

FEDERAL BUREAU OF PRISONS HEALTH SERVICES

NATIONAL FORMULARY Part I

2016



APPROVED

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TABLE OF CONTENTS

PART I

2016 FORMULARY CHANGES 3-5

NATIONAL BOP FORMULARY MISSION / PROCEDURAL STATEMENT 6-7

DEFINITIONS / RULES 8-12

FDA MEDICATION GUIDES AND SIDE EFFECTS STATEMENT 9

OVER THE COUNTER MEDICATIONS 9

LOOK ALIKE / SOUND ALIKE GUIDANCE (SEE REPORT ON SALLYPORT) 10

NON-SUBSTITUTABLE PRODUCTS 10

RISK EVALUATION AND MITIGATION STRATEGIES (REMS) 11

KEEP ON PERSON (KOP), I.E. SELF-CARRY MEDICATIONS 11

NON-CONTROLLED SUBSTANCES RESTRICTED TO PILL LINE 12

CRITERIA/JUSTIFICATION TO BE MET FOR CONSIDERATION OF NON-FORMULARY APPROVAL
..... 13-31

DONEPEZIL (ARICEPT) NON-FORMULARY ALGORITHM 32

NUTRITIONAL SUPPLEMENTS NON-FORMULARY WORKSHEET 33

NON-STERILE COMPOUNDING WORKSHEET 34-36

URGENT CARE CART AND KIT CONTENT 37

OVER THE COUNTER MEDICATION PRESCRIBING MATRIX 38-44

HYPERTENSIVE EMERGENCY AND URGENCY GUIDANCE 45-46

HIGH PRIORITY MEDICAL CONDITIONS/DIAGNOSES.....47

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

HEPATITIS C TREATMENT APPROVAL ALGORITHMSALLYPORT FORMS

ITEMS RESTRICTED TO PILL LINEBEMR RX REPORT

PART 2

FORMULARY DRUG MONOGRAPHS BY GENERICBEMR RX REPORT, SALLYPORT

2016 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 2016 BOP Formulary; please refer to the 2016 National P&T minutes for additional information and detailed discussion regarding all of the changes.

Abacavir/Dolutegravir/Lamivudine (Triumeq™)	ADD
Acitretin (Soriatane™)	ADD non-formulary use criteria
Adalimumab (Humira™)	ADD non-formulary use criteria
Addamel	ADD ADD restriction
Alirocumab (Praluent™)	ADD non-formulary use criteria
Amoxicillin/Clavulanic Acid (Augmentin™)	DELETE restriction ADD advisory
Antipyrine/Benzocaine otic	DELETE
Apixaban (Eliquis™)	ADD non-formulary use criteria
Asacol™ 400 mg	DELETE
Augmentin™ (Amoxicillin/Clavulanic Acid)	DELETE restriction ADD advisory
Benzocaine/Antipyrine otic	DELETE
Betamethasone Dipropionate, Augmented 0.05% cream (Diprolene™ AF) & ointment	ADD ADD advisory
Biologics	ADD non-formulary use criteria
Boost™ (Nutritional Supplements)	DELETE
Bupropion (Wellbutrin™ IR, SR, and XL, Zyban™)	DELETE DELETE inclusionary dx criteria DELETE non-formulary use criteria ADD non-formulary use criteria
Cefepime (Maxipime™)	ADD ADD restriction
Ciprofloxacin ophthalmic (Ciloxan™)	DELETE restriction
Clobetasol propionate 0.05% (Temovate™) cream and ointment	DELETE
Conjugated Estrogen (Premarin™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Cyclophosphamide capsules	ADD
Cyclophosphamide tablets	DELETE
Dabigatran (Pradaxa™)	ADD non-formulary use criteria
Dolutegravir (Tivicay™)	ADD

Dolutegravir/Abacavir/Lamivudine (Triumeq™)	ADD
Duloxetine (Cymbalta™)	ADD
Edoxaban (Savaysa™)	ADD non-formulary use criteria
Ensure™ (Nutritional Supplements)	ADD
Erythromycin Ethylsuccinate and Sulfisoxazole oral suspension	DELETE
Esterified Estrogen (Menest™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Estradiol (Estrace™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Estrogen, Conjugated (Premarin™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Estrogen, Esterified (Menest™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Etanercept (Enbrel™)	ADD non-formulary use criteria
Evolocumab (Repatha™)	ADD non-formulary use criteria
Finasteride (Proscar™)	ADD non-formulary use criteria
Flunisolide Nasal Spray	DELETE
Fluticasone Propionate Nasal Spray	ADD ADD to Formulary OTC Prescribing Matrix
Gabapentin (Neurontin™)	DELETE ADD non-formulary use criteria
Gardasil™ 9 (Human papillomavirus 9-valent [types 6, 11, 16, 18, 31, 33, 45, 52, 58] vaccine, recombinant)	ADD ADD restriction
Harvoni™ (Ledipasvir/Sofosbuvir)	ADD advisory
HPV Vaccine - Human papillomavirus 9-valent [types 6, 11, 16, 18, 31, 33, 45, 52, 58] vaccine, recombinant (Gardasil™ 9)	ADD ADD restriction
Human papillomavirus 9-valent [types 6, 11, 16, 18, 31, 33, 45, 52, 58] vaccine, recombinant (Gardasil™ 9)	ADD ADD restriction
Isosource™ (Nutritional Supplements)	ADD
Jevity™ 1.2 (Nutritional Supplement Fiber - 1.2 Cal Oral Liq)	ADD ADD inclusionary dx criteria
Jevity™ 1.5 (Nutritional Supplements)	DELETE
Lamivudine/Dolutegravir/Abacavir (Triumeq™)	ADD

Lamotrigine (Lamictal™)	DELETE exclusionary dx criteria ADD inclusionary dx criteria
Ledipasvir/Sofosbuvir (Harvoni™)	ADD advisory
Levetiracetam (Keppra™)	ADD inclusionary dx criteria
Medroxyprogesterone (Provera™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Multitrace-4	ADD restriction
Nutritional Supplement Fiber - 1.2 Cal Oral Liq (Jevity™ 1.2)	ADD ADD inclusionary dx criteria
Nutritional Supplements (Boost™)	DELETE
Nutritional Supplements (Ensure™)	ADD
Nutritional Supplements (Isosource™)	ADD
Nutritional Supplements (Jevity™ 1.5)	DELETE
PCSK9 Inhibitors	ADD non-formulary use criteria
Percocet solution 5/325 mg/5 mL	DELETE
Phentolamine mesylate 5 mg inj	DELETE
Pregabalin (Lyrica™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Prenatal plus 27-1 mg	DELETE
Progesterone (Prometrium™)	DELETE non-formulary use criteria ADD non-formulary use criteria
Rivaroxaban (Xarelto™)	ADD non-formulary use criteria
Sofosbuvir/Ledipasvir (Harvoni™)	ADD advisory
Spironolactone (Aldactone™)	ADD non-formulary use criteria
Testosterone (Androderm™)	ADD non-formulary use criteria
Tetanus toxoid	DELETE
Triamcinolone Dental Paste (Oralone™)	ADD inclusionary dx criteria
Triumeq™ (Abacavir/ Dolutegravir/Lamivudine)	ADD

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

