 27-0.8 MG	Tab	78512015000322	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary only if pregnancy indication exists.											
Prenatal Vitamins DHA Capsule 27-0.6-0.4-300 MG											
Prenatal DHA Oral Capsule 27-0.6-0.4-300 MG (Prenate DHA Capsule)	Cap	78516024000125	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary only if pregnancy indication exists.											
Primidone Tablet											
Primidone 250 MG Tab UD (Mysoline)	Tab	72600060000310	No	0	No	No	Yes	No	N/A	Yes	Yes
Primidone 250 MG Tab (Mysoline)	Tab	72600060000310	No	0	No	No	Yes	No	N/A	No	Yes
Primidone 50 MG Tab (Mysoline)	Tab	72600060000305	No	0	No	No	Yes	No	N/A	No	Yes
Primidone 50 MG Tab UD (Mysoline)	Tab	72600060000305	No	0	No	No	Yes	No	N/A	Yes	Yes
Probenecid Tablet											
Probenecid 500 MG Tab (Benemid)	Tab	68100010000310	No	0	No	No	No	No	N/A	No	Yes
Probenecid 500 MG Tab UD (Benemid)	Tab	68100010000310	No	0	No	No	No	No	N/A	Yes	Yes
Procainamide Injection											
Procainamide HCl 100 MG/ML Inj (Pronestyl Inj)	Sol	35100020102010	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Procarbazine HCL											
Procarbazine HCL 50 MG Cap (Matulane)	Cap	21700050100105	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Prochlorperazine Injection											
Prochlorperazine Edisylate Inj 5 MG/ML, 2 ML (Compazine Inj)	Sol	59200055202005	No	0	Yes	Yes	Yes	No	N/A	No	Yes
MLP Requires Cosign											
Prochlorperazine Oral Tablet											
Prochlorperazine Maleate 10 MG Tab (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	N/A	No	Yes
Prochlorperazine Maleate 10 MG Tab UD (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	N/A	Yes	Yes
Prochlorperazine Maleate 5 MG Tab (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	N/A	No	Yes
Prochlorperazine Maleate 5 MG Tab UD (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****											
Medical Referral Center (MRC) Use Only											
MLP Requires Cosign											
Prochlorperazine Suppository											
Prochlorperazine Maleate Suppository 25 MG, 12PK (Compazine Suppository)	Supp	59200055005215	No	0	No	Yes	No	No	N/A	Yes	Yes
Progesterone Capsule											
Progesterone Micronized Cap 100 MG (Prometrium)	Cap	26000040100120	No	0	No	No	No	No	N/A	No	Yes
Progesterone Micronized Cap 200 MG (Prometrium)	Cap	26000040100130	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****											
Progesterone Injection											
Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****											
Progesterone Vaginal Gel 8%											
Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	N/A	Yes	Yes
Progesterone Vaginal Gel 8 % 21.75 gm (Crinone)	Gel	55370060004020	No	0	No	No	No	No	N/A	No	Yes
Promethazine Injection											
Promethazine HCl Inj 25 MG/ML,1ML (Phenergan)	Sol	41400020102005	No	0	No	No	Yes	No	N/A	No	Yes
Promethazine HCl Inj 50 MG/ML,1ML (Phenergan)	Sol	41400020102010	No	0	No	No	Yes	No	N/A	No	Yes
Promethazine HCl Inj 50 MG/ML , 1 ml Ampule (Phenergan)	Sol	41400020102010	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
Promethazine Oral Syrup 6.25 MG/5ML											
Promethazine Oral Syrup 6.25MG/5ML (Phenergan)	Syrup	41400020101210	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
Formulary Restrictions:											
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY****											
Medical Referral Center (MRC) Use Only											
Promethazine Suppository											
Promethazine Suppository 50 MG (Phenadoz)	Supp	41400020105215	No	0	No	Yes	No	No	N/A	No	Yes
Promethazine Suppository 25 MG (Phenadoz)	Supp	41400020105210	No	0	No	Yes	No	No	N/A	No	Yes
Promethazine Suppository 12.5 MG (Phenadoz)	Supp	41400020105205	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Promethazine Tablet											
Promethazine HCl 25 MG Tab UD (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	Yes	Yes
Promethazine HCl 25 MG Tab (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	No	Yes
Promethazine HCl 50 MG Tab (Phenergan)	Tab	41400020100315	No	0	No	No	No	No	N/A	No	Yes
Promethazine HCl 12.5 MG Tab (1/2 tablet) (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	No	Yes
Promethazine HCl 12.5 MG Tab (Phenergan)	Tab	41400020100305	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
Formulary Restrictions:											
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY****											
Medical Referral Center (MRC) Use Only											
Propafenone ER 12 Hour Cap											
Propafenone ER 12 Hour Cap 325 MG (Rythmol)	Cap ER 12	35300050006930	No	0	No	No	No	No	N/A	No	Yes
Propafenone ER 12 Hour Cap 225 MG (Rythmol)	Cap ER 12	35300050006920	No	0	No	No	No	No	N/A	No	Yes
Propafenone ER 12 Hour Cap 425MG (Rythmol SR Oral Cap Extended Release 12 Hour 425)	Cap ER 12	35300050006940	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****CARDIOLOGIST INITIATED THERAPY ONLY*****											
Propafenone Tablet											
Propafenone 150 MG Tab UD (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	N/A	Yes	Yes
Propafenone 150 MG Tab (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	N/A	No	Yes
Propafenone 225 MG Tab UD (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	N/A	Yes	Yes
Propafenone 225 MG Tab (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	N/A	No	Yes
Propafenone 300 MG Tab UD (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	N/A	Yes	Yes
Propafenone 300 MG Tab (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****CARDIOLOGIST INITIATED THERAPY ONLY*****											
Proparacaine Ophth Solution 0.5%											
Proparacaine HCl Ophth Soln 0.5%, 15ML (Ophthetic 0.5%)	Sol	86750020102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Propofol Injection 10 MG/ML											
Propofol IV Emulsion 10 MG/ML, 20ML Inj (Diprivan)	Emul	70400050001620	No	0	No	No	Yes	No	N/A	No	Yes
Propofol Intravenous Emulsion 10 MG/ML (100ml) (Diprivan)	Emul	70400050001620	No	0	No	Yes	Yes	No	N/A	No	Yes
Propofol Intravenous Emulsion 10 MG/ML (50ml)	Emul	70400050001620	No	0	No	No	Yes	No	N/A	No	Yes
Propranolol HCl Oral Solution 20 MG/5 ML											
Propranolol Oral Solution 4 MG/ML, 500 ML (Inderal Solution)	Sol	33100040102050	No	0	No	Yes	No	No	N/A	No	Yes
Propranolol Injection											
Propranolol 1 MG/ML, 1 ML Inj (Inderal Injection)	Sol	33100040102005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Propranolol LA 24 Hour Capsule											
Propranolol LA 24 Hour 120 MG Cap (Inderal LA)	Cap ER 24	33100040107035	No	0	No	No	No	No	N/A	No	Yes
Propranolol LA 24 Hour 160 MG Cap (Inderal LA)	Cap ER 24	33100040107040	No	0	No	No	No	No	N/A	No	Yes
Propranolol LA 24 Hour 60 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	No	Yes
Propranolol LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	No	Yes
Propranolol LA 24 Hour 60 MG Cap UD (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol Oral Tablet											
Propranolol 10 MG Tab UD (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol 10 MG Tab (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	No	Yes
Propranolol 20 MG Tab UD (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol 20 MG Tab (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	No	Yes
Propranolol 40 MG Tab UD (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol 40 MG Tab (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	No	Yes
Propranolol 60 MG Tab (Inderal)	Tab	33100040100320	No	0	No	No	No	No	N/A	No	Yes
Propranolol 80 MG Tab UD (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	Yes	Yes
Propranolol 80 MG Tab (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	No	Yes
Propylthiouracil Oral Tablet											
Propylthiouracil 50 MG Tab (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	No	Yes
Propylthiouracil 50 MG Tab UD (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	Yes	Yes
Protamine Sulfate Inj 10 MG/ML											
Protamine Sulfate 10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes
Protamine Sulfate 10 MG/ML, 25ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes
Purified Protein Derivative Injection											
Purified Protein Derivative 5 Units/0.1ML INJ (Tubersol)	Sol	94300070002010	Yes	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Non-substitutable use Tubersol Brand Only****											
Pyrazinamide Tablet											
Pyrazinamide 500 MG Tab UD (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	Yes	Yes
Pyrazinamide 500 MG Tab (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	No	Yes
Pyridostigmine Bromide Oral Syrup 60 MG/5ML											
Pyridostigmine Bromide Oral Syrup 60 MG/5ML	Syrup	76000050101205	No	0	No	No	No	No	N/A	No	Yes
Pyridostigmine Injection											
Pyridostigmine 5MG/ML, 2ML Inj (Mestinon)	Sol	76000050102005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Pyridostigmine LA Tablet											
Pyridostigmine LA 180 MG Tab (Mestinon)	Tab ER	76000050100405	No	0	No	No	No	No	N/A	No	Yes
Pyridostigmine Tablet											
Pyridostigmine 60 MG Tab (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	No	Yes
Pyridostigmine 60 MG Tab UD (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	Yes	Yes
Pyridoxine Tablet											
Pyridoxine HCl 100 MG Tab (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	N/A	No	Yes
Pyridoxine HCl 25 MG Tab (Vitamin B6)	Tab	77105010000305	No	0	No	No	No	No	N/A	No	Yes
Pyridoxine HCl 50 MG Tab (B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	No	Yes
Pyridoxine HCl 50 MG Tab UD (Vitamin B-6)	Tab	77105010000310	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****May be written for 270 day order in conjunction with Isoniazid for TB preventive therapy****											
Pyrimethamine Tablet											
Pyrimethamine 25 MG Tab (Daraprim)	Tab	13000040000310	No	0	No	No	No	No	N/A	No	Yes
Pyrimethamine 25 MG Tab UD	Tab	13000040000310	No	0	No	No	No	No	N/A	Yes	Yes
quiNIDine Gluconate Injection											
quiNIDine Gluconate Inj 80 MG/ML, 10ML	Sol	35100030102005	No	0	No	No	Yes	No	N/A	No	Yes
Raltegravir (RAL) Tablet											
Raltegravir Potassium (RAL)400 MG Tab (Isentress)	Tab	12103060100320	No	0	No	No	No	No	N/A	No	Yes
Raltegravir Potassium (RAL)400 MG Tab UD (Isentress)	Tab	12103060100320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Non-Formulary Use Criteria:											
1. Regimen has been established in consultation with Regional HIV Consultant Pharmacist, expert consultation service or Regional Medical Director.											
2. Patient must be highly treatment-experienced.											
3. HAART selection must be directed by appropriate resistance testing.											
4. The ability exists to construct a HAART regimen to include: 3 active and proper antretroviral drugs or, at least 1 active drug plus an appropriate antiretroviral drug combination with some residual activity.											
5. All supporting documents must be attached to include, at a minimum, copies of all available viral loads and CD4 counts, copies of all available resistance tests, description of all known previous HAART regimens, assessment of patient's adherence to HAART, and the complete HAART regimen being requested.											
6. Maraviroc requests must include results of the CCR5 co-receptor tropism assay.											
7. None of the antiretroviral drugs of the new/proposed HAART regimen should be started until the non-formulary requests are approved. (same as other HIV medications)											
Ranitidine Injection											
Ranitidine HCl Injection Solution 150 MG/6ML (Zantac)	Sol	49200020102007	No	0	No	No	Yes	No	N/A	No	Yes
Ranitidine HCl Injection Solution 50 MG/2ML (Zantac)	Sol	49200020102006	No	0	No	No	Yes	No	N/A	No	Yes
Ranitidine Premix Injection											
Ranitidine in 0.45% NaCl Premix 50 MG/50 ML IV (Zantac PREMIX)	Sol	49200020112020	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Ranitidine Syrup 150 MG/10 ML											
Ranitidine HCL Syrup 15 MG/ML, 480 ML (Zantac)	Syrup	49200020101210	No	0	No	Yes	No	No	N/A	No	Yes
Ranitidine HCl Syrup 15 MG/ML (10 ML Cup) (Zantac)	Syrup	49200020101210	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Ranitidine Tablet											
Ranitidine HCl 150 MG TAB (Zantac)	Tab	49200020100305	No	0	No	No	No	No	N/A	No	Yes
Ranitidine HCl 150 MG TAB UD (Zantac)	Tab	49200020100305	No	0	No	No	No	No	N/A	Yes	Yes
Ranitidine HCl 300 MG TAB (Zantac)	Tab	49200020100310	No	0	No	No	No	No	N/A	No	Yes
Ranitidine HCl 300 MG TAB UD (Zantac)	Tab	49200020100310	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Regadenoson Injection											
Regadenoson 0.4 MG/5 ML, 5 ML vial (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes
Regadenoson 0.4 MG/5 ML, 5 ML inj (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Reserpine Tablet											
Reserpine 100 MCG TAB (Serpasil)	Tab	36203040000305	No	0	No	No	No	No	N/A	No	Yes
Reserpine 250 MCG TAB (Serpasil)	Tab	36203040000310	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
****PHYSICIAN INITIATION ONLY** **FOR HYPERTENSION ONLY****											
Rho(D) Immune Globulin (Human) Injection											
Rho(D) Immune Globulin 5000 UNIT/4.4ML (Human) (WinRho SDF)	Sol	19100050002055	No	0	No	No	Yes	No	N/A	No	Yes
Rho(D) Immune Globulin 1500 UNIT/1.3ML (Human) (WinRho SDF)	Sol	19100050002060	No	0	No	No	Yes	No	N/A	No	Yes
Ribavirin Capsule											
Ribavirin 200 MG CAP (Ribasphere)	Cap	12353070000120	No	0	No	No	No	No	N/A	No	Yes
Ribavirin 200 MG CAP UD	Cap	12353070000120	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****Use drug entry " Hepatitis C Treament algorithm request" for all Hep C requests via BEMR RX****											
Formulary Restrictions:											
****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT** restriction "Maximum seven days self carry to be dispensed at one time"**											
Ribavirin Tablet											
Ribavirin 200 MG Tab (Copegus)	Tab	12353070000320	No	0	No	No	No	No	N/A	No	Yes
Ribavirin 200 MG Tab UD (Copegus)	Tab	12353070000320	No	0	No	No	No	No	N/A	Yes	Yes
Ribavirin 600 MG Tab (RibaPak)	Tab	12353070000360	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****Use drug entry " Hepatitis C Treament algorithm request" for all Hep C requests via BEMR RX****											
Formulary Restrictions:											
****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT** restriction "Maximum seven days self carry to be dispensed at one time"**											
RifaBUTIN Capsule											
RifaBUTIN 150 MG Cap (Mycobutin)	Cap	09000075000120	No	0	No	No	Yes	No	N/A	No	Yes
RifaBUTIN 150 MG Cap UD	Cap	09000075000120	No	0	No	No	Yes	No	N/A	Yes	Yes
Rifampin Capsule											
Rifampin 300 MG CAP (Rifadin)	Cap	09000080000110	No	0	No	No	Yes	No	N/A	No	Yes
Rifampin 150 MG CAP (Rifadin)	Cap	09000080000105	No	0	No	No	Yes	No	N/A	No	Yes
Rifampin 300 MG CAP UD (Rifadin)	Cap	09000080000110	No	0	No	No	Yes	No	N/A	Yes	Yes
Rifampin 150 MG CAP UD (Rifadin)	Cap	09000080000105	No	0	No	No	Yes	No	N/A	Yes	Yes
Advisories:											
Do Not Use as Single Agent for MRSA* **PILL LINE ONLY when used in the treatment of MRSA*											
Rifampin Injection											
Rifampin 600 MG Inj, 10 ML (Rifadin)	Sol Recon	09000080002120	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
Do Not Use as Single Agent for MRSA*											
risperiDONE Long-Acting Inj											
risperiDONE Long-Acting Inj 37.5 MG (Risperdal CONSTA)	Susp Recon	59070070101930	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE Long-Acting Inj 50 MG (Risperdal CONSTA)	Susp Recon	59070070101940	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE Long-Acting Inj 25 MG (Risperdal CONSTA)	Susp Recon	59070070101920	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE Long-Acting Inj 12.5 MG (Risperdal CONSTA)	Susp Recon	59070070101910	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
risperiDONE Oral Solution 1 MG/ML											
risperiDONE (30ML) 1MG/ML SOLN (Risperdal)	Sol	59070070002010	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
risperiDONE Oral Tablet											
risperiDONE 1 MG Tab UD (Risperdal)	Tab	59070070000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
risperiDONE 1 MG Tab (Risperdal)	Tab	59070070000310	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 2 MG Tab UD (Risperdal)	Tab	59070070000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
risperiDONE 2 MG Tab (Risperdal)	Tab	59070070000320	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 3 MG Tab UD (Risperdal)	Tab	59070070000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes
risperiDONE 3 MG Tab (Risperdal)	Tab	59070070000330	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 4 MG Tab UD (Risperdal)	Tab	59070070000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes
risperiDONE 4 MG Tab (Risperdal)	Tab	59070070000340	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 0.25 MG Tab (Risperdal)	Tab	59070070000303	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 0.5 MG Tab UD (Risperdal)	Tab	59070070000306	No	0	Yes	No	Yes	No	N/A	Yes	Yes
risperiDONE 0.5 MG Tab (Risperdal)	Tab	59070070000306	No	0	Yes	No	Yes	No	N/A	No	Yes
risperiDONE 0.25 MG Tab UD (Risperdal)	Tab	59070070000303	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Ritonavir (RTV) 100 MG Tablet											
Ritonavir (RTV) 100 MG Tab (Norvir)	Tab	12104560000320	No	0	No	No	No	No	N/A	No	Yes
Ritonavir (RTV) 100 MG Tab UD (Norvir)	Tab	12104560000320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION**											
Ritonavir (RTV) Capsule											
Ritonavir (RTV) 100 MG Cap (Norvir)	Cap	12104560000120	No	0	No	No	No	No	N/A	No	Yes
Ritonavir (RTV) 100 MG Cap UD (Norvir)	Cap	12104560000120	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION**											
Ritonavir (RTV) Solution 80 MG/ML											
Ritonavir (RTV) 80 MG/ML solution (Norvir)	Sol	12104560002020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION**											
riTUXimab Injection											
riTUXimab 10 MG/ML INJ (Rituxan)	Concentrate	21353060001310	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Ropivacaine HCL Injection 2 MG/ML											
Ropivacaine HCL INJ 2 MG/ML (Naropin)	Sol	69100070102008	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Ropivacaine HCl Injection 5 MG/ML											
Ropivacaine HCl INJ 5 MG/ML (Naropin)	Sol	69100070102020	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Salicylic Acid 40 % Patch (Mediplast)											
Salicylic Acid Patch 40% 2.x3inch (Mediplast External)	Miscellaneous	90750030006370	No	0	No	No	No	No	N/A	No	Yes
Salicylic Acid External Pad 40 % 2 x 3inch (Mediplast External Pad 40%)	Pad	90750030004340	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Salicylic Acid Gel 6%											
Salicylic Acid External Gel 6% (Keralyt)	Gel	90750030004005	No	0	No	Yes	No	No	N/A	No	Yes
Salicylic Acid Patch 15%											
Salicylic Acid Patch 15%, 12MM (Trans-Ver-Sal)	Patch	90750030005915	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
Salicylic Acid Solution 17%											
Salicylic Acid Solution 17%, 14.8ML (Maximum Strength Wart Remover)	Sol	90750030002005	No	0	No	Yes	No	No	N/A	No	Yes
Salicylic Acid Ext Liq 17 % 9.3 ml (compound W) (Compound W)	Liq	90750030000932	No	0	No	Yes	No	No	N/A	No	Yes
Saliva Substitute											
Saliva Substitute 30 ml (Caphosol) (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes
Aquoral Mouth/Throat Aerosol Solution	Aero Sol	88501000003400	No	0	No	Yes	No	No	N/A	No	Yes
Saliva Substitute (Mouth Kote Mouth/Throat Soln)											
Saliva Substitute (Mouth Kote Mouth/Throat Soln) (Mouth Kote Mouth/Throat Solution)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes
Saliva Substitute(Moi-Stir Mouth/Throat Soln 4oz	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes
Salsalate Tablet											
Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	No	Yes
Salsalate 500 MG Tab UD (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	Yes	Yes
Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	No	Yes
Salsalate 750 MG Tab UD (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	Yes	Yes
Saquinavir Mesylate (SQV) 500 MG Tablet											
Saquinavir Mesylate(SQV) 500 MG Tab (Invirase)	Tab	12104580200320	No	0	No	No	No	No	N/A	No	Yes
Saquinavir Mesylate (SQV)500 MG Tab UD (Invirase)	Tab	12104580200320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Sargramostim Injection											
Sargramostim Inj Solution 500 MCG/ML (Leukine)	Sol	82402050002025	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Scopolamine HBr Injection 0.4 MG/ML											
Scopolamine HBr Inj 0.4 MG/ML, 1ML	Sol	49101040102015	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: **For Subcutaneous use**											
Scopolamine Patch 1.5 MG											
Scopolamine Patch 1.5 MG/72HR, (Transderm-Scop)	Patch 72 Hour	50200060008610	No	0	No	Yes	No	No	N/A	No	Yes
Secretin Acetate IV 16 MCG											
Secretin Acetate IV Soln Reconstituted 16 MCG (SecreFlo)	Sol Recon	94200080102120	No	0	No	No	Yes	No	N/A	No	Yes
Selegiline Capsule/Tablet											
Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	No	0	No	No	Yes	No	N/A	No	Yes
Selegiline 5 MG Cap UD (Eldedpryl)	Cap	73300030100120	No	0	No	No	Yes	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Non-Formulary Use Criteria:											
1. For narcolepsy: Documented verification of the inmate's report, to include polysomnography obtained and provided											
2. For narcolepsy: Patient has failed non-pharmacologic management strategies											
3. For narcolepsy: Functional impairment with work assignment, institution security, academic needs											
4. For narcolepsy: Failed treatment with modafinil and fluoxetine (for cataplexy)											
Formulary Restrictions:											
****Not for use in Narcolepsy (See NFR Use Criteria)****											
Selenium Sulfide Lotion 2.5%											
Selenium Sulfide Lotion 2.5%, 120ML (Selsun)	Lotion	90300050004120	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
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Selenium Sulfide Shampoo/Lotion 1%											
Selenium Sulfide Shampoo/Lotion 1%, 120ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes
Selenium Sulfide Shampoo/Lotion 1%, 207ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes
Selenium Sulfide Shampoo/Lotion 1 % (OTC) 7 oz (Selsun)	Lotion	90300050004110	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
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Senna Tablet											
Senna 8.6 MG Tab (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	No	Yes
Senna 8.6 MG Tab UD (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	Yes	Yes
Sennosides Oral Syrup 8.8 MG/5ML											
Sennosides Oral Syrup 8.8 MG/5ML (240ml)	Syrup	46200060201220	No	0	No	Yes	No	No	N/A	No	Yes
Sertraline Oral Concentrate											
Sertraline SOL 20 MG/ML, 60 ML (Zoloft)	Concentrate	58160070101320	No	0	Yes	Yes	No	No	N/A	No	Yes
Advisories:											
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
MLP Requires Cosign											
Sertraline Tablet											
Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	Yes	Yes
Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	No	Yes
Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	Yes	Yes
Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	No	Yes
Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	No	0	Yes	No	No	No	N/A	No	Yes
Sertraline HCl 25 MG Tab UD (Zoloft)	Tab	58160070100305	No	0	Yes	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
MLP Requires Cosign											
Sevelamer Carbonate Tablet											
Sevelamer Carbonate 800 MG Tab (Renvela)	Tab	52800070050340	No	0	No	No	No	No	N/A	No	Yes
Sevelamer Carbonate 800 MG Tab UD	Tab	52800070050340	No	0	No	No	No	No	N/A	Yes	Yes
Sevoflurane Inhalation Solution											
Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	No	0	No	No	No	No	N/A	No	Yes
Silver & Potassium Nitrate Applicator 75-25%											
Silver & Potassium Nitrate App 75%/25% EA (Silver Nitrate Applicators)	Miscellaneous	90509902406340	No	0	No	Yes	No	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%											
Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
Simethicone Chewable Tablet											
Simethicone 80 MG Chew Tab UD (Mytab)	Tab Chew	52200020000510	No	0	No	No	No	No	N/A	Yes	Yes
Simethicone 80 MG Chew Tab (Mytab)	Tab Chew	52200020000510	No	0	No	No	No	No	N/A	No	Yes
Simethicone 80 MG Chew (OTC) 100 count	Tab Chew	52200020000510	No	0	No	No	No	No	N/A	No	Yes
Simethicone 80 MG Chew (OTC) 24 count	Tab Chew	52200020000510	No	0	No	No	No	No	N/A	No	Yes
Simethicone 80 MG Chew (OTC) 36 count (Mylicon)	Tab Chew	52200020000510	No	0	No	No	No	No	N/A	No	Yes
Simethicone 125 MG Chewable Tab	Tab Chew	52200020000530	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
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Simvastatin Tablet											
Simvastatin 10 MG Tab UD (Zocor)	Tab	39400075000320	No	0	No	No	No	No	N/A	Yes	Yes
Simvastatin 10 MG Tab (Zocor)	Tab	39400075000320	No	0	No	No	No	No	N/A	No	Yes
Simvastatin 20 MG Tab UD (Zocor)	Tab	39400075000330	No	0	No	No	No	No	N/A	Yes	Yes
Simvastatin 20 MG Tab (Zocor)	Tab	39400075000330	No	0	No	No	No	No	N/A	No	Yes
Simvastatin 40 MG Tab (Zocor)	Tab	39400075000340	No	0	No	No	No	No	N/A	No	Yes
Simvastatin 40 MG Tab UD (Zocor)	Tab	39400075000340	No	0	No	No	No	No	N/A	Yes	Yes
Simvastatin 5 MG Tab UD (Zocor)	Tab	39400075000310	No	0	No	No	No	No	N/A	Yes	Yes
Simvastatin 5 MG Tab (Zocor)	Tab	39400075000310	No	0	No	No	No	No	N/A	No	Yes
Simvastatin 80 MG Tab (Zocor)	Tab	39400075000360	No	0	No	No	No	No	N/A	No	Yes
Simvastatin 80 MG Tab UD (Zocor)	Tab	39400075000360	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
"Pravastatin preferred statin for patients taking protease inhibitors"											
Sincalide Injection											
Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Acetate IV Solution											
Sodium Acetate Inj 2MEQ/ML, 50 ML	Sol	79050010002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Bicarbonate Injection											
Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML PFS (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Bicarbonate Inj 4%, 5 ML (Neut)	Sol	79050020002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Bicarbonate Tablet											
Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)	Tab	48200010000310	No	0	No	No	No	No	N/A	No	Yes
Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate)	Tab	48200010000325	No	0	No	No	No	No	N/A	No	Yes
Sodium Bicarbonate 650 MG (10GR) Tab UD (Sodium Bicarbonate Tablet)	Tab	48200010000325	No	0	No	No	No	No	N/A	Yes	Yes
Sodium Chloride 0.9% Nebulization Solution											
Sodium CHLORIDE 0.9% Inhalation 3 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes
Sodium CHLORIDE 0.9% Inhalation 5 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes
Sodium Chloride 2% Ophth Solution											
Sodium Chloride Ophth 2% Soln (15 ML) (Muro 128 2% Ophth)	Sol	86804030102003	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Chloride 3% Inhalation Nebulization Soln											
Sodium CHLORIDE 3% Inhalation Nebul Soln	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Chloride 3% Intravenous Solution 500 ML											
Sodium Chloride 3% Intravenous Solution 500 ML	Sol	79750010002030	No	0	No	No	No	No	N/A	No	Yes
Sodium Chloride 7% Nebulization Solution											
Sodium CHLORIDE 7% Inhalation PF 4 ML UD	Nebulization	43400010002535	No	0	No	Yes	No	No	N/A	Yes	Yes
Advisories:											
Caution -This is a concentrated Solution.											
Sodium Chloride Flush											
Sodium CHLORIDE 0.9% Flush Syringe, 10 ML (Flush Sodium Chloride)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Chloride Injection 0.45%											
Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.45% Inj 500 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Chloride Injection 0.9%											
Sodium CHLORIDE 0.9% Inj 10 ML SDV (Sodium Chloride 0.9%)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 20 ML SDV (Sodium Chloride Injection)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 50 ML (ADD-Vant) (Sodium Chloride)	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 100 ML (ADD-VANT) (Sodium Chloride 0.9% 100 ML ADD-Vantage)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 1000 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 500 ML (Sodium Chloride Injection 0.9%)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 250 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 50 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Inj 100 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Flush Syringe, 3 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	Yes	Yes
Sodium Chloride 0.9 % Inj 100 ml (Mini-Bag)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Chloride 0.9% Inj 50 ml (Mini Bag)	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Chloride Injection Soln 0.9% 2 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Chloride Injection 2.5 MEQ/ML											
Sodium CHLORIDE Conc 2.5 MEQ/ML Inj	Sol	79750010002050	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Caution - this is a concentrated electrolyte****											
Sodium Chloride Injection 23.4%											
Sodium CHLORIDE 23.4 % Inj 250 ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Must be diluted prior to administration***											
Caution - this is a concentrated electrolyte**											
Sodium Chloride Injection 4 MEQ/ML											
Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%)	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****Caution - this is a concentrated electrolyte****											
Sodium Chloride Injection Bacteriostatic											
Sodium CHLORIDE 0.9% Inj Bacterio 30 ML MDV (Sodium Chloride Injection Bacteriostatic)	Sol	98401040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Chloride-Benzyl Alcohol Inj 0.9 %(10 ml)	Sol	98401040102010	No	0	No	No	Yes	No	N/A	No	Yes
Sodium Chloride Irrigation 0.9%											
Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Irrigation Bottle (Sodium Chloride Irrigation)	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium CHLORIDE 0.9% Irrigation 500 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Chloride Ophth Ointment 5%											
Sodium CHLORIDE Ophth Oint 5% (3.5 gm) (Muro 128 5% Ointment)	Oint	86804030104205	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Chloride Ophth Solution 5%											
Sodium CHLORIDE Ophth Soln 5% (15 ML) (Muro 128 Ophthalmic Solution 5%)	Sol	86804030102005	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Citrate/Citric Acid Sol											
Sodium Citrate/Citric Acid Sol, 480ML (Shohls Solution)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	No	Yes
Formulary Restrictions:											
****RESTRICTED TO CHRONIC RENAL DISEASE*****											
Sodium CITRATE/Citric Acid Sol											
Sodium CITRATE/Citric Acid Sol (Cytra-2)	Sol	56202020002010	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****RESTRICTED TO CHRONIC RENAL DISEASE*****											
Sodium Phosphate & Biphosphate Enema											
Sodium Phosphate & Biphosphate Enema (Fleet Enema)	Enema	46109902105100	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Phosphate & Biphosphate Oral Solution											
Sodium Phosphate & Biphosphate Oral Sol, 100ML (Fleet Phospho-Soda)	Sol	46109902102000	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)	Sol	46109902102000	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
*****Warning - be alert to preventing and recognizing acute phosphate nephropathy*****											
Sodium Phosphate IV Solution											
Sodium Phosphate IV Sol 3 MMOLE/ML (4MEQ/ML) (Sodium Phosphate)	Sol	79600020002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Phosphate IV Sol 3 MMOLE/ML (Sodium Phosphate)	Sol	79600020002005	No	0	No	Yes	Yes	No	N/A	No	Yes
Sodium Polystyrene Sulfonate Susp 15 GM/60 ML											
Sodium Polystyrene Sulfonate Susp 15 GM/60 ML UD (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	Yes	Yes
Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Polystyrene Sulfate Susp 15 GM/60ML 473ml (Kionex Oral)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	Yes
Sodium Thiosulfate 25%											
Sodium Thiosulfate 25% Inj 250MG/ML (50ML)	Sol	93000075002025	No	0	No	Yes	Yes	No	N/A	No	Yes
Formulary Restrictions:											
*****MRC USE ONLY**											
Oncology Use Only**											
Medical Referral Center (MRC) Use Only											
Sorafenib Tosylate Tablet											
Sorafenib Tosylate 200 MG Tab (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	No	Yes
Sorafenib Tosylate 200 MG Tab UD (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Medical Referral Center (MRC) Use Only											
Sorbitol Oral Solution 70%											
Sorbitol Oral Solution 70%, 480 ML (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	No	Yes
Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	Yes	Yes
Sorbitol Solution 70 %											
Sorbitol Solution 70 % , 480 ML (Sorbitol)	Sol	98402040002000	No	0	No	Yes	No	No	N/A	No	Yes
Sotalol AF Tablet											
Sotalol HCl AF 120 MG Tab (Betapace AF)	Tab	33100045120315	No	0	No	No	No	No	N/A	No	Yes
Sotalol HCl AF 80 MG Tab (Betapace AF)	Tab	33100045120310	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
****CARDIOLOGIST INITIATED THERAPY ONLY****											
Sotalol Tablet											
Sotalol 240 MG Tab (Betapace)	Tab	33100045100330	No	0	No	No	No	No	N/A	No	Yes
Sotalol 120 MG Tab (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	No	Yes
Sotalol 120 MG Tab UD (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	Yes	Yes
Sotalol 160 MG Tab (Betapace)	Tab	33100045100320	No	0	No	No	No	No	N/A	No	Yes
Sotalol 80 MG Tab (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	No	Yes
Sotalol 80 MG Tab UD (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
****CARDIOLOGIST INITIATED THERAPY ONLY****											
Spironolactone Oral Tablet											
Spironolactone 25 MG Tab (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	No	Yes
Spironolactone 25 MG Tab UD (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	Yes	Yes
Spironolactone 100 MG Tab (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	N/A	No	Yes
Spironolactone 50 MG Tab (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	No	Yes
Spironolactone 50 MG Tab UD (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	Yes	Yes
Spironolactone 12.5 MG (1/2 tab) re-pack	Tab	37500020000305	No	0	No	No	No	No	N/A	No	Yes
Stavudine (d4T) Capsule											
Stavudine (d4T) 15 MG Cap (Zerit)	Cap	12108070000115	No	0	No	No	No	No	N/A	No	Yes
Stavudine (d4T) 20 MG Cap (Zerit)	Cap	12108070000120	No	0	No	No	No	No	N/A	No	Yes
Stavudine (d4T) 30 MG Cap (Zerit)	Cap	12108070000130	No	0	No	No	No	No	N/A	No	Yes
Stavudine (d4T) 40 MG Cap (Zerit)	Cap	12108070000140	No	0	No	No	No	No	N/A	No	Yes
Stavudine (d4T) 40 MG Cap UD (Zerit)	Cap	12108070000140	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Stavudine (d4T) Oral Solution											
Stavudine (d4T) Oral Sol 1MG/ML, 200 ML (Zerit)	Sol Recon	12108070002120	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Sterile Water for Injection											
Sterile Water for Injection, 20 ML	Sol	98401010002000	No	0	No	Yes	No	No	N/A	No	Yes
Sterile Water for Injection	Sol	98401010002050	No	0	No	No	No	No	N/A	No	Yes
Sterile Water for Injection 10ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes
Sterile Water for Irrigation USP											
Sterile Water for Irrigation USP (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Streptomycin Sulfate IM Injection											
Streptomycin Sulfate IM Inj 1GM	Sol Recon	07000060102105	No	0	No	No	Yes	No	N/A	No	Yes
Streptozocin IV Solution											
Streptozocin IV Sol Reconstituted 1 GM (Zanosar)	Sol Recon	21102030002105	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
Protect From Light											
Medical Referral Center (MRC) Use Only											
Succinylcholine Chloride Injection											
Succinylcholine Chloride 20 MG/ML, 10 ML Inj (Anectine)	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	Yes
Sucralfate Suspension 100 MG/1ML											
Sucralfate Suspension 100 MG/ML, 10ML UD (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	Yes	Yes
Sucralfate Suspension 100 MG/ML, 420ML (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	No	Yes
Sucralfate Tablet											
Sucralfate Tablet 1 GM (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	No	Yes
Sucralfate Tablet 1 GM UD (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	Yes	Yes
Sulfacetamide Sod ophth Solution 10%											
Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes
Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes
sulfADIAZINE Tablet											
sulfADIAZINE 500 MG Tab (SulfaDIAZINE)	Tab	08000020000305	No	0	No	No	No	No	N/A	No	Yes
sulfADIAZINE 500 MG Tab UD	Tab	08000020000305	No	0	No	No	No	No	N/A	Yes	Yes
Sulfamethoxazole/Trimeth 400-80 Mg Tablet											
Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes
Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet											
Sulfamethoxazole/Trimeth 800mg /160mg tab (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	No	Yes
Sulfamethoxazole/Trimeth 800mg /160mg UD (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
Sulfamethoxazole/Trimeth Injection											
Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)	Sol	16990002302010	No	0	No	Yes	Yes	No	N/A	No	Yes
Sulfamethoxazole/Trimeth Susp 200-40 MG/5ML											
Sulfamethox/Trimeth 200mg/40mg/5 susp, 473ML (Bactrim Suspension)	Susp	16990002301810	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****PILL LINE ONLY when used in the treatment of MRSA****											
sulfaSALAzine Enteric Coated Tablet											
sulfaSALAzine, EC Tab 500 MG (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	No	Yes
sulfaSALAzine, EC Tab 500 MG UD (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	Yes	Yes
sulfaSALAzine Oral Tablet											
sulfaSALAzine 500 MG Tab (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	N/A	No	Yes
Sulindac Tablet											
Sulindac 150 MG Tab (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	No	Yes
Sulindac 150 MG Tab UD (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	Yes	Yes
Sulindac 200 MG Tab (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	No	Yes
Sulindac 200 MG Tab UD (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	Yes	Yes
SUMAtriptan Injection											
SUMAtriptan 6 MG/0.5 ML Inj (Imitrex)	Sol	67406070102010	No	0	Yes	No	Yes	No	N/A	No	Yes
SUMAtriptan 6 MG/0.5ML Subcu Prefilled Syringe (Imitrex prefilled)	Sol Prefilled	6740607010E520	No	0	Yes	No	Yes	No	N/A	No	Yes
SUMAtriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)	Sol Auto-	6740607010D520	No	0	Yes	Yes	Yes	No	N/A	No	Yes
Advisories:											
****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****											
MLP Requires Cosign											
Sunitinib Malate Capsule											
Sunitinib Malate 50 MG Cap (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	No	Yes
Sunitinib Malate 12.5 MG Cap (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	No	Yes
Sunitinib Malate 25 MG Cap (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	No	Yes
Sunitinib Malate 12.5 MG Cap UD (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	Yes	Yes
Sunitinib Malate 25 MG Cap UD (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	Yes	Yes
Sunitinib Malate 50 MG Cap UD (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Tacrolimus Capsule											
Tacrolimus 5 MG Cap UD (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	Yes	Yes
Tacrolimus 5 MG Cap (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	No	Yes
Tacrolimus 0.5 MG Cap (Prograf)	Cap	99404080000105	No	0	No	No	No	No	N/A	No	Yes
Tacrolimus 1 MG Cap (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	No	Yes
Tacrolimus 1 MG Cap UD (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
**** FOR ORGAN REJECTION PROPHYLAXIS****											
Tamoxifen Tablet											
Tamoxifen 10 MG Tab (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	N/A	No	Yes
Tamoxifen 20 MG Tab (Nolvadex)	Tab	21402680100320	No	0	No	No	No	No	N/A	No	Yes
Tamoxifen 10 MG Tab UD (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	N/A	Yes	Yes
Tamsulosin Capsule											
Tamsulosin HCl 0.4 MG Cap (Flomax)	Cap	56852070100110	No	0	No	No	No	No	N/A	No	Yes
Tamsulosin HCl 0.4 MG Cap UD (Flomax)	Cap	56852070100110	No	0	No	No	No	No	N/A	Yes	Yes
Tears, Artificial Ophth Soln 1.4%(polyvinyl)											
Tear Solution 1.4%, 15 ML (Artificial Tears)	Sol	86200050002030	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Artificial (Akwa Tears) 15 ML (Akwa Tears Ophthalmic Drops)	Sol	86200050002030	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Artificial (Polyvinyl Alcohol 1.4 %) 15ML (Teargen)	Sol	86200050002030	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD											
Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD (Refresh Classic)	Sol	86209902502020	No	0	No	Yes	No	No	N/A	Yes	Yes
Tears, Ophth Sol, 30 ml (Refresh Classic) UD (Refresh Classic Solution)	Sol	86209902502020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Tears, Artificial Ophthalmic Oint 83-15 %											
Tears, Ophth Oint 3.5 GM (petro/min oil) 83-15% (Artificial tears oint)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Lubricant -Petrolatum, White Ophth Oint											
Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)	Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	Yes
MineralL Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)	Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Artificial (Renewed) 3.5 GM Ophth Oint	Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Ophth Ointment 3.5 GM (Lacri-Lube S.O.P.) (Lacri-Lube Ophth Ointment)	Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	Yes
Tears, Ophth Oint 3.5 GM 2-15-83 % (AKWA reform)	Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Temozolomide Capsule											
Temozolomide 20 MG Cap (Temodar)	Cap	21104070000120	No	0	No	No	No	No	N/A	No	Yes
Temozolomide 100 MG Cap (Temodar)	Cap	21104070000140	No	0	No	No	No	No	N/A	No	Yes
Temozolomide 250 MG Cap (Temodar)	Cap	21104070000150	No	0	No	No	No	No	N/A	No	Yes
Temozolomide 5 MG Cap (Temodar)	Cap	21104070000110	No	0	No	No	No	No	N/A	No	Yes
Temozolomide 100 MG Cap UD (Temodar)	Cap	21104070000140	No	0	No	No	No	No	N/A	Yes	Yes
Temozolomide 20 MG Cap UD (Temodar)	Cap	21104070000120	No	0	No	No	No	No	N/A	Yes	Yes
Temozolomide 5 MG Cap UD (Temodar)	Cap	21104070000110	No	0	No	No	No	No	N/A	Yes	Yes
Temozolomide 140 MG Capsule (Temodar)	Cap	21104070000143	No	0	No	No	No	No	N/A	No	Yes
Temozolomide 180 MG Cap (Temodar)	Cap	21104070000147	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Medical Referral Center (MRC) Use Only											
Tenofovir (TDF) Tablet											
Tenofovir (TDF) 300 MG Tab (Viread)	Tab	12108570100320	No	0	No	No	No	No	N/A	No	Yes
Tenofovir (TDF) 300 MG Tab UD (Viread)	Tab	12108570100320	No	0	No	No	No	No	N/A	Yes	Yes
Tenofovir (TDF) 150 MG Tab (Viread)	Tab	12108570100305	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Terazosin Capsule											
Terazosin HCl 1 MG Cap (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	No	Yes
Terazosin HCl 2 MG Cap (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	No	Yes
Terazosin HCl 10 MG Cap (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	No	Yes
Terazosin HCl 5 MG Cap (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	No	Yes
Terazosin HCl 5 MG Cap UD (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	Yes	Yes
Terazosin HCl 1 MG Cap UD (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	Yes	Yes
Terazosin HCl 10 MG Cap UD (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	Yes	Yes
Terazosin HCl 2 MG Cap UD (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	Yes	Yes
Terbutaline Inj											
Terbutaline 1 MG/ML, 1 ML Inj (Brethine Inj)	Sol	44201060202005	No	0	No	No	Yes	No	N/A	No	Yes
Terbutaline Tablet											
Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	No	0	No	No	No	No	N/A	No	Yes
Terbutaline 5 MG Tab (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	No	Yes
Terbutaline 5 MG Tab UD (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	Yes	Yes
Terconazole Vaginal Cream 0.4%											
Terconazole Vaginal Cream 0.4% (45 GM) GM (Terazol 7 Vaginal Cream)	Cm	55104070003710	No	0	No	Yes	No	No	N/A	No	Yes
Terconazole Vaginal Cream 0.8%											
Terconazole Vaginal Cream 0.8% (20 GM) GM (Terazol 3 Vaginal Cream)	Cm	55104070003720	No	0	No	Yes	No	No	N/A	No	Yes
Terconazole Vaginal Suppository 80 MG											
Terconazole Vaginal Suppository (3) 80 MG (Terazol 3)	Supp	55104070005210	No	0	No	Yes	No	No	N/A	No	Yes
Tetanus Immune Globulin 250 Unit/ml											
Tetanus Immune Globulin IM Injec 250 UNIT/ML (Tetanus Immune Globulin)	Injectable	19100060002205	No	0	No	No	Yes	No	N/A	No	Yes
Tetanus Toxoid Adsorbed											
Tetanus Toxoid Adsorbed 5 ML MDV Inj (Tetanus Toxoid Adsorbed)	Sol	18000020202005	No	0	No	Yes	Yes	No	N/A	No	Yes
Tetanus Toxoid Adsorbed IM PF 0.5ml SD Vial (Tetanus Toxoid Adsorbed)	Sol	18000020202005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Tetanus-Diphtheria Toxoids											
Tetanus-Diphtheria Toxoids 0.5 ML Tbx (Tetanus & Diphtheria Toxoids Prefilled S)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes
Tetanus-Diphtheria Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes
Tetanus-Diphtheria Toxoids Td Susp 2-2 LF/0.5 ML (Decavac (Td))	Susp	18990002201805	No	0	No	No	Yes	No	N/A	No	Yes
Tetanus/Dipth/Pertus (Adacel) Tdap											
Tetanus/Dipth/Pertus Toxoid IM Susp 5-2-15.5 (Adacel Intramuscular Suspension)	Susp	18990003221815	No	0	No	No	Yes	No	N/A	No	Yes
Tetanus/Dipth/Pertus IM 5-2.5-18.5(Boostrix) (Boostrix Intramuscular Suspension)	Susp	18990003221820	No	0	No	Yes	Yes	No	N/A	No	Yes
Tetanus/Dipth/Pertus (Daptacel)											
Tetanus/Dipth/Pertus Toxoid IM Susp 10-15-5 (Daptacel Intramuscular Suspension)	Susp	18990003201825	No	0	No	No	Yes	No	N/A	No	Yes
Tetracaine HCl Injection											
Tetracaine HCl Injection Solution 1 % (Pontocaine)	Sol	69200080102015	No	0	No	No	Yes	No	N/A	No	Yes
Tetracaine HCL Ophth solution 0.5%											
Tetracaine HCL Ophth Soln 0.5%, 1 ML UD (Pontocaine)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	Yes	Yes
Tetracaine HCL Ophth Soln 0.5%, 15 ML (Pontocaine HCL)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes
Tetracycline HCL Capsule											
Tetracycline 250 MG Cap UD (Tetracycline HCL)	Cap	04000060100105	No	0	No	No	No	No	N/A	Yes	Yes
Tetracycline 250 MG Cap (Achromycin V)	Cap	04000060100105	No	0	No	No	No	No	N/A	No	Yes
Tetracycline 500 MG Cap (Sumycin)	Cap	04000060100110	No	0	No	No	No	No	N/A	No	Yes
Tetracycline 500 MG Cap UD (Tetracycline HCL)	Cap	04000060100110	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
This item is temporarily unavailable commercially on the National level until late 2013 !!!											
Thalidomide Capsule											
Thalidomide Cap 100 MG (Thalomid)	Cap	99392070000130	No	0	No	No	Yes	No	N/A	No	Yes
Thalidomide Cap 200 MG (Thalomid)	Cap	99392070000140	No	0	No	No	Yes	No	N/A	No	Yes
Thalidomide Cap 50 MG (Thalomid)	Cap	99392070000120	No	0	No	No	Yes	No	N/A	No	Yes
Thalidomide Cap 150 MG (Thalomid)	Cap	99392070000135	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
***** Must be registered in the STEPS program *****											
Formulary Restrictions:											
****RESTRICTED TO ONCOLOGY USE ONLY****											
Medical Referral Center (MRC) Use Only											
Theophylline 24 Hour ER Capsule											
Theophylline 24 Hour ER 200 MG Cap	Cap ER 24	44300040007030	No	0	No	No	No	No	N/A	No	Yes
Theophylline 24 Hour ER 400 MG Cap (Theo-24 Oral Capsule ER)	Cap ER 24	44300040007050	No	0	No	No	No	No	N/A	No	Yes
Theophylline 24 Hour ER 300 MG Cap (Theo-24 capsule)	Cap ER 24	44300040007040	No	0	No	No	No	No	N/A	No	Yes
Theo-24 Oral Caps ER 24 Hour 100 MG	Cap ER 24	44300040007020	No	0	No	No	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Theophylline 24 Hour ER Tablet											
Theophylline 24 Hour ER 400 MG Tab	Tab ER 24	44300040007540	No	0	No	No	No	No	N/A	No	Yes
Theophylline 24 Hour ER 600 MG Tab	Tab ER 24	44300040007560	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Theophylline ER 12 Hour Tablet											
Theophylline 12 Hour ER 200 MG Tab (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	No	Yes
Theophylline 12 Hour ER 200 MG Tab UD (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	Yes	Yes
Theophylline 12 Hour ER 300 MG Tab (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	No	Yes
Theophylline 12 Hour ER 100 MG Tab (Theochron)	Tab ER 12	44300040007420	No	0	No	No	No	No	N/A	No	Yes
Theophylline 12 Hour ER 300 MG Tab UD (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	Yes	Yes
Theophylline 12 Hour ER 450 MG Tab (Theocron)	Tab ER 12	44300040007455	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Thiamine HCL Tablet											
Thiamine HCL 100 MG Tab (Vitamin B-1)	Tab	77101010100330	No	0	No	No	No	No	N/A	No	Yes
Thiamine HCL 100 MG Tab UD (Vitamin B-1)	Tab	77101010100330	No	0	No	No	No	No	N/A	Yes	Yes
Thiamine HCL 50 MG Tab UD (Vitamin B-1 Oral Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	Yes	Yes
Thiamine HCL 50 MG Tab (Vitamin B-1 Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	No	Yes
Thiamine HCL100 Mg/ML Inj											
Thiamine HCL 100 MG/ML,1 ML Inj (Vitamin B-1 Injection)	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	Yes
Thioguanine Tablet											
Thioguanine 40 MG Tab (Tabloid)	Tab	21300060000305	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:											
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"											
Thiopental Sodium IV Soln											
Thiopental Sodium Intravenous Soln 500 MG (Pentothal Intravenous)	Sol Recon	70100030102110	No	3	Yes	No	Yes	No	N/A	No	Yes
Formulary Restrictions:											
****For Surgery/ Anesthesia use only****											
MLP Requires Cosign											
Thiotepa Injection											
Thiotepa Inj 15 MG (Thiotepa)	Sol Recon	21100040002105	No	0	No	No	Yes	No	N/A	No	Yes
Thrombin 2000 Unit External Kit											
Thrombin External Kit 20000 Unit	Kit	84200050006420	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Thrombin 5000 Unit External Solution											
Thrombin 5000 Unit External Soln (Thrombin- JMI)	Sol Recon	84200050002110	No	0	No	No	Yes	No	N/A	No	Yes
Thyrotropin Alfa											
Thyrotropin Alfa IM Sol 1.1 MG (Thyrogen)	Sol Recon	94200090102120	No	0	No	No	Yes	No	N/A	No	Yes
Timolol Maleate Ophth GFS 0.5%											
Timolol Mal.(XE) Gel Forming Soln 0.5%(2.5ml) (Timoptic-XE)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate GFS 0.5% (5ML) (Timoptic GFS)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth GFS 0.25%											
Timolol Maleate Ophth GFS 0.25 % 5ml	Gel Forming	86250030107620	No	0	No	No	No	No	N/A	No	Yes
Timolol Maleate Ophth Solution 0.25%											
Timolol Maleate Ophth Soln 0.25% (5 ML) (Timoptic Ophth Soln)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth Soln 0.25% (10 ML) (Timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth Soln 0.25% (15 ML) (timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth Solution 0.5%											
Timolol Maleate Ophth Soln 0.5% (15 ML) (Timoptic 0.5% soln)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth Soln 0.5% (10 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes
Timolol Maleate Ophth Soln 0.5% (5 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes
Tiotropium Bromide Inhalation Cap											
Tiotropium Bromide HandiHaler 30 Cap 18 MCG Inh (Spiriva HandiHaler Inhalation Capsule)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	Yes
Tiotropium Bromide HandiHaler 90 Cap 18 MCG Inh (Spiriva)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	Yes
Tobramy/Dexameth Ophth Susp 0.3-0.1%											
Tobramycin/Dexameth Oph Susp 5 ML 0.3%/0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	Yes
Tobramycin/Dexameth Oph Susp 10 ML 0.3-0.1 % (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY***** **MLP Requires Cosign**											
Tobramycin Inhalation Sol 300 MG/5Ml											
Tobramycin Inhalation Sol 300 MG/5 ML Amp (Tobi)	Nebulization	07000070002520	No	0	No	Yes	No	No	N/A	No	Yes
Tobramycin Sulfate Inj											
Tobramycin Sulfate Injection Solution 80 MG/2ML	Sol	07000070102034	No	0	No	No	Yes	No	N/A	No	Yes
Tobramycin Sulfate Inj Solution 1.2 GM	Sol Recon	07000070102105	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions: ****USE ONLY AFTER DEMONSTRATED GENTAMICIN FAILURE OR RESISTANCE****											
Tobramycin Sulfate Ophth Oint 0.3%											
Tobramycin Sulfate Ophth 0.3%, 3.5 GM Oint (Tobrex)	Oint	86101070004205	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Tobramycin Sulfate Ophth Solution 0.3%											
Tobramycin Sulfate Ophth 0.3%, 5 ML Soln (Tobrex)	Sol	86101070002005	No	0	No	Yes	No	No	N/A	No	Yes
Topotecan Inj											
Topotecan 1 MG/ML (Hycamtin)	Sol Recon	21550080102120	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
TPN Electrolytes Inj											
TPN Electrolytes Inj (TPN Electrolytes II)	Sol	79992000002000	No	0	No	No	Yes	No	N/A	No	Yes
Trace Elements Inj											
Trace Elements 2-200-160-800 MCG/ML (Trace Elements)	Sol	79909904102020	No	0	No	No	Yes	No	N/A	No	Yes
Trace Elements 4-400-100-1000 MCG/ML (Multitrace)	Sol	79909904102025	No	0	No	No	Yes	No	N/A	No	Yes
Multitrace-4 Concen IV Soln 0.01-1-0.5-5 MG/ML (Multitrace-4)	Sol	79909904102035	No	0	No	No	Yes	No	N/A	No	Yes
Trace Elements Inj.											
Trace Elements(M.T.E.)1ML, 10-1000-500-60 MCG/ML (MTE-5)	Sol	79909905202020	No	0	No	No	Yes	No	N/A	No	Yes
Trastuzumab Intravenous											
Trastuzumab 440 MG Inj (Herceptin)	Sol Recon	21353070002120	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Travoprost Z Ophth Soln 0.004%											
Travoprost Z Ophth Soln (2.5ML) 0.004 % (Travatan Z)	Sol	86330070002025	No	0	No	Yes	No	No	N/A	No	Yes
Travoprost Z Ophth Soln (5 ML) 0.004 % (Travatan Z)	Sol	86330070002025	No	0	No	Yes	No	No	N/A	No	Yes
Travoprost Ophth Soln 0.004% 2.5 ml (Travatan)	Sol	86330070002020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
*****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****											
Formulary Restrictions:											
****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY***											
traZODone Tablet											
traZODone 100 MG Tab UD (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
traZODone 100 MG Tab (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	No	Yes
traZODone 150 MG Tab (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	No	Yes
traZODone 50 MG Tab (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	No	Yes
traZODone 50 MG Tab UD (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
traZODone 150 MG Tab UD (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
traZODone 75 MG Tab (1/2 tab) (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** ***RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****											
MLP Requires Cosign											

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Triamcinolone 0.1% Cream											
Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% 454 GM Cream (Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% 15 GM Cream	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% Ointment											
Triamcinolone 0.1% 15 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% 80 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone 0.1% 454 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
Triamcinolone Acetonide Inj											
Triamcinolone Acetonide 10 MG/ML Inj (Kenalog-10 5ML)	Susp	22100050101805	No	0	No	No	Yes	No	N/A	No	Yes
Triamcinolone Acetonide 40 MG/ML Inj (Kenalog-40)	Susp	22100050101810	No	0	No	Yes	Yes	No	N/A	No	Yes
Triamcinolone Acetonide 40 MG/ML, 5ML	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes
Triamcinolone Dental Paste											
Triamcinolone Dental Paste 0.1% 5 GM (Kenalog In Orabase)	Paste	88250020104410	No	0	No	Yes	No	No	N/A	No	Yes
Triamterene Capsule											
Triamterene 100 MG Cap (Dyrenium)	Cap	37500030000110	No	0	No	No	No	No	N/A	No	Yes
Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	No	0	No	No	No	No	N/A	No	Yes
Triamterene/ HCTZ Capsule											
Triamterene/ HCTZ 50 MG/25 MG Cap (Maxzide)	Cap	37990002300110	No	0	No	No	No	No	N/A	No	Yes
Triamterene/ HCTZ 37.5 MG/25 MG Cap (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	No	Yes
Triamterene/ HCTZ 37.5 MG/25 MG Cap UD (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	Yes	Yes
Triamterene/ HCTZ Tablet											
Triamterene/ HCTZ 37.5 MG/25 MG Tab UD (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	Yes	Yes
Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	No	Yes
Triamterene/ HCTZ 75 MG/50 MG Tab (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	No	Yes
Triamterene/ HCTZ 75 MG/50 MG Tab UD (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	Yes	Yes
Trichloroacetic Acid External Liquid											
Trichloroacetic Acid 80% (Tri-Chlor Liquid)	Liq	90500050000980	No	0	No	Yes	No	No	N/A	No	Yes
Trifluoperazine HCL Tablet											
Trifluoperazine HCL 1 MG Tab (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	No	Yes
Trifluoperazine HCL 1 MG Tab UD (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Trifluoperazine HCL 10 MG Tab (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	No	Yes
Trifluoperazine HCL 10 MG Tab UD (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Trifluoperazine HCL 2 MG Tab (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Trifluoperazine HCL 2 MG Tab UD (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Trifluoperazine HCL 5 MG Tab UD (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Trifluoperazine HCL 5 MG Tab (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Trifluridine Ophth Solution 1%											
Trifluridine Ophth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution)	Sol	86103020002005	No	0	Yes	Yes	No	No	N/A	No	Yes
MLP Requires Cosign											
Trihexyphenidyl Elixir											
Trihexyphenidyl 2 MG/5 ML Elixir, 473 ML (Artane)	Elixir	73100070101005	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Trihexyphenidyl HCl Tablet											
Trihexyphenidyl 2 MG Tab (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	No	Yes
Trihexyphenidyl 5 MG Tab (Artane)	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	No	Yes
Trihexyphenidyl 2 MG Tab UD (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Trihexyphenidyl 5 MG Tab UD (Artane)	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											
Trimethobenzamide Capsule											
Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	No	Yes
Trimethobenzamide HCL Injection											
Trimethobenzamide HCL 100 MG/ML Inj (Tigan 100 MG / ML, 2 ML Injection)	Sol	50200070102005	No	0	No	No	Yes	No	N/A	No	Yes
Trimethobenzamide HCL 100 MG/ML Syringe (Tigan 100 MG / ML, 2 ML Syringe)	Sol	50200070102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Tropicamide Ophth Solution 0.5%											
Tropicamide Ophth Soln 0.5%, 15 ML - Mydriacyl (Mydriacyl 0.5% Ophth Soln)	Sol	86350050002005	No	0	No	Yes	No	No	N/A	No	Yes
Tropicamide Ophth Solution 1%											
Tropicamide Ophth Soln 1%, 15 ML (Mydriacyl)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes
Tropicamide Ophth Soln 1%, 3 ML (Mydriacyl 1 %, 3 ML Ophth Soln)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes
Trypsin / Balsam / Castor Oil (Granulex)											
Trypsin/Balsam/Castor oil(Granulex) (Granulex Spray, 4 OZ)	Aero Sol	90700050003400	No	0	No	Yes	Yes	No	N/A	No	Yes
Advisories:											
****Clinic or Pill Line use only****											
Twinrix Intramuscular											
Hepatitis A & Hepatitis B (Twinrix) Susp 720-20 (Twinrix)	Susp	17109902051820	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Tyloxapol Ophth Solution 0.25%											
Tyloxapol Ophth Solution 0.25%, 15 ML (Enuclene Ophth Solution)	Sol	86807035002010	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****NOTE: FOR ARTIFICIAL EYES****											
Valproate Sodium Injection 100 MG/ML											
Valproate Sodium Inj 500MG/5ML (Depacon)	Sol	72500020102020	No	0	No	No	Yes	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Valproic Acid Capsule											
Valproic Acid 250 MG Cap UD (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	Yes	Yes
Valproic Acid 250 MG Cap (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** *"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Valproic Acid Liquid 250 MG/5ML											
Valproic Acid Liquid 250MG/5ML, UD (Depakene)	Liq	96844236000900	No	0	No	Yes	No	No	N/A	Yes	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** *"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Valproic Acid Syrup 250MG/5ML											
Valproic Acid Syrup 50 MG/ML, 480 ML (Depakene Syrup)	Syrup	72500020101205	No	0	No	Yes	No	No	N/A	No	Yes
Valproic Acid Syrup 250 MG/5ML UD 10 ML	Syrup	72500020101205	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)** *"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**											
Vancomycin HCl Injection											
Vancomycin HCl 1 GM/20 ML Inj (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCl Inj ADVantage 1 GM (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCl 500 MG Inj (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCl Inj ADVantage 500 MG (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCl 5 GM Inj (Vancocin)	Sol Recon	16000060102109	No	0	No	Yes	Yes	No	N/A	No	Yes
Vancomycin HCl 750 MG Inj (Vancocin)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCl Inj ADVantage 750 MG (vanc)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin HCL Injection Premix											
Vancomycin Premix 500 MG/100 ML Inj (Vancocin)	Sol	16000060112020	No	0	No	No	Yes	No	N/A	No	Yes
Vancomycin Premix 1 G/200 ML Inj (Vancocin)	Sol	16000060112040	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Vasopressin Injection											
Vasopressin 20 Units/ML Inj (Pitressin)	Sol	30201030002010	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Venlafaxine Oral 24 Hour Capsule (XR)											
Venlafaxine XR 24 Hour Cap 37.5 MG (Effexor XR)	Cap ER 24	58180090107020	No	0	Yes	No	Yes	No	N/A	No	Yes
Venlafaxine XR 24 Hour Cap 37.5 MG UD (Effexor XR)	Cap ER 24	58180090107020	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Venlafaxine XR 24 Hour Cap 75 MG (Effexor XR)	Cap ER 24	58180090107030	No	0	Yes	No	Yes	No	N/A	No	Yes
Venlafaxine XR 24 Hour Cap 75 MG UD (Effexor XR)	Cap ER 24	58180090107030	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Venlafaxine XR 24 Hour Cap 150 MG (Effexor XR)	Cap ER 24	58180090107050	No	0	Yes	No	Yes	No	N/A	No	Yes
Venlafaxine XR 24 Hour Cap 150 MG UD (Effexor XR)	Cap ER 24	58180090107050	No	0	Yes	No	Yes	No	N/A	Yes	Yes
MLP Requires Cosign											
Verapamil ER 24 Hour Oral Capsule											
Verapamil HCl ER 180 MG 24 Hour Cap	Cap ER 24	34000030107025	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 100 MG 24 Hour Cap (Verlan PM)	Cap ER 24	34000030107015	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 360 MG 24 Hour Cap	Cap ER 24	34000030107045	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 24 Hour 240 MG Cap	Cap ER 24	34000030107035	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 120 MG 24 Hour Cap	Cap ER 24	34000030107020	No	0	No	No	No	No	N/A	No	Yes
Verapamil ER Oral Tab											
Verapamil HCl ER 240 MG Tab (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 120 MG Tab (Calan)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 180 MG Tab	Tab ER	34000030100415	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 120 MG Tab (Calan) (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 120 MG Tab UD (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	Yes	Yes
Verapamil HCl ER 180 MG Tab (Calan) (Calan / Isoptin SR)	Tab ER	34000030100415	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 180 MG Tab UD (Calan SR)	Tab ER	34000030100415	No	0	No	No	No	No	N/A	Yes	Yes
Verapamil HCl ER 240 MG Tab (Calan) (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl ER 240 MG Tab UD (Calan)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	Yes	Yes
Verapamil ER PM 24 Hour Capsule											
Verapamil HCl PM ER 200 MG Caps 24 Ho 200 (Verelan)	Cap ER 24	34000030107030	No	0	No	No	No	No	N/A	No	Yes
Verapamil Inj											
Verapamil HCL 2.5 MG/ML Inj (Calan / Isoptin 2.5 MG / ML)	Sol	34000030102005	No	0	No	No	Yes	No	N/A	No	Yes
Verapamil HCL 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)	Sol	34000030102005	No	0	No	Yes	Yes	No	N/A	No	Yes
Verapamil Oral Tab											
Verapamil HCl 80 MG Tab UD (Calan)	Tab	34000030100305	No	0	No	No	No	No	N/A	Yes	Yes
Verapamil HCl 120 MG Tab (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl 40 MG Tab (Calan / Isoptin)	Tab	34000030100303	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl 80 MG Tab (Calan / Isoptin)	Tab	34000030100305	No	0	No	No	No	No	N/A	No	Yes
Verapamil HCl 120 MG Tab UD (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Vials 9 dram (475/box)											
Vials 9 dram (475/box)			No	0	No	No	No	No	N/A	No	Yes
vials 16 dram (270/box)											
Vials 16 dram (270/box)			No	0	No	No	No	No	N/A	No	Yes
Vials 30 dram (140/box)											
Vials 30 dram (140/box)			No	0	No	No	No	No	N/A	No	Yes
Vials 40 dram (110 /box)											
Vials 40 dram (110 /box)			No	0	No	No	No	No	N/A	No	Yes
Vials 60 dram (70/box)											
Vials 60 dram (70/box)			No	0	No	No	No	No	N/A	No	Yes
Vials 9 dram box											
Vials child proof caps 9dram (250/bag)			No	0	No	Yes	No	No	N/A	No	Yes
Vials 9 dram Caps											
Vial EZ-open Caps 9 dram (300/bag) (caps)			No	0	No	No	No	No	N/A	No	Yes
Vials EZ-open 13/16 dram (200/bag)											
Vials EZ-open cap 13/16 dram (200/bag) (caps)			No	0	No	No	No	No	N/A	No	Yes
vinBLAStine Sulfate Inj											
vinBLAStine Sulfate 10 MG Inj (Velban)	Sol Recon	21500030102105	No	0	No	No	Yes	No	N/A	No	Yes
vinCRIStine Sulfate Inj											
vinCRIStine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	Yes
vinCRIStine Sulfate 1 MG/ML, 2ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	Yes
Vinorelbine Tartrate											
Vinorelbine Tartrate 10 MG/ML Inj (Navelbine)	Sol	21500050802020	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Use Only											
Vitamin A & D Ointment											
Vitamin A & D Ointment 5 GM Packets (Vit A&D Ointment Packet)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	Yes	Yes
Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes
Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	No	No	No	N/A	No	Yes
Vitamin A & D Ointment 113 GM	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Vitamin B Complex Tablet											
Vitamin B with C Tab (Nephro-vite) (Nephro-Vite)	Tab	78133000000325	No	0	No	No	No	No	N/A	No	Yes
Vitamin B with C 300 MG Tab (Total B with C)	Tab	78133000000300	No	0	No	No	No	No	N/A	No	Yes
Vitamin B with C Tab UD (Nephro-Vite) (Nephro-Vite)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes
Vitamin B complex (Dialyvite) Tab (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	N/A	No	Yes
Vitamin B complex (Dialyvite) Tab UD (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Advisories:											
***Formulary for Dialysis patients, active substance abuse detoxification and malnutrition/malabsorption disorders only*											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Medical Referral Center (MRC) Use Only											
Voriconazole inj											
Voriconazole 200 MG Inj (Vfend IV)	Sol Recon	11407080002120	No	0	No	No	Yes	No	N/A	No	Yes
Medical Referral Center (MRC) Initiation Only											
Voriconazole Oral Tab											
Voriconazole 200 MG Tab (Vfend)	Tab	11407080000340	No	0	No	No	No	No	N/A	No	Yes
Voriconazole 50 MG Tab (Vfend)	Tab	11407080000320	No	0	No	No	No	No	N/A	No	Yes
Warfarin Tablet											
Warfarin 4 MG Tab UD (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 4 MG Tab (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	No	Yes
Warfarin 2 MG Tab UD (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 2 MG Tab (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	No	Yes
Warfarin 3 MG Tab UD (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 3 MG Tab (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	No	Yes
Warfarin 6 MG Tab (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	No	Yes
Warfarin 6 MG Tab UD (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 1 MG Tab UD (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 1 MG Tab (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	No	Yes
Warfarin 10 MG Tab (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	No	Yes
Warfarin 10 MG Tab UD (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 2.5 MG Tab (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	No	Yes
Warfarin 2.5 MG Tab UD (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 5 MG Tab UD (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin 5 MG Tab (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	No	Yes
Warfarin 7.5 MG Tab (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	No	Yes
Warfarin 7.5 MG Tab UD (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	Yes	Yes
Warfarin Sodium 0.5 MG (1/2 tablet) repack (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."											
Water For Irrigation, Sterile											
Water For Irrigation, Sterile 1000 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes
Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes
Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Water, Sterile Injection											
Water, Sterile Injection 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	Yes	Yes	No	N/A	No	Yes
Water, Sterile Injection 20 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	No	Yes	No	N/A	No	Yes
Witch Hazel & Glycerin (Tucks)											
Witch Hazel & Glycerin(Medi Pads) 50%/10% (Tucks)	Pad	90971040004300	No	0	No	No	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Witch Hazel & Glycerin 50%/10% Pads											
Witch Hazel & Glycerin 50%/10% (40 Pads) (Tucks)	Pad	90970035004300	No	0	No	Yes	No	No	N/A	No	Yes
Witch Hazel & Glycerin 50%/10% (100 Pads) (Tucks)	Pad	90970035004300	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.											
Xylose Powder											
Xylose Powder GM (D-XYLOSE)	Pwdr	94200040002900	No	0	No	Yes	No	No	N/A	No	Yes
Zidovudine (ZDV) Capsule											
Zidovudine (ZDV) 100 MG Cap (Retrovir)	Cap	12108085000110	No	0	No	No	No	No	N/A	No	Yes
Zidovudine (ZDV) 100 MG Cap UD (Retrovir)	Cap	12108085000110	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Zidovudine (ZDV) Oral Syrup 10 MG/ML											
Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir)	Syrup	12108085001210	No	0	No	Yes	No	No	N/A	No	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Zidovudine (ZDV) Tablet											
Zidovudine (ZDV) 300 MG Tab (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	No	Yes
Zidovudine (ZDV) 300 MG Tab UD (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:											
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****											
Zinc Oxide Ointment 20%											
Zinc Oxide Ointment 20%, 454 GM (Dr Talbots)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes
Zinc Oxide Ointment 20%, 30 GM (Zinc Oxide Ointment)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes
Zinc Oxide Ointment 20%, 60 GM	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes
Zinc Oxide Ointment 40%											
Zinc Oxide Ointment 40% 4 oz (Zinc Oxide)	Oint	90971020004240	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name / Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry
Zinc Sulfate											
Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	No	0	No	No	No	No	N/A	No	Yes
Ziprasidone Oral Capsule											
Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	No	Yes
Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	No	Yes
Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	No	Yes
Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	No	Yes
Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Ziprasidone 80 MG Cap UD (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	Yes	Yes
Advisories:											
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
MLP Requires Cosign											