

**Bureau of Prisons  
Health Services**

**2018 National Formulary Part 2**

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

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Sub.</u> | <u>Non</u> | <u>DEA</u> | <u>Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln</u> | <u>Crush.</u> | <u>Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmily</u> |
|--------------------|---|--------------------|-----------------|-------------|------------|------------|---------------|---------------|------------|-------------|----------------|---------------|-------------|-------------|---------------|-------------|-------------|--------------|
|                    | Abacavir Sulfate (ABC) Oral Soln 20mg/ml                    |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir Sulfate(ABC) Oral Soln 20 MG/ML (240ml) (Ziagen)   | Sol                | 12105005102020  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | **MLP Requires Cosign**                                     |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir Sulfate (ABC) Tablet                               |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir (ABC) 300 MG TAB UD (Ziagen)                       | Tab                | 12105005100320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | Yes         | Yes         |              |
|                    | Abacavir (ABC) 300 MG TAB (Ziagen)                          | Tab                | 12105005100320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | **MLP Requires Cosign**                                     |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir Sulfate/Lamivudine 600mg/300 mgTablet              |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)       | Tab                | 12109902200340  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)    | Tab                | 12109902200340  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | Yes         | Yes         |              |
|                    | **MLP Requires Cosign**                                     |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir-Lamivudine-Zidovudine Tablet                       |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir) | Tab                | 12109903200320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | Yes         | Yes         |              |
|                    | Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir) | Tab                | 12109903200320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | **MLP Requires Cosign**                                     |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir/Dolutegrav/Lamivudine Tab 600-50-300MG             |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Abacavir-Dolutegravir-Lamivud 600-50-300MG Tab (Triumeq)    | Tab                | 12109903150320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Abacavir-Dolutegravir-Lamivud 600-50-300MG TabUD (Triumeq)  | Tab                | 12109903150320  | No          | 0          | Yes        | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | Yes         | Yes         |              |
|                    | **MLP Requires Cosign**                                     |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Ace Aerosol Spacer  |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Ace Spacer  | Miscellaneous      | 9710000006300   | No          | 0          | No         | Yes           | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Acetaminophen 325 MG Tablet                                 |                    |                 |             |            |            |               |               |            |             |                |               |             |             |               |             |             |              |
|                    | Acetaminophen 325 MG Tab (Tylenol)                          | Tab                | 64200010000310  | No          | 0          | No         | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)           | Tab                | 64200010000310  | No          | 0          | No         | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)           | Tab                | 64200010000310  | No          | 0          | No         | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Acetaminophen 325 MG Tab (OTC) 100 count                    | Tab                | 64200010000310  | No          | 0          | No         | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | No          | Yes         |              |
|                    | Acetaminophen 325 MG Tab UD (Tylenol)                       | Tab                | 64200010000310  | No          | 0          | No         | No            | No            | N/A        | No          | Yes            | No            | No          | No          | N/A           | Yes         | Yes         |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
|                    | Advisories:<br>**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<br>Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)  | Elixir             | 64200010001015  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Advisories:<br>**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<br>Acetaminophen Infants Oral Suspension 160 MG/5ML (Pain & Fever infants)  | Susp               | 64200010001840  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Acetaminophen Oral Liquid 160 MG/5ML   | Liq                | 64200010000912  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Acetaminophen Oral Solution 160 MG/5ML UD (5ml)  | Sol                | 64200010002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Acetaminophen Sol 160 MG/5ML (480ml) (Tylenol)   | Sol                | 64200010002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>**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<br>Acetaminophen Sol 650 MG/20.3ML UD (Tylenol)  | Sol                | 64200010002010  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Advisories:<br>**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 Rectal Suppository 325 MG<br>Acetaminophen Rectal Suppository 325 MG (Acephen)   | Supp               | 64200010005215  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>**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<br>Acetaminophen Rectal Suppository 120 MG (Tylenol)  | Supp               | 64200010005205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>**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<br>Acetaminophen Rectal Suppository 650 MG (Tylenol)  | Supp               | 64200010005220  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>**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<br>Acetaminophen Suspension 1000 MG/30ML ( 240 ml) (Tylenol Extra Strength Suspension)   | Liq                | 64200010000914  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Only | Pill Ln | Crush. Req. | Loc. | Active | Dose | Unit | Fmlry |
|-------------|--|-------------|----------------|----------|------------|--------|-----|------|------|---------|-------------|------|--------|------|------|-------|
|             | Advisories:<br>**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 300/15 MG Tablet   |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | Acetaminophen-Codeine #2 300-15 MG tab (Tylenol #2)  | Tab         | 65991002050310 | No       | 3          | Yes    | No  | Yes  | Yes  | N/A     | No          | Yes  |        |      |      |       |
|             | Advisories:<br>****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****<br>**MLP Requires Cosign**          |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | 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  |        |      |      |       |
|             | Advisories:<br>****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****<br>**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:<br>****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****<br>**MLP Requires Cosign**          |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | Acetaminophen/Codeine Oral Soln 120-12 MG/5ML  |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | Acetaminophen/Codeine 120MG/12 MG/5ML (5ML) 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/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, 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  |        |      |      |       |
|             | Advisories:<br>****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****<br>**MLP Requires Cosign**                             |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | acetaZOLAMIDE ER Capsules  |             |                |          |            |        |     |      |      |         |             |      |        |      |      |       |
|             | acetaZOLAMIDE ER 500 MG 12 Hour Cap (Diamox SEQUELS)   | Cap ER 12   | 37100010006920 | No       | 0          | No     | No  | No   | No   | N/A     | No          | Yes  |        |      |      |       |
|             | AcetaZOLAMIDE ER 500 MG 12 Hour Capsule UD   | Cap ER 12   | 37100010006920 | No       | 0          | No     | No  | No   | No   | N/A     | Yes         | Yes  |        |      |      |       |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Crush.<br/>Req.</u> | <u>Loc.<br/>Active</u> | <u>Unit<br/>Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-------------------------|------------------------|------------------------|----------------------|--------------|
| aceta              | ZOLAMIDE Tablet   |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | acetaZOLAMIDE 125 MG Tab UD   | Tab                | 37100010000305  | No                  | 0                    | No            | No         | No          | No                      | No                     | N/A                    | Yes                  | Yes          |
|                    | acetaZOLAMIDE 125 MG Tab (Diamox)   | Tab                | 37100010000305  | No                  | 0                    | No            | No         | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | acetaZOLAMIDE 250 MG Tab (Diamox)   | Tab                | 37100010000310  | No                  | 0                    | No            | No         | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | acetaZOLAMIDE 250 MG UD (Diamox)  | Tab                | 37100010000310  | No                  | 0                    | No            | 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                      | 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                      | No                     | N/A                    | No                   | Yes          |
|                    | Acetic Acid Irrigation 500 ML Solution 0.25 %   | Sol                | 56700040002005  | No                  | 0                    | No            | Yes        | No          | 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                      | No                     | N/A                    | No                   | Yes          |
| Acetic Acid/Alum   | acetate Otic 2%   |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | Acetic Acid/Alum Acetate Otic 2% (60ML) (Borofair Otic drops)   | Sol                | 87400025002010  | No                  | 0                    | No            | Yes        | No          | 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                      | No                     | N/A                    | No                   | Yes          |
|                    | Advisories:<br>****FOR ANESTHESIA /SURGERY USE ONLY****<br>**Medical Referral Center (MRC) Use Only** |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
| Acetylcysteine     | 20%, 4ML sol  |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | Acetylcysteine 20%, 4ML sol (Mucomyst)  | Sol                | 43300010002005  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
| Acetylcysteine     | Inhalation Solution 10%   |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | Acetylcysteine 10%, 10ML sol (Mucomyst)   | Sol                | 43300010002003  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Acetylcysteine Inhalation Solution 10% 4ml  | Sol                | 43300010002003  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Acetylcysteine Inhalation Solution 10% 10ml   | Sol                | 43300010002003  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Acetylcysteine Inhalation Solution 10% 30 ML  | Sol                | 43300010002003  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
| Acetylcysteine     | Inhalation Solution 20%   |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | Acetylcysteine 20 % , 30 ML Sol (Mucomyst)  | Sol                | 43300010002005  | No                  | 0                    | No            | Yes        | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Acetylcysteine 20% Inhal Sol, 10 ml   | Sol                | 43300010002005  | No                  | 0                    | No            | 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                      | 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                      | No                     | N/A                    | No                   | Yes          |
| Acyclovir          | Injection   |                    |                 |                     |                      |               |            |             |                         |                        |                        |                      |              |
|                    | Acyclovir 1000 MG injection (Zovirax)   | Sol Recon          | 12405010102130  | No                  | 0                    | No            | Yes        | Yes         | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Acyclovir Sodium 500 MG IV Solution (Zovirax)   | Sol Recon          | 12405010102120  | No                  | 0                    | No            | No         | Yes         | No                      | No                     | N/A                    | No                   | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Acyclovir Tablet/Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Acyclovir 200 MG Cap (Zovirax)  | Cap                | 12405010000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Acyclovir 200 MG Cap UD (Zovirax)   | Cap                | 12405010000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Acyclovir 400 MG Tab (Zovirax)  | Tab                | 12405010000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Acyclovir 400 MG Tab UD (Zovirax)   | Tab                | 12405010000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Acyclovir 800 MG TAB (Zovirax)  | Tab                | 12405010000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Acyclovir 800 MG TAB UD (Zovirax)   | Tab                | 12405010000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Addamel N Intravenous Solution  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Addamel N Intravenous Solution (addamel)  | Sol                | 79909909202020  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Adenosine Injection   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Adenosine Intravenous Solution 12 MG/4ML (Adenocard)  | Sol                | 35500010002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Adenosine Intravenous Solution 6 MG/2ML   | Sol                | 35500010002015  | No              | 0                 | No            | No         | Yes         | No                  | 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  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ace Spacer/Aero-Holding Chambers Device (ace spacer)  | Device             | 97100550006200  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Aerochamber EA (Aerochamber)  | Miscellaneous      | 97100550006200  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Albendazole Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Albendazole 200MG TAB (Albenza)   | Tab                | 15000002000320  | No              | 0                 | No            | 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                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Albumin, Human  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Albumin Human IV Sol 25 % 50 ML (Albuminar-25)  | Sol                | 85400010002015  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Albuterol Inhaler HFA   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Albuterol Inhaler HFA (18 GM) 90 mcg (Ventolin HFA)   | Aero Sol           | 44201010103410  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Albuterol Inhaler HFA (6.7 GM) 90mcg (Proventil)  | Aero Sol           | 44201010103410  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT (Proair)  | Aero Sol           | 44201010103410  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | *** Proair HFA 8.5 GM is now the most cost affective/contract product- pharmacy please convert existing 6.7gm over to the 8.5gm size as local supply runs out" \$9.63 vs 25.58 per fill** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Albuterol Oral Syrup 2 MG/5ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Albuterol Syrup (480ml) 2mg/5ml (Proventil Syrup)   | Syrup              | 44201010101205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | 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:<br>*****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Alcohol, Isopropyl 70% Pads (200ct)                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Alcohol, Isopropyl 70% Pads (200ct)                                 |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Alcohol, Isopropyl Pads   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Alcohol, Isopropyl 70% PADS (Alcohol Pads)                          | Pad                | 97703040004300  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | Yes                | Yes              |             |
|                    | Advisories:<br>*****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Alendronate Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Alendronate 10 MG TAB (Fosamax)                                     | Tab                | 30042010100310  | 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 35 MG TAB (Fosamax)                                     | Tab                | 30042010100335  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Alendronate 35 MG TAB UD  | Tab                | 30042010100335  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Alendronate 40 MG TAB (Fosamax)                                     | Tab                | 30042010100340  | 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 5 MG Tab UD (Fosamax)                                   | Tab                | 30042010100305  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Alendronate 70 MG Tab (Fosamax)                                     | Tab                | 30042010100370  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Alendronate 70 MG Tab Unit Dose (Fosamax)                           | Tab                | 30042010100370  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Alendronate 70 MG Tab Unit of Use Blister Pack (Fosamax)            | Tab                | 30042010100370  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | 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 (Zyloprim)                                   | Tab                | 68000010000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Allopurinol 100 MG Tab UD (Zyloprim)                                | Tab                | 68000010000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | 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              |             |

| Doctor Name                                      | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active | Unit Dose | Fmlly |
|--|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|-------|
| ALOH/Mag Carb (Gaviscon ES) 160-105 MG Chew Tab  |  |             |                |          |            |        |     |      |              |             |      |        |           |       |
|  | ALOH/Mag Carb(Gaviscon Extra Strength)Chew Tab (Gaviscon Extra Strength Tab Chewable 160- Tab Chew 105MG)  |             | 48990002150520 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No     | 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           | No          | N/A  | No     | 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           | No          | N/A  | No     | 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-AI Plus XS)  | Liq         | 48991003101835 | No       | 0          | No     | Yes | No   | 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           | No          | N/A  | No     | 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 DS 400/400/40 MG/5ML 355ML susp (Mi-Acid Maximum Strength)  | Susp        | 48991003101835 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No     | 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) (OTC) 355ML susp (Mylanta)  | Susp        | 48991003101810 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No     | No        | Yes   |
|  | ALOH/MGOH/Simeth 30ML 1200/1200/120MG liq (Mag-AI Plus 30 ML CUP)  | Liq         | 48991003101810 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | Yes    | Yes       |       |
|  | ALOH/MGOH/Simeth Liq 200-200-20 MG/5ML (Mag-AI Plus)   | Liq         | 48991003101810 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No     | No        | Yes   |
|  | ALOH/MGOH/Simeth Susp 200-200-20 MG/5ML(150ml) (Maalox Regular Strength)   | Susp        | 48991003101810 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No     | 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           | No          | N/A  | No     | No        | Yes   |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Advisories:<br>**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:<br>**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.** |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | 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 % IV Soln 500 ml (TrophAmine Intravenous)   | Sol                | 80302010102040  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 15% Intravenous Solution   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Amino Acid 15% IV Solution 2000ml (Aminosyn II IV solution)   | Sol                | 80302010102060  | 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 4.25/5 IV Soln   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Amino Acid/Dex 4.25/5 2L IV Soln (Clinimix E 4.25%)   | Sol                | 80302020552032  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Amino Acid/Dex/Elec 5/20 IV Soln 2L   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Amino Acid/Dex/Elec 5/20 IV Soln 2L (Clinimix E)  | Sol                | 80302020702040  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Amino Acid/Dex/Electrolyte (5/15)   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Amino Acid/Dex/Elec 5/15 1L IV Soln (Clinimix E 5/15 1 liter)   | Sol                | 80302020652040  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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/Dext (5/15)  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Amino Acid/Dext 5/15 1L IV Soln (Clinimix 5/15 1 Liter)   | Sol                | 80302010272040  | 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                |             |              |



| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Req.<br>Crush. | Loc. | Active<br>Dose | Unit | Fmlly |
|--------------------|---|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|----------------|------|-------|
|                    | Amino Acid/Dextrose 4.25/10 IV Soln<br>Amino Acid/Dex 4.25/10 IV soln (Clinimix)  | Sol                | 80302010252032  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose 4.25/25 IV Soln<br>Amino Acid/Dex 4.25/25 IV soln (Aminosyn II)   | Sol                | 80302010352032  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose 5/20 IV Sol<br>Amino Acid/Dex 5/20 2L IV Soln (Clinimix)  | Sol                | 80302010302040  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose/Elec 4.25/10 IV Soln<br>Amino Acid/Dex/Elec 4.25/10 2L IV Soln (Clinimix E)   | Sol                | 80302020602032  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose/Elec 4.25/10 IV Soln (Clinimix E)   | Sol                | 80302020602032  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose/Elec 4.25/25 IV Soln<br>Amino Acid/Dex/Elec 4.25/25 2L IV Soln (Clinimix E)   | Sol                | 80302020752032  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Dextrose/Elec 5/25 IV Soln<br>Amino Acid/Dex/Elec 5/25 IV soln 5 % (Clinimix E)  | Sol                | 80302020752040  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amino Acid/Glycerin w/Elec 3/3 IV Soln<br>Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)  | Sol                | 80302010152010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Aminocaproic Acid Injection<br>Aminocaproic Acid 250 MG/ML inj (Amicar)   | Sol                | 84100010002005  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Aminocaproic Acid Syrup 250 MG/ML<br>Aminocaproic Acid (480ML) 250 MG/ML syrp (Amicar)  | Syrup              | 84100010001205  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Aminocaproic Acid Tablet<br>Aminocaproic Acid 500 MG TAB (Amicar)   | Tab                | 84100010000305  | No          | 0            | No     | No  | No   | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Aminocaproic Acid 500 MG Tab UD   | Tab                | 84100010000305  | No          | 0            | No     | No  | No   | No                 | N/A            | Yes  | Yes            |      | Yes   |
|                    | Aminophylline Injection<br>Aminophylline 25MG/ML, 20ML inj (Aminophylline)  | Sol                | 44300010002010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Aminophylline 25MG/ML,10ML inj (Aminophylline)  | Sol                | 44300010002010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amiodarone Injection<br>Amiodarone HCl IV Solution 150 MG/3ML   | Sol                | 35400005002030  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amiodarone HCl IV Solution 450 MG/9ML (Cordarone)   | Sol                | 35400005002040  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Advisories:<br>***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | Formulary Restrictions:<br>****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****  |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | Amiodarone Tablet<br>Amiodarone HCl 100 MG Tab (Pacerone)   | Tab                | 35400005000303  | No          | 0            | No     | No  | No   | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amiodarone HCl 100 MG Tab UD (Pacerone)   | Tab                | 35400005000303  | No          | 0            | No     | No  | No   | No                 | N/A            | Yes  | Yes            |      | Yes   |
|                    | Amiodarone HCl 200 MG Tab (Pacerone)  | Tab                | 35400005000305  | No          | 0            | No     | No  | No   | No                 | N/A            | No   | Yes            |      | Yes   |
|                    | Amiodarone HCl 200 MG Tab UD (Pacerone)   | Tab                | 35400005000305  | No          | 0            | No     | No  | No   | No                 | N/A            | Yes  | Yes            |      | Yes   |
|                    | Amiodarone HCl 400 MG Tab (Pacerone)  | Tab                | 35400005000320  | No          | 0            | No     | No  | No   | No                 | N/A            | No   | Yes            |      | Yes   |

| <u>Doctor Name</u>  | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|---|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
| 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 25 MG Tab (Elavil)                        | Tab                | 58200010100310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes           |                  |              |
|   | Amitriptyline 25 MG Tab UD (Elavil)                     | Tab                | 58200010100310  | 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           |                  |              |
|   | 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 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 UD (Elavil)                    | Tab                | 58200010100330  | 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           |                  |              |
| 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 2.5 MG TAB (Norvasc)                         | Tab                | 34000003100320  | 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           |                  |              |
|   | amLODIPine 5 MG TAB (Norvasc)                           | Tab                | 34000003100330  | 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 10 MG TAB (Norvasc)                          | Tab                | 34000003100340  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
|   | amLODIPine 10 MG UD (Norvasc)                           | Tab                | 34000003100340  | 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 (Trimox)                         | Cap                | 01200010100105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
|   | 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           |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Amoxicillin Chewable Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin 250 MG Chewable Tablet   | Tab Chew           | 01200010100510  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin Suspension   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)                                  | Susp Recon         | 01200010101910  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin 250 MG/5ML Susp (Amoxil)   | Susp Recon         | 01200010101915  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin 400 MG/5ML Susp (Amoxil)   | Susp Recon         | 01200010101924  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav 250MG/125MG TAB   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav 250/125MG TAB (Augmentin)                                   | Tab                | 01990002200310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>*****APPROVED FOR HUMAN BITES*****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav 500MG/125MG Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav 500/125MG TAB (Augmentin)                                   | Tab                | 01990002200320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav 500/125MG TAB UD (Augmentin)                                | Tab                | 01990002200320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:<br>*****APPROVED FOR HUMAN BITES*****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav 875MG/125MG TAB   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav 875/125MG TAB (Augmentin)                                   | Tab                | 01990002200340  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav 875/125MG UD (Augmentin)                                    | Tab                | 01990002200340  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:<br>*****APPROVED FOR HUMAN BITES*****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav Suspension  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmentin)                        | Susp Recon         | 01990002201915  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)                         | Susp Recon         | 01990002201920  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav (200ML) 600mg/5ml susp (Augmentin)                          | Susp Recon         | 01990002201960  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav 400MG/5ML susp (Augmentin)                                  | Susp Recon         | 01990002201935  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Amoxicillin/Clav Susp 600-42.9MG/5ML (75ml)                                  | Susp Recon         | 01990002201960  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>*****APPROVED FOR HUMAN BITES*****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amphoter B Lipid Cpx Injection   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Amphoter B Lipid Cpx 5MG/ML inj (Abelcet)                                    | Susp               | 11000010301820  | No              | 0                 | No            | Yes        | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |  |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|--|
|                    | Amphotericin B Injection  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | Amphotericin B 50 MG inj (Amphotericin B)   | 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 1 GM inj (Ampicillin)  | Sol Recon          | 01200020302120  | 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 2 GM inj (Ampicillin)  | Sol Recon          | 01200020302125  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin Sodium Inj Soln 250 MG   | Sol Recon          | 01200020302110  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin Sodium Inj Soln 500 MG   | Sol Recon          | 01200020302115  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin Sodium Injection Soln 10 GM  | Sol Recon          | 01200020302130  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin Sodium Intravenous Solution 10 GM  | Sol Recon          | 01200020302132  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin/Sulbactam Injection  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | Ampicillin-Sulbactam Inj Soln 1.5 (1-0.5)GM   | Sol Recon          | 01990002252110  | No              | 0                 | No            | No         | 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 1.5GM inj ADV (Unasyn)   | Sol Recon          | 01990002252112  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin/Sulbactam 3GM inj (Unasyn)   | Sol Recon          | 01990002252122  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Ampicillin/Sulbactam Inj Soln Recon 3 (2-1) GM (Unasyn)   | Sol Recon          | 01990002252120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Anastrozole Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | Anastrozole 1 MG TAB (Arimidex)   | Tab                | 21402810000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Anastrozole 1 MG Tab UD (Arimidex)  | Tab                | 21402810000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes         | Yes                |             |              |  |
|                    | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***                          |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | 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 4GM/100ML(500m (Anticoagulant Sodium Citrate Soln 4 GM/100ML) | Sol                | 83400080102020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Sodium Citrate 4 % 5ml (re-pack syringe) (anticoagulant)  | Sol                | 83400080102020  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Antihemophilic fact ,reco Xyntha Solofuse IV Kit  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |  |
|                    | Antihemophilic fact Xyntha Solofuse IV 1000 UNIT (Xyntha Solofuse)                              | Kit                | 85100010266440  | No              | 0                 | Yes           | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Antihemophilic fact Xyntha Solofuse IV 3000UNIT (Xyntha)  | Kit                | 85100010266470  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Antihemophilic fact Xyntha Solofuse IV 500 UNIT (Xyntha Solofuse)                               | Kit                | 85100010266430  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |
|                    | Antihemophilic fact Xyntha Solofuse IV Kit 2000U (Xyntha Solofuse)                              | Kit                | 85100010266460  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |  |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc. | Active | Unit<br>Dose | Fmly |
|--------------------|--|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|--------|--------------|------|
|                    | **MLP Requires Cosign**  |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Antihemophilic Factor-VWF Injection  |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Antihemophilic Factor-VWF Soln 250-600 UNIT (Humate P)   | Sol Recon          | 85100015102122  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | Antihemophilic Factor-VWF Soln 1000-2400 UNIT (Humate P)   | Sol Recon          | 85100015102144  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | Antihemophilic/VWF Cmplx/Human IV Sol 2000 UNIT (Alphanate/Vwf)  | Sol Recon          | 85100015102193  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | Antiheophilic Fac Humate-P IV Soln 500-1200 UNIT (Humate-P)  | Sol Recon          | 85100015102132  | 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    |              |      |
|                    | 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:<br>****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    |              |      |
|                    | Apraclonidine Ophthalmic Solution 1% (0.1ml) (Iopidine)  | Sol                | 86602010102020  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes    |              |      |
|                    | Formulary Restrictions:<br>****OPHTHALMOLOGIST USE ONLY****  |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Aprepitant Capsule   |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Aprepitant 125 MG CAP (Emend)  | Cap                | 50280020000130  | No          | 0            | No     | No  | 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 3 day pack 1x125mg, 2x80mg Cap (Emend)  | Miscellaneous      | 50280020006320  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes    |              |      |
|                    | Aprepitant 80 MG CAP (Emend)   | Cap                | 50280020000120  | No          | 0            | No     | No  | No   | No                 | N/A            | No   | Yes    |              |      |
|                    | Aprepitant 80 MG Cap UD (Emend)  | Cap                | 50280020000120  | No          | 0            | No     | No  | No   | No                 | N/A            | Yes  | Yes    |              |      |
|                    | Formulary Restrictions:<br>**For use in highly emetic chemotherapy treatment regimens only**<br>**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    |              |      |
|                    | ARIPiprazole Maintena IM Susp  |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | ARIPiprazole ER IM 300 MG Suspension (Abilify)   | Susp Recon         | 5925001500G23   | No          | 0            | Yes    | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | ARIPiprazole ER IM 400MG Suspension (Abilify Maintena)   | Susp Recon         | 5925001500G24   | No          | 0            | Yes    | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | ARIPiprazole Maintena IM 300 MG Prefill Syringe (Abilify maintena)   | Prefilled          | 5925001500E43   | No          | 0            | Yes    | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |
|                    | ARIPiprazole Maintena IM 400 MG Prefill Syringe (Abilify Maintena)   | Prefilled          | 5925001500E44   | No          | 0            | Yes    | No  | Yes  | No                 | N/A            | No   | Yes    |              |      |

| <u>Doctor Name</u>        | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|---------------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                           | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| ARIPiprazole              | Oral Solution 1 MG/ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | ARIPiprazole Oral Soln 1 MG/ML, 150ML (Abilify)   | Sol                | 59250015002020  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | ****Aripiprazole is now a Non-formulary item as of 09/27/2010 , No new scripts may be written without a non-formulary request approval, all existing scripts must be tapered off per protocol and/or switched to a formulary agent prior to 3/26/2011 ****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| ARIPiprazole              | Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | ARIPiprazole 2 MG Tab (Abilify)   | Tab                | 59250015000305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 2 MG Tab UD (Abilify)  | Tab                | 59250015000305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 5 MG Tab (Abilify)   | Tab                | 59250015000310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 5 MG Tab UD (Abilify)  | Tab                | 59250015000310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 7.5 MG (1/2 of 15mg tab) re-packUD (Abilify)   | Tab                | 59250015000330  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 10 MG Tab (Abilify)  | Tab                | 59250015000320  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 10 MG Tab UD (Abilify)   | Tab                | 59250015000320  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 15 MG Tab (Abilify)  | Tab                | 59250015000330  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 15 MG Tab UD (Abilify)   | Tab                | 59250015000330  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 20 MG Tab (Abilify)  | Tab                | 59250015000340  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 20 MG Tab UD (Abilify)   | Tab                | 59250015000340  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | ARIPiprazole 30 MG Tab (Abilify)  | Tab                | 59250015000350  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | ARIPiprazole 30 MG Tab UD (Abilify)   | Tab                | 59250015000350  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                           | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Articaine-Epinephrine Inj | Solution 4 %-1:100000   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | Articaine-Epinephrine Inj Soln 4%-1:100000 (Septocaine)   | Sol                | 69991002052025  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | Articaine-Epinephrine Inj Soln 4%-1:200000 (Septocaine)   | Sol                | 69991002052020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                           | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | **Dental Clinic Use only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Aspirin                   | 325 MG Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                           | Aspirin 325 MG Tab (Aspirin)  | 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) 24 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 325 MG Tab UD (Aspirin)   | Tab                | 64100010000315  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                           | Aspirin 500 MG Tab (Aspirin)  | Tab DR             | 64100010000607  | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u>    | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|-----------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| Aspirin               | 81 MG Tablet (365 day)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Aspirin 81 MG Tab Chewable (Aspirin)  | Tab Chew           | 64100010000510  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Aspirin 81 MG Tab Chewable UD   | Tab Chew           | 64100010000510  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                       | Aspirin 81 MG EC Tab UD (Aspirin E.C.)  | Tab DR             | 64100010000601  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | Aspirin 81 MG Tab (low dose) (ASA)  | Tab                | 64100010000307  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Aspirin 81 MG Tab (low dose) UD (Aspirin)   | Tab                | 64100010000307  | No              | 0                 | No            | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Aspirin               | Suppository   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Aspirin 300 MG Supp (Aspirin)   | Supp               | 64100010005218  | No              | 0                 | No            | Yes        | 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.         | 325 MG Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Aspirin, E.C. 325 MG Tab (Ecotrin)  | Tab DR             | 64100010000605  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Aspirin, E.C. 325 MG Tab UD (Aspirin)   | Tab DR             | 64100010000605  | No              | 0                 | No            | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Atazanavir (ATV)      | Sulfate Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)   | Cap                | 12104515200130  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)  | Cap                | 12104515200130  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)   | Cap                | 12104515200140  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atazanavir Sulfate (ATV) 200 MG CAP UD (Reyataz)  | Cap                | 12104515200140  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)   | Cap                | 12104515200150  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)  | Cap                | 12104515200150  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Atazanavir/Cobicistat | 300-150 MG Tab (Evotaz)   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Atazanavir/Cobicistat 300-150 MG Tab (Evotaz) (Evotaz)  | Tab                | 12109902220330  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Atenolol              | Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                       | Atenolol 100 MG TAB (Tenormin)  | Tab                | 33200020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atenolol 100 MG UD (Tenormin)   | Tab                | 33200020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | Atenolol 25 MG TAB UD (Tenormin)  | Tab                | 33200020000303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                       | Atenolol 25 MG TAB (Tenormin)   | Tab                | 33200020000303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atenolol 50 MG TAB (Tenormin)   | Tab                | 33200020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                       | Atenolol 50 MG TAB UD (Tenormin)  | Tab                | 33200020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Atorvastatin Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Atorvastatin 10 MG Tab (Lipitor)   | Tab                | 39400010100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atorvastatin 10 MG TAB UD  | Tab                | 39400010100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Atorvastatin 20 MG TAB (Lipitor)   | Tab                | 39400010100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atorvastatin 20 MG TAB UD (Lipitor)  | Tab                | 39400010100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Atorvastatin 40 MG TAB (Lipitor)   | Tab                | 39400010100330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atorvastatin 40 MG TAB UD  | Tab                | 39400010100330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Atorvastatin 80 MG TAB (Lipitor)   | Tab                | 39400010100350  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atorvastatin 80 MG TAB UD  | Tab                | 39400010100350  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | 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                  | No                 | N/A                | No               | Yes          |
|                    | Atropine Sulfate Inj Prefilled Syringe 1 MG/10ML   | Sol Prefilled      | 4910101010E51   | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Atropine Sulfate Injection Solution 8 MG/20ML  | Sol                | 49101010102070  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Atropine Ophth Solution 1%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Atropine ophth 1%, 15 mL soln (Atropine)   | Sol                | 86350010102010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atropine ophth 1%, 2 mL soln (Atropine)  | Sol                | 86350010102010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Atropine ophth 1%, 5 mL soln (Atropine)  | Sol                | 86350010102010  | No              | 0                 | No            | Yes        | No          | No                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Aveeno Shower & Bath   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Aveeno Shower & Bath External Oil 360 ML (Aveeno Shower & Bath)  | Oil                | 90400000001700  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ***Inpatient Use only****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | azaTHIOprine Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | azaTHIOprine 100 MG TAB (Imuran)   | Tab                | 99406010000325  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | azaTHIOprine 50 MG TAB (Imuran)  | Tab                | 99406010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | azaTHIOprine 50 MG TAB UD (Imuran)   | Tab                | 99406010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | azaTHIOprine 75 MG TAB (Imuran)  | Tab                | 99406010000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 500 MG  | Tab                | 03400010000334  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | 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 (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 250 MG, (Z-Pak) (Zithromax Z-Pak)                                       | Tab                | 03400010000320  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Azithromycin Tab 600 MG (Zithromax)  | Tab                | 03400010000340  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Azithromycin Tab 600 MG UD (Zithromax)   | Tab                | 03400010000340  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | 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:<br>****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:<br>**Do Not Administer IV, SubQ, Intradermally**                             |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>*****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:<br>**Do Not Administer IV, SubQ, Intradermally**                             |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>*****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/Poly B 28.35 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              |              |
|                    | Bacitracin/Polymyxin B oint UD Packet (Polysporin)                                       | Oint               | 90109802104200  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes                | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|-------------|-------------|--------------|
|                    | Advisories:<br>**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  | Sol                | 98401020102000  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Bacteriostatic Water(Benz Alc) Injec Soln  | Sol                | 98401020102000  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Barium (Liquid Polibar) Oral/Rectal Susp 100%  | Susp               | 94401010101855  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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 %   | Susp               | 94401010101805  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Barium (VoLumen) Oral Suspension 0.1% 450ml (VoLumen)  | Susp               | 94401010101805  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Barium Oral Susp Recon 96 % (E-Z Paque)  | Susp Recon         | 94401010101921  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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)   | Susp Recon         | 94401010101923  | No              | 0                | No            | No         | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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)   | Susp               | 94401010101834  | No              | 0                | No            | No         | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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 2.1 % Suspension  | Susp               | 94401010101824  | No              | 0                | No            | Yes        | 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 450ml (Readi-cat2)  | Susp               | 94401010101826  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Readi-Cat 2 Oral Suspension 2 % 450 ml (Readi-cat 2)   | Susp               | 94401010101825  | No              | 0                | No            | No         | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Barium Sulfate for Suspension (Packet)   | Packet             | 94401010103010  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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   | Aero Sol           | 44400010103408  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone HFA inh 40 MCG (8.7GM) (QVAR)   | Aero Sol           | 44400010103408  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone HFA Oral Inhaler 80 Mcg/ACT   | Aero Sol           | 44400010103428  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone HFA inh 80 MCG (8.7GM) (Qvar)   | Aero Sol           | 44400010103428  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone RediHaler Inh Aerosol 80 MCG/ACT  | Aero Breath        | 44400010128140  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone RediHaler Inh 80 MCG/ACT 10.6GM (QVAR)  | Aero Breath        | 44400010128140  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Beclomethasone RediHaler Inh 40 MCG/ACT 10.6GM (Qvar)  | Aero Breath        | 44400010128120  | No              | 0                | No            | Yes        | No          | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Belladonna and Opium Suppository   | Supp               | 49109902155210  | No              | 2                | Yes           | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | 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           |             |             |              |
|                    | Formulary Restrictions:<br>**Inpatient use only; order may not exceed 3 days**<br>**Medical Referral Center (MRC) Use Only**<br>**MLP Requires Cosign**  |                    |                 |                 |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Benzo/Butamben/Tetra   | Aero               | 90859903403220  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |
|                    | Benzo/Butamben/Tetra 56GM Spray (Cetacaine)  | Aero               | 90859903403220  | No              | 0                | No            | Yes        | Yes         | No                  | N/A                | No          | Yes           |             |             |              |

| <u>Doctor Name</u>                 | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|------------------------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                                    | Formulary Restrictions:<br>****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:<br>**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:<br>**Clinic use only, not to be issued to inmate**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Benztropine Injection              | Benztropine 1MG/ML, 2ML inj (Cogentin)   | Sol                | 73100010102005  | No              | 0                 | Yes           | Yes        | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Benztropine Tablet                 | Benztropine 0.5 MG Tab (Cogentin)  | Tab                | 73100010100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Benztropine 0.5 MG Tab UD (Cogentin)   | Tab                | 73100010100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | 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              |              |
|                                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Betamethasone Dip 0.05% Cream      | Betamethasone Dip 15GM 0.05% crea (Diprosone cream)  | Cm                 | 90550020003705  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                                    | Betamethasone Dip 45GM 0.05% crea (Diprosone Cream)  | 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)   | Oint               | 90550020004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                                    | Betamethasone Dip 45GM 0.05% oint (Diprosone Oint)   | Oint               | 90550020004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
|                    | Betamethasone Dip Aug Cream 0.05%   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Betamethasone Dip Aug 15 GM 0.05% Cream (diprolene)   | Cm                 | 90550020053705  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Betamethasone Dip Aug 50 GM 0.05% crea (Diprolene)  | Cm                 | 90550020053705  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Advisories:<br>*****Not recommended for application to face or groin. Maximum recommended duration is 2 weeks, use pulse therapy if > 2 weeks ***** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Betamethasone Dip Aug Ointment 0.05%  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Betamethasone Dip Aug 15 GM 0.05% oint (Diprolene)  | Oint               | 90550020054205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Betamethasone Dip Aug 45 GM 0.05% Ointment (Diprolene)  | Oint               | 90550020054205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Betamethasone Dip Aug 50 GM 0.05% oint (Diprolene)  | Oint               | 90550020054205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Advisories:<br>*****Not recommended for application to face or groin. Maximum recommended duration is 2 weeks, use pulse therapy if > 2 weeks ***** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | 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 % 10 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           |                  |              |
|                    | Betaxolol HCl Ophth 0.5%, 5 ML Soln (Betoptic)  | Sol                | 86250010102005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Bethanechol Chloride Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Bethanechol 5 MG TAB (Urecholine)   | Tab                | 54300010100310  | 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 (Urecholine)  | Tab                | 54300010100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
|                    | Bethanechol 25 MG TAB UD (Urecholine)   | Tab                | 54300010100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes         | Yes           |                  |              |
|                    | Bethanechol 50 MG TAB (Urecholine)  | Tab                | 54300010100340  | 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           |                  |              |
|                    | Bevacizumab Intravenous Soln 100 MG/4ML (Avastin)   | Sol                | 21335020002025  | No              | 0                 | No            | No         | 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:<br>***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Biktarvy Oral Tablet 50-200-25 MG   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Biktarvy Oral Tablet 50-200-25 MG   | Tab                | 12109903240330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Bisacodyl E.C. Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bisacodyl E.C. 5 MG TAB (Dulcolax)  | Tab DR             | 46200010000610  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bisacodyl E.C. 5 MG TAB UD (Dulcolax)   | Tab DR             | 46200010000610  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Bisacodyl Suppository   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bisacodyl 10 MG supp (Dulcolax)   | Supp               | 46200010005205  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bismuth Subsal Caplets  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bismuth Subsal 262 MG Caplet (Pepto-Bismol)   | Tab                | 47300010000307  | No              | 0                 | No            | 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 Suspension 524 MG/30ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bismuth Subsal 262MG/15ML (236 ML) susp (Pepto-Bismol)  | Susp               | 47300010001805  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bismuth Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)   | Susp               | 47300010001805  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Bismuth Subsalicylate 262 MG Tab UD (Pepto bis)   | Tab                | 47300010000307  | No              | 0                 | No            | 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 15 Units inj (Blenoxane)  | Sol Recon          | 21200010102105  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Bleomycin sulfate 30 Units inj (Blenoxane)  | Sol Recon          | 21200010102115  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Brimonidine Tartrate Ophth 0.2 % sol (5ml) (Alphagan)   | Sol                | 86602020102010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Brimonidine Tartrate Ophth 0.2% Soln( 15ml)   | Sol                | 86602020102010  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bromocriptine Tab/Cap   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bromocriptine Mesylate 2.5 MG TAB (Parlodel)  | Tab                | 73200020100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bromocriptine Mesylate 2.5 MG Tab UD (repack)   | Tab                | 73200020100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Bromocriptine Mesylate 5 MG CAP (Parlodel)  | Cap                | 73200020100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Bupivacaine HCl 0.25% Injection   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bupivacaine HCl 0.25% ML Inj (Marcaine)   | Sol                | 69100010102005  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Marcaine PF Injection Soln 0.25 % (Marcaine)  | Sol                | 69100010102007  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Bupivacaine HCl 0.5% Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Bupivacaine HCl (PF) Injection Soln 0.5 % 10 ML (Marcaine)                          | Sol                | 69100010102012  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | 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 % 10ML (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 % 10ML (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 (PF) Inj 0.75% -1:200000                                    | Sol                | 69991002102025  | 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**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | busPIRone Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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              |              |
|                    | 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 15 MG TAB (Buspar)  | Tab                | 57200005100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | busPIRone 15 MG UD (Buspar)   | Tab                | 57200005100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | busPIRone 30 MG TAB (Buspar)  | Tab                | 57200005100340  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | BusPIRone 30 MG TAB UD (Buspar)   | Tab                | 57200005100340  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | 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***              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Butorphanol Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Butorphanol 1 MG/ML inj (Stadol)   | Sol                | 65200020102005  | No              | 4                 | Yes           | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Butorphanol 2 MG/ML inj (Stadol)   | Sol                | 65200020102010  | No              | 4                 | Yes           | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Formulary Restrictions:<br>****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY****<br>**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              |             |
|                    | Calamine Lotion  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Calamine External Lotion 177 ML  | Lotion             | 90971010004100  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Calamine External Lotion 180 ML  | Lotion             | 90971010004100  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Calamine Lotion 120 ML (Calamine)  | Lotion             | 90971010004100  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Advisories:<br>**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% ( 120 gm) (Dovonex)   | Cm                 | 90250025003710  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Calcipotriene Cream 0.005% 1GM   | 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              |             |
|                    | Calcipotriene Cream 0.005% 60 gm (Dovonex)   | Cm                 | 90250025003710  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Formulary Restrictions:<br>****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****<br>**MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Calcipotriene oint 0.005%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Calcipotriene External Ointment 0.005% 120 GM  | Oint               | 90250025004210  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Calcipotriene Ointment 0.005% 60 gm (Dovonex)  | Oint               | 90250025004210  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Formulary Restrictions:<br>****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****<br>**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              |             |
|                    | Formulary Restrictions:<br>****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****<br>**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              |             |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u>  | <u>GPI Code</u>  | <u>Non Sub.</u>                  | <u>DEA Sched.</u>          | <u>Cosign</u>                    | <u>MLP</u>                       | <u>Bulk</u>                      | <u>Pill Ln Only</u>                    | <u>Req. Crush.</u>                 | <u>Active Loc.</u>                     | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|---|--|----------------------------------|----------------------------|----------------------------------|----------------------------------|----------------------------------|--|------------------------------------|--|------------------|--------------|
|                    | Calcitonin Salmon Intranasal 200 Unit/Act<br>Calcitonin Salmon Intranasal 200IU/DOSE ML 3.7ML (Miacalcin)  | Sol   | 30043020002080   | No                               | 0                          | No                               | Yes                              | No                               | No                                     | N/A                                | No                                     | Yes              |              |
|                    | Calcitriol 1 MCG/ML Inj<br>Calcitriol 1 MCG/ML Inj (Calcijex)<br>Advisories:<br>****ORAL ROUTE PREFERRED****   | Sol   | 30905030002005   | No                               | 0                          | No                               | Yes                              | Yes                              | No                                     | N/A                                | No                                     | Yes              |              |
|                    | Calcitriol Cap<br>Calcitriol 0.25 MCG Cap (Rocaltrol)<br>Calcitriol 0.25 MCG Cap UD (Rocaltrol)<br>Calcitriol 0.5 MCG Cap (Rocaltrol)<br>Calcitriol 0.5 MCG Cap UD<br>Advisories:<br>****ORAL ROUTE PREFERRED****  | Cap<br>Cap<br>Cap<br>Cap  | 30905030000105<br>30905030000105<br>30905030000110<br>30905030000110                                     | No<br>No<br>No<br>No             | 0<br>0<br>0<br>0           | No<br>No<br>No<br>No             | No<br>No<br>No<br>No             | No<br>No<br>No<br>No             | N/A<br>N/A<br>N/A<br>N/A               | No<br>Yes<br>No<br>Yes             | Yes<br>Yes<br>Yes<br>Yes               |                  |              |
|                    | Calcium Acetate Tablet/Capsule<br>Calcium Acetate 667 MG Cap (PhosLo)<br>Calcium Acetate 667 MG Cap UD (Re-Pack) (PhosLo)<br>Calcium Acetate 667 MG Tab (PhosLo)<br>Calcium Acetate 667 MG Tab UD (PhosLo)   | Cap<br>Cap<br>Tab<br>Tab  | 52800020100120<br>52800020100120<br>52800020100320<br>52800020100320                                     | No<br>No<br>No<br>No             | 0<br>0<br>0<br>0           | No<br>No<br>No<br>No             | No<br>No<br>No<br>No             | No<br>No<br>No<br>No             | N/A<br>N/A<br>N/A<br>N/A               | No<br>Yes<br>No<br>Yes             | Yes<br>Yes<br>Yes<br>Yes               |                  |              |
|                    | Calcium Carbonate (Oyster) Tab<br>Calcium Carbonate 500 MG Tab (Oyst-Cal)<br>Calcium Carbonate 500 MG Tab UD<br>Advisories:<br>**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.**  | Tab<br>Tab  | 79100070000320<br>79100070000320   | No<br>No                         | 0<br>0                     | No<br>No                         | No<br>No                         | No<br>No                         | No<br>No                               | N/A<br>N/A                         | No<br>Yes                              | Yes<br>Yes       |              |
|                    | Calcium Carbonate Antacid Tab (Chewable)<br>Calcium Carbonate Chew Tab 500MG (Tums)<br>Calcium Carbonate Chew Tab 500MG UD (Tums)<br>Calcium Carbonate Chew Tab 750MG (Tums EX)<br>Calcium Carbonate Chewable Tab 1000 MG (Tums Ultra)<br>Calcium Carbonate Tablet 648 MG<br>Calcium Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)<br>Advisories:<br>**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.** | Tab Chew<br>Tab Chew<br>Tab Chew<br>Tab Chew<br>Tab<br>Tab Chew | 48300010000510<br>48300010000510<br>48300010000520<br>48300010000545<br>48300010000309<br>48300010000515 | No<br>No<br>No<br>No<br>No<br>No | 0<br>0<br>0<br>0<br>0<br>0 | No<br>No<br>No<br>No<br>No<br>No | No<br>No<br>No<br>No<br>No<br>No | No<br>No<br>No<br>No<br>No<br>No | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | No<br>Yes<br>No<br>Yes<br>No<br>No | Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes |                  |              |
|                    | Calcium Carbonate Capsule<br>Calcium Carbonate 1250 MG Caps (Calcil-Mix (Calcium Elem 500MG))  | Cap   | 79100007000120   | No                               | 0                          | No                               | No                               | No                               | No                                     | N/A                                | No                                     | Yes              |              |



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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                  | No                 | N/A                | No               | Yes          |
|                    | Calcium Carbonate 1250 MG Tab  | Tab                | 79100007000345  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Calcium Carbonate 1250 MG Tab UD   | Tab                | 79100007000345  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Calcium Carbonate Oral Tablet 600 MG   | Tab                | 79100007000325  | No              | 0                 | No            | 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 500MG/100UNIT Chew Tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Calcium Carb/Vit D 500-100 MG-UNIT Chew tab  | Tab Chew           | 79109902640520  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Calcium Carbonate/Vit D 250-125 MG-UNIT tab  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Calcium Carbonate/Vit D 250-125 MG-UNIT Tab UD (Oyster shell)  | Tab                | 79109902640320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Calcium Carbonate/Vit D 250/125 MG-UNIT Tab (oyster shell calcium)   | Tab                | 79109902640320  | No              | 0                 | No            | 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 600MG/200IU Tab  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Calcium Carbonate/Vit D 600MG/200IU Tab (Caltrate with D)  | Tab                | 79109902100389  | No              | 0                 | No            | 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 600MG/800 UNIT tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Calcium Carbonate/Vit D 600MG/800 UNIT tab (Caltrate 600)  | Tab                | 79109902640357  | No              | 0                 | No            | 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 Unit Tab UD (Oyst-Cal D)   | Tab                | 79109902630345  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Calcium Carbonate/Vit D 500MG/200 Units Tab (Oyst-Cal D)   | Tab                | 79109902630345  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)  | Tab                | 79109902630368  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes          |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active Dose | Unit | Fmlly |  |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|-------------|------|-------|--|
|             | Advisories:<br>**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 500/D Tablet Chewable 500-400 MG-UNIT   | Tab Chew    | 79109902640525 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Calcium 600-D Oral Tablet 600-400 MG-UNIT   | Tab         | 79109902640354 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab (Oyster Shell Calcium)   | Tab         | 79109902640340 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Advisories:<br>**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           | No          | N/A  | No          | Yes  |       |  |
|             | Advisories:<br>**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         |      |       |  |
|             | **Medical Referral Center (MRC) Use Only**  |             |                |          |            |        |     |      |              |             |      |             |      |       |  |
|             | Calcium Citrate Tablet  |             |                |          |            |        |     |      |              |             |      |             |      |       |  |
|             | Calcium Citrate 200 MG Tab (Citracal)   | Tab         | 79100015000302 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Calcium Citrate 200 MG Tab (950 MG) (Calcium Citrate)   | Tab         | 79100015000310 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Advisories:<br>**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 D3 315M/250 UNIT Tab UD   | Tab         | 79109902660333 | No       | 0          | No     | No  | No   | No           | No          | N/A  | Yes         | Yes  |       |  |
|             | Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)   | Tab         | 79109902660318 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Ctirate-VitD)   | Tab         | 79109902660330 | No       | 0          | No     | 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           | No          | N/A  | Yes         | Yes  |       |  |
|             | Calcium Citrate/Vit D 315MG/250 Unit Tab  | Tab         | 79109902660333 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |       |  |
|             | Advisories:<br>**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 0.465 Meq/ml IV Soln (Calcium Gluconate)  | Sol         | 79100030002010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |  |
|             | Calcium GLUConate 10% Inj   | Sol         | 79100030002010 | No       | 0          | No     | Yes | Yes  | No           | N/A         | No   | Yes         |      |       |  |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Calcium Lactate Tab  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Calcium Lactate Oral Tablet 648 MG   | Tab                | 79100040000380  | No              | 0                 | No            | 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 (OTC) 625 MG 36 Count  | Tab                | 46300020100310  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Calcium Polycarbophil (OTC) 625 MG 60 Count (Fiberlax)   | Tab                | 46300020100310  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Calcium Polycarbophil (OTC) 625 MG 90 count (Fiber Lax)  | Tab                | 46300020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Calcium Polycarbophil 625 MG Tab (Fiber-con)   | Tab                | 46300020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)  | Tab                | 46300020100310  | No              | 0                 | No            | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Capecitabine Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Capecitabine 150 MG Tab (Xeloda)   | Tab                | 21300005000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Capecitabine 150 MG Tab UD (Xeloda)  | Tab                | 21300005000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Capecitabine 500 MG Tab (Xeloda)   | Tab                | 21300005000350  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Capecitabine 500 MG Tab UD (Xeloda)  | Tab                | 21300005000350  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | 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                  | No                 | N/A                | No               | Yes         |
|                    | Captopril 12.5 MG Tab UD (Capoten)   | Tab                | 36100010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Captopril 25 MG Tab (Capoten)  | Tab                | 36100010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Captopril 25 MG Tab UD (Capoten)   | Tab                | 36100010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Captopril 50 MG Tab (Capoten)  | Tab                | 36100010000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Captopril 50 MG Tab UD (Capoten)   | Tab                | 36100010000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Captopril 100 MG Tab (Capoten)   | Tab                | 36100010000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | carBAMazepine ER 12 Hour Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | carBAMazepine ER 12 Hour 100 MG Tab (Tegretol-XR)  | Tab ER 12          | 72600020007410  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | carBAMazepine ER 12 Hour 100 MG Tab UD (repack) (TEGretol)   | Tab ER 12          | 72600020007410  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | carBAMazepine ER 12 Hour 200 MG Cap (Carbatrol)  | Cap ER 12          | 72600020006920  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes         |
|                    | carBAMazepine ER 12 Hour 200 MG Tab UD (Tegretol)  | Tab ER 12          | 72600020007420  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | carBAMazepine ER 12 Hour 400 MG Tab (Tegretol-XR)  | Tab ER 12          | 72600020007440  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |

| Doctor Name        | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active | Dose Unit | Fmly |
|--------------------|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|------|
|                    | Advisories:<br>*****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.BIPOLAR)***<br>"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**   |             |                |          |            |        |     |      |              |             |      |        |           |      |
| carBAM             | Mazepine Suspension 100 MG/5ML<br>carBAMazepine SUSP 100MG/5ML, 450 ML (Tegretol)  | Susp        | 72600020001810 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |      |
|                    | Advisories:<br>*****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.BIPOLAR)***<br>"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**   |             |                |          |            |        |     |      |              |             |      |        |           |      |
| carBAM             | Mazepine Tablet<br>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:<br>*****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.BIPOLAR)*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**  |             |                |          |            |        |     |      |              |             |      |        |           |      |
| carBAM             | Mazepine XR 12 Hour Capsule<br>carBAMazepine ER 12 Hour 100 MG Cap (Carbatrol)   | Cap ER 12   | 72600020006910 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           |      |
|                    | carBAMazepine ER 12 Hour 300 MG Cap (Carbatrol)  | Cap ER 12   | 72600020006930 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           |      |
|                    | Advisories:<br>*****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.BIPOLAR)***<br>Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**  |             |                |          |            |        |     |      |              |             |      |        |           |      |
| Carbamide          | Peroxide Otic 6.5%<br>Carbamide Peroxide Otic 6.5% (15 ML) (Debrox)  | Sol         | 87400030002010 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |      |
|                    | Advisories:<br>**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<br>Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet)  | Tab         | 73209902100310 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |      |
|                    | Carbidopa/Levodopa 10/100 MG Tab (Sinemet)   | Tab         | 73209902100310 | No       | 0          | No     | No  | No   | No           | N/A         | No   | 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:<br>***Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1.***   |             |                |          |            |        |     |      |              |             |      |        |           |      |
| Carbidopa/Levodopa | Tablet CR<br>Carbidopa/Levodopa CR 25-100 MG Tab UD  | Tab ER      | 73209902100410 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |      |
|                    | 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 UD (Sinemet CR)  | Tab ER      | 73209902100420 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |      |
|                    | Carbidopa/Levodopa CR 50/200 MG Tab (Sinemet CR)   | Tab ER      | 73209902100420 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           |      |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Advisories:<br>***Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1.*** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | CARBOplatin Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | CARBOplatin 50 MG/5ML Inj Soln 5ML (Paraplatin Inj)  | Sol                | 21100015002030  | 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              |             |
|                    | CARBOplatin Intravenous Solution 150 MG/15ML   | Sol                | 21100015002035  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | CARBOplatin Intravenous Solution 600 MG/60ML   | Sol                | 21100015002045  | 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 3.125 MG Tab UD (Coreg)   | Tab                | 33300007000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Carvedilol 6.25 MG Tab (Coreg)   | Tab                | 33300007000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Carvedilol 6.25 MG Tab UD (Coreg)  | Tab                | 33300007000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Carvedilol 12.5 MG Tab (Coreg)   | Tab                | 33300007000320  | 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 (Coreg)   | Tab                | 33300007000330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Carvedilol 25 MG Tab UD (Coreg)  | Tab                | 33300007000330  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Cascara Aromatic Extract   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Cascara Sagrada Oral Fluid Extract 1 GM/ML   | Fluid Extract      | 46200020001450  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Castor Oil   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Castor Oil 60 ML (Castor Oil)  | Oil                | 96202007001700  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | 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 (59 ML)   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Castor Oil (59 ML)   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Castor Oil Oral 100 % ( 180ml)   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Castor Oil Oral 100 % ( 180ml)   | Oil                | 46200030001799  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | ceFAZolin in Dextrose dds  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | CeFAZolin In Dextrose 2 GM/50ml IV Premix Soln   | Sol Recon          | 02100015132130  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | ceFAZolin and Dextrose DDS 1 GRAM  | Sol Recon          | 02100015132120  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | Yes                | Yes              |             |
|                    | CeFAZolin Sodium-Dextrose IV Soln 1-4 GM/50ML-%  | Sol                | 02100015132010  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | ceFAZolin Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | ceFAZolin 1 GM Inj (Ancef)   | Sol Recon          | 02100015102115  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | ceFAZolin 1 Gram Advantage Inj (Ancef)   | Sol Recon          | 02100015102117  | 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              |             |
|                    | ceFAZolin BULK 10GM/100ML Vial (Ancef)   | Sol Recon          | 02100015102125  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | CeFAZolin Sodium Injection Soln 20 GM  | Sol Recon          | 02100015102140  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |

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|--|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| Cefdinir Oral Capsule                        | Cefdinir 300MG Cap (Omnicef)                            | Cap                | 02300040000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
| Cefepime Inj                                 | Cefepime 1GM ADV (Maxipme)                              | Sol Recon          | 02400040102110  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Cefepime HCl 1 GM Inj                                   | Sol Recon          | 02400040102110  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Cefepime HCL 2 GM Inj (Maxipime)                        | Sol Recon          | 02400040102120  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | **Medical Referral Center (MRC) Use Only**              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Cefepime-Dextrose Intravenous Soln 1 GM/50ML | Cefepime-Dextrose Premix Duplex IV 1 GM/50ML            | Sol Recon          | 02400040122110  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | **Medical Referral Center (MRC) Use Only**              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Cefepime-Dextrose Intravenous Soln 2 GM/50ML | Cefepime-Dextrose Premix Duplex IV 2 GM/50ML (Maxipime) | Sol Recon          | 02400040122120  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | **Medical Referral Center (MRC) Use Only**              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| CefTAZidime in D5W 1 GM/50ML IV Soln         | CefTAZidime and Dextrose IV Soln 1 GM/50ML (Fortaz)     | Sol Recon          | 02300080142110  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
| Ceftazidime in D5W 2GM/50ML Injection        | CefTAZidime and Dextrose IV Soln 2 GM/50ML (Fortaz)     | Sol                | 02300080112020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
| Ceftazidime Injection                        | Ceftazidime 2 GM ADV (Fortaz 2 gm adv)                  | Sol Recon          | 02300080002115  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime 1 GM ADV (Fortaz)                           | Sol Recon          | 02300080002117  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime 1 GM Inj (Tazicef Inj)                      | Sol Recon          | 02300080002110  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime 2 GM Inj (Fortaz 2 GM)                      | Sol Recon          | 02300080002115  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime 500 MG Inj (Fortaz)                         | Sol Recon          | 02300080002105  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime Inj Solution 6 GM (Tazicef)                 | Sol Recon          | 02300080002120  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | Ceftazidime Intravenous Solution 1 GM (Tazicef)         | Sol Recon          | 02300080002112  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
| CefTRIAxone / Dextrose Premix                | CefTRIAxone - Dex Premix Duplex 1 GM                    | Sol Recon          | 02300090132120  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|  | CefTRIAxone - Dex Premix Duplex 2 GM (Rocephin)         | Sol Recon          | 02300090132130  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
| cefTRIAxone Inj                              | cefTRIAxone 1 GM Inj (Rocephin Inj)                     | Sol Recon          | 02300090102115  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone 2 GM Inj (Rocephin Inj)                     | Sol Recon          | 02300090102120  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone 250 MG inj (Rocephin Inj)                   | Sol Recon          | 02300090102105  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone 500 MG Inj (Rocephin Inj)                   | Sol Recon          | 02300090102110  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone ADD-Vantage 1 GM Inj (Rocephin)             | Sol Recon          | 02300090102117  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone ADD-Vantage 2 GM Inj (Rocephin)             | Sol Recon          | 02300090102122  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|  | cefTRIAxone Sodium IV Solution 2 GM/20ml                | Sol Recon          | 02300090102122  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |

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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 (Keflex)  | Cap                | 02100020000105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | 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              |              |
|                    | Cetuximab Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Cetuximab 2MG/ML (Erbitux)  | Sol                | 21353025002020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Cetuximab Intravenous Soln 200 MG/100ML (Erbitux)                                 | Sol                | 21353025002025  | 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              |              |
|                    | Charcoal Activated w/Sorbitol Liquid 50 GM/240ML (Kerr Insta-char)                | Liq                | 93000010200900  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | 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 Mouth/Throat Sol 0.12% 15ml                                    | Sol                | 88150020102012  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | 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*****                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Chlorhexidine Gluconate Soln External 4%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Chlorhexidine Gluconate Ext Liquid 4 % 473 ml (Betasept)                          | Liq                | 92100030100940  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Chlorhexidine Gluconate EXT Liquid 4% (946ml) (Betasept)                          | 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 Solution 4% (118 ML) (Hibiclens Liquid)                   | Liq                | 92100030100940  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Chlorhexidine Gluconate Solution 4% (15 ML) (Hibiclens Liquid)                    | 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**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Cinacalcet HCL Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Cinacalcet HCL 30 MG Tab (Sensipar)  | Tab                | 30905225100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Cinacalcet HCL 60 MG Tab (Sensipar)  | Tab                | 30905225100330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Cinacalcet HCl 30 MG Tab UD (Sensipar)   | Tab                | 30905225100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Cinacalcet HCl 60 MG Tab UD (Sensipar)   | Tab                | 30905225100330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Cinacalcet HCL 90 MG Tab (Sensipar)  | Tab                | 30905225100340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Cinacalcet HCl 90 MG Tab UD (Sensipar)   | Tab                | 30905225100340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:<br>****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, <a href="http://www.pgm.va.gov/PBM/criteria.htm">http://www.pgm.va.gov/PBM/criteria.htm</a> **** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>**RESTRICTED TO DIALYSIS Patients ONLY**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin 250 MG Tab (Cipro 250 MG)  | Tab                | 05000020100310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin 250 MG Tab UD (Cipro 250 MG)   | Tab                | 05000020100310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ciprofloxacin 500 MG Tab (Cipro 500 MG)  | Tab                | 05000020100315  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin 500 MG Tab UD (Cipro 500 MG)   | Tab                | 05000020100315  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ciprofloxacin 750 MG Tab (Cipro 750 MG)  | Tab                | 05000020100320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin 750 MG Tab UD (Cipro 750 MG)   | Tab                | 05000020100320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ciprofloxacin HCl 100 MG Tab (cipro)   | Tab                | 05000020100305  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****Do Not Use for MRSA****<br>**MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin 10 MG/ML 200 MG Inj (Cipro IV)   | Sol                | 05000020002024  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin 10 MG/ML 400 MG Inj (Cipro IV)   | Sol                | 05000020002026  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****Do Not Use for MRSA****<br>**MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin IV Premix  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin IV 400 MG Inj (Cipro)  | Sol                | 05000020112028  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro IV)   | Sol                | 05000020112024  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)   | Sol                | 05000020112028  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****Do Not Use for MRSA****<br>**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                  | No                 | N/A                | No               | Yes          |



| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | <b>**MLP Requires Cosign**</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin Ophth Solution 0.3%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ciprofloxacin HCl Ophth Soln 0.3 % (10 ML)  | 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% (5ML) (Ciloxan Ophth Solution)  | Sol                | 86101023102010  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | <b>**MLP Requires Cosign**</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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              |              |
|                    | <b>**Medical Referral Center (MRC) Use Only**</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>**MLP Requires Cosign**</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Citalopram Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 (Celexa)   | Tab                | 58160020100320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Citalopram 20 MG Tab UD (Celexa)  | Tab                | 58160020100320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | 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              |              |
|                    | 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****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>**MLP Requires Cosign**</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>**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.**</b> |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Clarithromycin Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clarithromycin 250 MG Tab (Biaxin)  | Tab                | 03500010000310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Clarithromycin 250 MG Tab UD (Biaxin)   | Tab                | 03500010000310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Clarithromycin 500 MG Tab (Biaxin)  | Tab                | 03500010000320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Clarithromycin 500 MG Tab UD (Biaxin)   | Tab                | 03500010000320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | ****SECOND LINE THERAPY FOR MOST INDICATIONS****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clindamycin HCl Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clindamycin HCl 75 MG Capsule (Cleocin)   | Cap                | 16220020100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin HCl 150 MG Cap (Cleocin)  | Cap                | 16220020100110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin HCl 150 MG Cap UD (Cleocin)   | Cap                | 16220020100110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Clindamycin HCl 300 MG Cap (Cleocin)  | Cap                | 16220020100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin HCl 300 MG Cap UD (Cleocin)   | Cap                | 16220020100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Clindamycin Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clindamycin Phosphate 900MG/6ML Inj (Cleocin)   | Sol                | 16220020302033  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Phosphate Inj Soln 300 MG/2ML (Cleocin)   | Sol                | 16220020302031  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Phosphate Inj Soln 600 MG/4ML (Cleocin)   | Sol                | 16220020302037  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Phosphate Injection Soln 600 MG/4ML   | Sol                | 16220020302032  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Phosphate IV Soln 900 MG/6ML (Cleocin)  | Sol                | 16220020302038  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Phosphate in D5W  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clindamycin Premix 900MG/50ML in D5 Inj (Cleocin Phosphate)   | Sol                | 16220020312040  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Premix  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)   | Sol                | 16220020312030  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)   | Sol                | 16220020312020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | clonazepam Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | clonazepam 0.25 mg Tab (1/2 tab) (Klonopin)   | Tab                | 72100010000305  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | No               | Yes         |
|                    | clonazepam 0.5 MG Tab (Klonopin)  | Tab                | 72100010000305  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | No               | Yes         |
|                    | clonazepam 0.5 MG Tab UD (Klonopin)   | Tab                | 72100010000305  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | Yes              | Yes         |
|                    | clonazepam 1 MG Tab (Klonopin)  | Tab                | 72100010000310  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | No               | Yes         |
|                    | clonazepam 1 MG Tab UD (Klonopin)   | Tab                | 72100010000310  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | Yes              | Yes         |
|                    | clonazepam 2 MG Tab UD (Klonopin)   | Tab                | 72100010000315  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | N/A                | Yes              | Yes         |
|                    | clonazepam 2 MG Tab (Klonopin)  | Tab                | 72100010000315  | No              | 4                 | Yes           | No         | Yes         | Yes                 | No                 | 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)** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |

| Doctor Name | Item Name  | Dosage Form  | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Active Loc. | Unit Dose | Fmly |
|-------------|--|--------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|------|
|             | **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**  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | cloNIDine ER Patch   |              |                |          |            |        |     |      |              |             |             |           |      |
|             | cloNIDine ER 0.1 MG Patch (Catapres-TTS-1)   | Patch Weekly | 36201010108810 | No       | 0          | No     | Yes | No   | No           | N/A         | No          | Yes       |      |
|             | cloNIDine ER 0.2 MG Patch (Catapres-TTS-2)   | Patch Weekly | 36201010108820 | No       | 0          | No     | Yes | No   | No           | N/A         | No          | Yes       |      |
|             | cloNIDine ER 0.3 MG Patch (Catapres-TTS-3)   | Patch Weekly | 36201010108830 | No       | 0          | No     | Yes | No   | No           | N/A         | No          | Yes       |      |
|             | Non-Formulary Use Criteria:  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | **1. For use in opiate detoxification only, non-formulary request may be submitted after 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. Use in Hypertensive Urgency/Emergency poses more risk than benefit. Refer to 2006 P&T minutes for guidance.**   |              |                |          |            |        |     |      |              |             |             |           |      |
|             | Formulary Restrictions:  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | **Maximum formulary limit of seven days**  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | cloNIDine Tablet   |              |                |          |            |        |     |      |              |             |             |           |      |
|             | cloNIDine 0.1 MG Tab UD (Catapres 0.1 MG Unit Dose)  | Tab          | 36201010100305 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       |      |
|             | cloNIDine 0.1 MG Tab (Catapres 0.1 MG)   | Tab          | 36201010100305 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | cloNIDine 0.2 MG Tab UD (Catapres 0.2 MG Unit Dose)  | Tab          | 36201010100310 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       |      |
|             | cloNIDine 0.2 MG Tab (Catapres)  | Tab          | 36201010100310 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | cloNIDine 0.3 MG Tab (Catapres 0.3 MG)   | Tab          | 36201010100315 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | cloNIDine 0.3 MG Tab UD (Catapres 0.3 MG Unit Dose)  | Tab          | 36201010100315 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       |      |
|             | Advisories:  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | ****Not to be used in hypertensive urgencies and emergencies. refer to the 2006 National P&T Minutes pages 103-106 and BOP Hypertension Clinical Practice Guidelines.****  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | Non-Formulary Use Criteria:  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | **1. For use in opiate detoxification only, non-formulary request may be submitted after 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. Use in Hypertensive Urgency/Emergency poses more risk than benefit. Refer to 2006 P&T minutes for guidance.**   |              |                |          |            |        |     |      |              |             |             |           |      |
|             | Formulary Restrictions:  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | **Maximum formulary limit of seven days**  |              |                |          |            |        |     |      |              |             |             |           |      |
|             | Clopidogrel Tablet   |              |                |          |            |        |     |      |              |             |             |           |      |
|             | Clopidogrel Bisulfate 300 MG Tab (Loading Dose) (Plavix)   | Tab          | 85158020100340 | No       | 0          | Yes    | No  | No   | No           | N/A         | No          | Yes       |      |
|             | Clopidogrel Bisulfate 75 MG Tab (Plavix)   | Tab          | 85158020100320 | No       | 0          | Yes    | No  | No   | No           | N/A         | No          | Yes       |      |
|             | Clopidogrel Bisulfate 75 MG Tab UD (Plavix)  | Tab          | 85158020100320 | No       | 0          | Yes    | No  | No   | No           | N/A         | Yes         | Yes       |      |

| Doctor Name              | Item Name   | Dosage Form | GPI Code       | Non Sub. | Non | Schd. | DEA | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active Dose | Unit | 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% 28.35GM   | 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% 10 ML  | Sol         | 90154020002005 | No       | 0   | No    | Yes | No     | No  | N/A  | No           | Yes         |      |             |      |       |  |
|                          | Clotrimazole Solution 1% 30 ML (Lotrimin)   | 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         |      |             |      |       |  |
| CloZAPine Tablet         |   |             |                |          |     |       |     |        |     |      |              |             |      |             |      |       |  |
|                          | CloZAPine 25 MG Tab (Clozaril)  | Tab         | 59152020000320 | 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 50 MG Tab (Clozaril)  | Tab         | 59152020000325 | No       | 0   | Yes   | No  | Yes    | No  | N/A  | No           | Yes         |      |             |      |       |  |
|                          | CloZAPine 100 MG Tab (Clozaril 100 MG)  | Tab         | 59152020000330 | 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 (Clozaril)   | Tab         | 59152020000340 | No       | 0   | Yes   | No  | Yes    | No  | N/A  | No           | Yes         |      |             |      |       |  |
|                          | CloZAPine 200 MG Tab UD   | Tab         | 59152020000340 | No       | 0   | Yes   | No  | Yes    | No  | N/A  | Yes          | Yes         |      |             |      |       |  |
|                          | CloZAPine 50 MG Tab UD (Clozaril)   | Tab         | 59152020000325 | No       | 0   | Yes   | No  | Yes    | No  | N/A  | Yes          | Yes         |      |             |      |       |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | <p>Advisories:<br/> ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br/> **PSYCHIATRIST USE ONLY** ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS****</p> <p>Formulary Restrictions:<br/> **Patients initiated on clozapine are to be placed on a medical hold for the first six month of therapy while on a weekly lab schedule. Exceptions to transfer made on a case by case basis for compelling correctional/ security issues if continuity of care can be established with gaining institution. Supporting documentation must be made in a BEMR note. Also request that prior to transfer, it is required for the facility to verify with transferring institutions that they are REMS certified.**<br/> **Medical Referral Center (MRC) Initiation Only**<br/> **MLP Requires Cosign**</p> |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | CoaguChek XS PT Test InVitro Strip  | Strip              | 94100052006100  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | CoaguChek XS PT Test InVitro Strip  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar (OxiporVHC) Ext Lotion 5% 118ml  | Lotion             | 90529903504120  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar (Oxipor VHC) Lotion 5% 118ml (Oxipor VHS)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar Cream 2%   | Cm                 | 90520010003717  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar Cream 2 % (107 GM) (Elta Tar)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <p>Advisories:<br/> **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.**</p> <p>Formulary Restrictions:<br/> ****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar External Ointment 2 % (MG217)  | Oint               | 90520010004240  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar External Ointment 2 % (MG217) 107GM (MG217 Medicated Tar External Ointment)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar Extract External Ointment 10 % (MG217)   | Oint               | 90520010004240  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar MG217 External Ointment 2% 107gm (MG 217)  | Oint               | 90520010004214  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | <p>Advisories:<br/> **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.**</p> <p>Formulary Restrictions:<br/> ****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar External Shampoo 3 % ( MG217)  | Shampoo            | 90520010004530  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar External Shampoo 3% (MG217) 240ML  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar External Shampoo 3% (MG217)120ML   | Shampoo            | 90520010004530  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | <p>Advisories:<br/> **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.**</p> <p>Formulary Restrictions:<br/> ****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Coal Tar Lotion 5 %   | Lotion             | 90520010004105  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Coal Tar Lotion 5 % 120 ML (MG217 Medicated Tar)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non Sched.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Coal Tar Shampoo 0.5 %   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | 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                |                  |              |
|                    | Coal Tar Shampoo (DHS) 2.9% (0.5% equiv) (DHS Tar 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 Shampoo 0.5 % (DHS) 240 ml (DHS)  | Shampoo            | 90520010004505  | No              | 0                 | No         | Yes           | No         | No          | N/A                 | No                 | Yes                |                  |              |
|                    | 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                |                  |              |
|                    | Advisories:<br>****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:<br>****RESTRICTED TO SEBORRHEA AND PSORIASIS****   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Coal Tar Shampoo 1%  |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Coal Tar Shampoo 1%, 180 ML (PC-TAR)   | Shampoo            | 90520010004510  | No              | 0                 | No         | Yes           | No         | No          | N/A                 | No                 | Yes                |                  |              |
|                    | Advisories:<br>****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:<br>****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            | 90520010004574  | No              | 0                 | No         | Yes           | No         | No          | N/A                 | No                 | Yes                |                  |              |
|                    | Advisories:<br>**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:<br>****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:<br>****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:<br>****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:<br>****RESTRICTED TO SEBORRHEA AND PSORIASIS****   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
|                    | Colchicine Capsule/Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Colchicine 0.6 MG Capusle (Mitigare)  | Cap                | 68000020000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Colchicine Tablet 0.6 MG (Colcrys)  | Tab                | 68000020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Colchicine Tablet 0.6 MG UD (Colcrys)   | Tab                | 68000020000310  | No              | 0                 | No            | 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                  | No                 | N/A         | No            | Yes              |              |
|                    | Colestipol Powder   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Colestipol Powder, 5 GM PKT (Colestid)  | Packet             | 39100020103010  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Colestipol Powder, 5GM/Scoop (Colestid)   | Granules           | 39100020102705  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Colestipol Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Colestipol 1 GM Tab (Colestid)  | Tab                | 39100020100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Colestipol 1 GM Tab UD (Colestid)   | Tab                | 39100020100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Collagenase Ointment  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Collagenase Ointment 250 UNIT/GM (90GM) (Santyl)  | Oint               | 90700010004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Collagenase Ointment 250 Units/GM (15GM) (Santyl Ointment)  | Oint               | 90700010004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Collagenase Ointment 250 Units/GM (30GM) (Santyl Ointment)  | Oint               | 90700010004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | 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                  | No                 | N/A         | No            | Yes              |              |
|                    | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Contact- RGP Lens Cleaner/Conditioning Solution   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)   | Sol                | 86903000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Boston Conditioning Solution (Boston Conditioning Solution)  | Sol                | 86903000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Boston Simplus Multi Action Soln 105 ml  | Sol                | 86903000002000  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)  | Sol                | 86903000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Contact- Soft Lens Hydrogen Peroxide Clean Soln   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Contact- B & L PeroxiClear Solution 90 ML (Peroxiclear)   | Sol                | 86902000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Clear Care Plus/HydraGlyde Soln 360ML (Clear Care Plus)  | Sol                | 86902000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Clear Care Plus/HydraGlyde Soln 90 ml (Clear Care Plus)  | Sol                | 86902000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Clear Care Solution (355ml) (Clear Care soln)  | Sol                | 86902000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Contact- Clear Care Solution (90ml)   | Sol                | 86902000002000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              |              |

| <u>Doctor Name</u>                                       | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit<br/>Dose</u> | <u>Fmlry</u> |
|--|--|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-------------------------|------------------------|-------------|---------------|----------------------|--------------|
|  | Formulary Restrictions:<br>****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY***** |                    |                 |                     |                      |               |            |             |                         |                        |             |               |                      |              |
| Contact- Soft Lens Multi-Purpose Soln                    | Contact - HM Multi-Purpose No Rub Solution 355ML (HM multi-Purpose)                      | Sol                | 86902000002000  | No                  | 0                    | No            | Yes        | No          | No                      | N/A                    | No          | Yes           |                      |              |
| Contact- Opti-Free RepleniSH Solution 118 ml             | 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                    | Contact- SM Multi-Purpose Soln 355 ml  | Sol                | 86902000002000  | No                  | 0                    | No            | Yes        | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Formulary Restrictions:<br>****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY***** |                    |                 |                     |                      |               |            |             |                         |                        |             |               |                      |              |
| Contact- Soft Rewetting Solution                         | Contact - Opti-Free RepleniSH Rewetting Soln10ML (Opti -free replenish)                  | Sol                | 86902000002000  | No                  | 0                    | No            | Yes        | No          | No                      | N/A                    | No          | Yes           |                      |              |
| Contact- B & L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu) | Contact- Opti-Free Express Rewetting Sol, 10 ML (Opti-Free Rewetting Drops)              | Sol                | 86902000002000  | No                  | 0                    | No            | Yes        | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Formulary Restrictions:<br>****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 Opth 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           |                      |              |
| Cyanacobolamin (Vit B-12) 1000MG Tablet                  | Cyanocobalamin (Vit B-12) 1000MG Tablet  |                    |                 | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |                      |              |
| Cyanocobalamin inj                                       | Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj (Vitamin B-12 Injection)                       | Sol                | 82100010002015  | No                  | 0                    | No            | No         | Yes         | No                      | N/A                    | No          | Yes           |                      |              |
| Cyanocobalamin Tablet                                    | Cyanocobalamin (Vit B-12) 100 MCG Tab (Vitamin B-12)                                     | Tab                | 82100010000315  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12) 250 MCG Tab (vitamin B-12)                                     | Tab                | 82100010000320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12) 250 MCG Tab UD (Vitamin B-12)                                  | Tab                | 82100010000320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12) 500 MCG Tab  | Tab                | 82100010000325  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12) 500 MCG Tab UD   | Tab                | 82100010000325  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12)100 MCG Tab UD (vitamin b 12)                                   | Tab                | 82100010000315  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |                      |              |
|  | Cyanocobalamin (Vit B-12)1000 MCG Tab (Vitamin B-12)                                     | Tab                | 82100010000330  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |                      |              |
|  | Cyanocobalamin 1000 MCG Tablet UD (vit b12)  | Tab                | 82100010000330  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |                      |              |



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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% (15ML) Sol (Cyclogyl)                       | Sol                | 86350020102010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)                  | 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 Ophthalmic Soln 2% 15ML                             | Sol                | 86350020102015  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclopentolate HCl Opth 2% (2ML) Sol (Cyclogyl)                        | Sol                | 86350020102015  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)                        | Sol                | 86350020102015  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclophosphamide Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Cyclophosphamide 25 MG Capsule (Cytozan)                               | Cap                | 21101020000105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclophosphamide 50 MG Capsule (Cytozan)                               | Cap                | 21101020000110  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Cyclophosphamide inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Cyclophosphamide Injectio Sol Reconstituted 2 GM (Cytozan)             | Sol Recon          | 21101020002130  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclophosphamide Injection Soln 1 GM (Cytozan)                         | Sol Recon          | 21101020002125  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Cyclophosphamide Injection Soln 500 MG (Cytozan)                       | Sol Recon          | 21101020002120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | 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 (Neoral) 50 MG Capsule (Neoral)                  | Cap                | 99402020300130  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | 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 (Sandimmune) Capsule                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | cycloSPORINE (Sandimmune) 25 MG Cap UD (Sandimmune)                    | Cap                | 99402020000110  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | cycloSPORINE (Sandimmune) 100 MG Cap (Sandimmune)                      | Cap                | 99402020000140  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | cycloSPORINE (Sandimmune) 100 MG Cap UD (Sandimmune)                   | Cap                | 99402020000140  | 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              |              |

| Doctor Name | Item Name   | Dosage Form   | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Active Loc. | Unit Dose | Fmly |
|-------------|---|---------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|------|
|             | 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 100 MG (CYTOSAR-U)   | Sol Recon     | 21300010002105 | 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 20MG/ML (Cytosar)  | Sol           | 21300010002010 | 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       |      |
|             | Dacarbazine Intravenous Soln 100 MG   | Sol Recon     | 21700020002105 | No       | 0          | No     | No  | 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 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       |      |
|             | 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       |      |
|             | Danazol Capsule   |               |                |          |            |        |     |      |              |             |             |           |      |
|             | Danazol 50 MG Cap (Danocrine)   | Cap           | 23100005000105 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |      |
|             | 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       |      |
|             | Dapsone Tablet  |               |                |          |            |        |     |      |              |             |             |           |      |
|             | 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 (Dapsone)  | Tab           | 16300010000320 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |      |
|             | Dapsone 100 MG Tab UD (Dapsone)   | Tab           | 16300010000320 | No       | 0          | No     | No  | No   | No           | N/A         | Yes         | Yes       |      |
|             | Daratumumab (Darzalex) 20mg/mL  |               |                |          |            |        |     |      |              |             |             |           |      |
|             | Daratumumab Intravenous Solution 100 MG/5ML (Darzalex)  | Sol           | 21353027002020 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Daratumumab Intravenous Solution 400 MG/20ML (Darzalex)   | Sol           | 21353027002030 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Advisories:   |               |                |          |            |        |     |      |              |             |             |           |      |
|             | **Prior to treatment with daratumumab, ensure the following baseline tests are ordered and collected: type and screen and red blood cell antigen phenotype*** |               |                |          |            |        |     |      |              |             |             |           |      |
|             | **Medical Referral Center (MRC) Use Only**  |               |                |          |            |        |     |      |              |             |             |           |      |
|             | Darbepoetin Alfa (Albumin Free) inj   |               |                |          |            |        |     |      |              |             |             |           |      |
|             | Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)   | Sol           | 82401015102010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)  | Sol Prefilled | 8240101510E54  | No       | 0          | No     | Yes | Yes  | No           | N/A         | No          | Yes       |      |
|             |   |               | 3              |          |            |        |     |      |              |             |             |           |      |
|             | Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)   | Sol           | 82401015102020 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)  | Sol Prefilled | 8240101510E55  | No       | 0          | No     | Yes | Yes  | No           | N/A         | No          | Yes       |      |
|             |   |               | 2              |          |            |        |     |      |              |             |             |           |      |
|             | Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)   | Sol           | 82401015102030 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)  | Sol           | 82401015102040 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Darbepoetin Alfa (Albumin Free) 150 MCG/0.75ML (Aranesp)  | Sol           | 82401015102050 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             | Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)   | Sol Prefilled | 8240101510E58  | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |      |
|             |   |               | 2              |          |            |        |     |      |              |             |             |           |      |

| Doctor Name | Item Name   | Dosage Form   | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active Dose | Unit | Fmlly |
|-------------|---|---------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|-------------|------|-------|
|             | Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)                            | Sol           | 82401015102060 | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln) | Sol Prefilled | 8240101510E58  | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | Darbepoetin Alfa (Albumin Free) 300 MCG/ML (Aranesp (Albumin Free))             | Sol           | 82401015102070 | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | Darbepoetin Alfa (Albumin Free) 500 MCG/ML syrin (Aranesp)                      | Sol Prefilled | 8240101510E59  | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | Darbepoetin Alfa Prefill Syringe 100 MCG/0.5ML (Aranesp)                        | Sol Prefilled | 8240101510E56  | No       | 0          | No     | No  | 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;
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\*\*

| <u>Doctor Name</u>         | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|----------------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| Darunavir Ethanolate (DRV) | 100 MG/ML Suspension   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Darunavir Ethanolate Oral Suspension 100 MG/ML   | Susp               | 12104520101820  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
| Darunavir Ethanolate (DRV) | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)   | Tab                | 12104520100340  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                            | Darunavir Ethanolate (DRV) 600 MG Tab UD (Prezista)  | Tab                | 12104520100340  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                            | Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)   | Tab                | 12104520100350  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                            | Darunavir Ethanolate (DRV) 800 MG Tab UD   | Tab                | 12104520100350  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                            | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Darunavir/Cobicistat       | 800-150 MG Tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Darunavir/Cobicistat 800-150 MG Tab (Prezcobix)  | Tab                | 12109902270320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                            | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| DAUNOrubicin HCL           | Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | DAUNOrubicin 5MG/ML (Cerubidine)   | Injectable         | 21200030102210  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
| Deferoxamine Mesylate      | Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)  | Sol Recon          | 93000020102130  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                            | Deferoxamine Mesylate 500 MG Inj (Desferal)  | Sol Recon          | 93000020102110  | 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 150 MG Tab UD (Declomycin)  | Tab                | 04000010100305  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                            | Demeclocycline HCL 300 MG Tab (Declomycin)   | Tab                | 04000010100310  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
| Desflurane Inhalation      | Soln   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Desflurane Inhalation Soln (240 ML) (Suprane)  | Sol                | 70200007002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
| Desipramine                | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                            | Desipramine 10 MG Tab (Norpramin)  | Tab                | 58200030100305  | 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 (Norpramin)  | Tab                | 58200030100310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                            | Desipramine 25 MG Tab UD (Norpramin)   | Tab                | 58200030100310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                            | Desipramine 50 MG Tab (Norpramin)  | Tab                | 58200030100315  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                            | Desipramine 50 MG Tab UD (Norpramin)   | Tab                | 58200030100315  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                            | Desipramine 75 MG Tab (Norpramin)  | Tab                | 58200030100320  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                            | Desipramine 75 MG Tab UD (Norpramin)   | Tab                | 58200030100320  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | 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              |              |
|                            | 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**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 0.1 MG Tab (DDAVP)   | Tab                | 30201010100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Desmopressin Acetate 0.1 MG Tab UD (repack) (DDAVP)   | Tab                | 30201010100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Desmopressin Acetate 0.2 Mg Tab (DDAVP)   | Tab                | 30201010100320  | 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              |              |
|                    | Desonide Cream 0.05%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Desonide Cream 0.05% ( 15GM)  | Cm                 | 90550035003705  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Desonide Cream 0.05% (60GM) (Desowen)   | Cm                 | 90550035003705  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Desonide Ointment 0.05%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Desonide Ointment 0.05% (15GM)  | Oint               | 90550035004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Desonide Ointment 0.05% (60 GM) (Diprosone Oint)  | Oint               | 90550035004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | 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              |              |
|                    | Dexamethasone Sod Phos Injec Soln 20 MG/5ML   | Sol                | 22100020202040  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dexamethasone Sod Phosphate PF Inj Soln 10 MG/ML  | Sol                | 22100020202011  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dexamethasone Sodium Phosphate 120 MG/30ML Inj  | Sol                | 22100020202045  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dexamethasone Opth Solution 0.1%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dexamethasone Opth Soln 0.1%, 5ML (Dexamethasone Opth)  | 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**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Dose Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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:<br>****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****<br>**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 30ml   | Sol                | 22100020002005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Dexamethasone Oral Solution 0.5 MG/5ML 500ML  | Sol                | 22100020002005  | No              | 0                 | No            | Yes        | 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 0.5 MG Tab UD (Decadron)  | Tab                | 22100020000315  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | 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 2 MG Tab UD (Decadron)  | Tab                | 22100020000335  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | 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 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              |              |
|                    | 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 10% Intravenous Soln   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)   | Sol                | 80100020002020  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose Intravenous Solution 10 % 250ML  | Sol                | 80100020002020  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Dextrose 2.5% Intraperitoneal Soln   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)                                    | Sol                | 9970000002038   | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose 25% Intravenous Solution 250 MG/ML  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dextrose 25% IV Solution 250 MG/ML 10 ml PFS                                       | Sol                | 80100020002030  | 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%/Sod CHLoride 0.45% 250 ML  | Sol                | 79993002202030  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose 5%/Sod CHLoride 0.45% 500 ML IV Soln                                      | Sol                | 79993002202030  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose 5% Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 5% Inj 250 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 1000 ML (Dextrose 5% Inj in Water)                                 | Sol                | 80100020002015  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose 50% Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dextrose 50% Inj 50 ML PFS (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 50ML 0.5GM/ML (Dextrose 50% Inj)                                  | Sol                | 80100020002050  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Dextrose 50% Inj 1000 ML (Dextrose 50% Inj)  | Sol                | 80100020002050  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | diabetes -Precision Glucose Ketone Contr Liq                                       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Diabetes - Glucocard 01 Control Soln Normal (Glucocard)                            | Sol                | 97202007100920  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Diabetic Supply - Control Soln ( Various MFG)                                      | Liq                | 97202007100900  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Diabetic -Sharps Container Home Miscellaneous                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Diabetic -Sharps Container Home Miscellaneous                                      | Miscellaneous      | 97058050006300  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Diabetic Supp- Accu-Chek Safe-T Pro Lancets Misc                                   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Diabetic -Accu-Chek Softclix Lancets Misc (Accu-check Softclix)                    | Miscellaneous      | 97202025006300  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Diabetic -Assure Lance Lancets Miscellaneous                                       | Miscellaneous      | 97202025006300  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Diabetic Supp- Accu-Chek Safe-T Pro Lancets Misc                                   | Miscellaneous      | 97202025006300  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Diabetic Supply - Control Solution   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Control Solution ( glucocard) (Diabetic Supply- Control Solution)          |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Glucometer   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)                                   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Lancets  |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Lancets (Diabetic Supply- Lancets)   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Lancets (Unistik 2)  |                    |                 | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply -Unistik 2 Normal Miscellaneous (Unistik)                                    | Miscellaneous      | 97202030006300  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic SupplyAccu-Chek Softclix Lancet Dev Kit   | Kit                | 97202030006400  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Sharps Container   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)                      |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Test Strips (Formulary choice)   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | 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(Glucocard Expr) 50 (Glucocard expression)                      | Strip              | 94100030006100  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | **Current preferred product is Glucocard Expression 07/2016**                                |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Diabetic Supply - Test Strips (Various Brands)   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)                                 |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply- FreeStyle Lancets Miscellaneous   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Diabetic Supply- FreeStyle Lancets Miscellaneous (FreeStyle)                                 | Miscellaneous      | 97202025006300  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Dialyte/1.5% Dextrose  |                    |                 | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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  |                    |                 | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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   |                    |                 | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 %   |                    |                 | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Diatrizoate Meglumine Urethral Solution 30 % (Cystografin 30%)                               | Sol                | 94402015102011  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Diatrizoate SOD and Meglumine Inj  |                    |                 | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 %  |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Dibucaine External Ointment 1 % ( 28.35gm)   | Oint               | 90850045004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Dibucaine External Ointment 1% 56.7 GM   | Oint               | 90850045004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |



| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. | Req. Loc. | Active | Unit Dose | Fmly |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|--------|-----------|--------|-----------|------|
|             | 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 Opth Soln 0.1%  |             |                |          |            |        |     |      |              |        |           |        |           |      |
|             | Diclofenac Sodium Opth Soln 0.1 % (2.5 ML) (Voltaren)   | Sol         | 86805010102010 | No       | 0          | No     | Yes | No   | No           | N/A    | No        | Yes    |           |      |
|             | Diclofenac Sodium Opth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)   | Sol         | 86805010102010 | No       | 0          | No     | Yes | No   | No           | N/A    | No        | Yes    |           |      |
|             | Dicloxacillin Capsule   |             |                |          |            |        |     |      |              |        |           |        |           |      |
|             | Dicloxacillin Sodium 250 MG Cap UD (repack)   | Cap         | 01300020100110 | No       | 0          | No     | No  | No   | No           | N/A    | Yes       | Yes    |           |      |
|             | Dicloxacillin Sodium 250 MG Capsule (Dynapen)   | Cap         | 01300020100110 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | Dicloxacillin Sodium 500 MG Capsule (Dynapen)   | Cap         | 01300020100115 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | Dicloxacillin Sodium 500 MG UD Capsule (Dynapen)  | Cap         | 01300020100115 | No       | 0          | No     | No  | No   | No           | N/A    | Yes       | Yes    |           |      |
|             | 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 0.125 MG Tab UD (Lanoxin)   | Tab         | 31200010000305 | No       | 0          | No     | No  | No   | No           | N/A    | Yes       | 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    |           |      |
|             | Advisories:   |             |                |          |            |        |     |      |              |        |           |        |           |      |
|             | ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***  |             |                |          |            |        |     |      |              |        |           |        |           |      |
|             | DiiTIAZem ER 24 hour Capsule  |             |                |          |            |        |     |      |              |        |           |        |           |      |
|             | DiiTIAZem ER 24 hour 120 MG Cap (Cardizem CD) (Cardizem CD)   | Cap ER 24   | 34000010127020 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | DiiTIAZem 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    |           |      |
|             | DiiTIAZem ER 24 hour 180 MG Cap (Cardizem CD) (Cardizem CD)   | Cap ER 24   | 34000010127030 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | DiiTIAZem 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    |           |      |
|             | DiiTIAZem ER 24 hour 240 MG Cap (Cardizem CD) (Cardizem CD)   | Cap ER 24   | 34000010127040 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | DiiTIAZem 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    |           |      |
|             | DiiTIAZem ER 24 hour 300 MG Cap (Cardizem CD) (Cardizem CD)   | Cap ER 24   | 34000010127050 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | DiiTIAZem 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    |           |      |
|             | DiiTIAZem ER 24 hour 360 MG Cap (Cardizem CD) (Cardizem CD)   | Cap ER 24   | 34000010127060 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |      |
|             | DiiTIAZem 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    |           |      |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Advisories:<br>****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                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem HCl ER Coated Beads Tab 24 Hr 300 MG                      | Tab ER 24          | 34000010127550  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem HCL ER Tiazac   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem ER 24 hour 120 MG Cap (Tiazac) (Tiazac)                   | Cap ER 24          | 34000010117020  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem ER 24 hour 180 MG Cap UD (Tiazac) (Tiazac)                | Cap ER 24          | 34000010117030  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | DilTIAZem ER 24 hour 240 MG Cap (Tiazac) (Tiazac)                   | Cap ER 24          | 34000010117040  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem ER 24 hour 240 MG Cap UD (Tiazac) (Tiazac)                | Cap ER 24          | 34000010117040  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | DilTIAZem ER 24 hour 300 MG Cap (Tiazac) (Tiazac)                   | Cap ER 24          | 34000010117050  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem ER 24 hour 360 MG Cap (Tiazac) (Tiazac)                   | Cap ER 24          | 34000010117060  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem HCL Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem 30 MG Tab (Cardizem)                                      | Tab                | 34000010100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem 30 MG Tab UD (Cardizem)                                   | Tab                | 34000010100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | DilTIAZem 60 MG Tab (Cardizem)                                      | Tab                | 34000010100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem 60 MG Tab UD (Cardizem)                                   | Tab                | 34000010100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | DilTIAZem 90 MG Tab (Cardizem)                                      | Tab                | 34000010100315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem 90 MG Tab UD (Cardizem)                                   | Tab                | 34000010100315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | DilTIAZem 120 MG Tab (Cardizem)                                     | Tab                | 34000010100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>****CARDIZEM SR NOT APPROVED*****                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem Inj 5mg/ml  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DilTIAZem HCl Intravenous Solution 25 MG/5ML                        | Sol                | 34000010102025  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem HCl Intravenous Solution 50 MG/10ML                       | Sol                | 34000010102030  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem XR 24 hour Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dilt-XR 24 Hour 120 MG ER Cap                                       | Cap ER 24          | 34000010107020  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | DilTIAZem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)            | Cap ER 24          | 34000010107040  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Unit Dose | Fmly |
|-------------|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|------|
|             | Dimethylsulfoxide-RMSO   |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Dimethylsulfoxide-RMSO ML (Rimso-50)   | Sol         | 56500010002010 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | Formulary Restrictions:<br>****MRC USE ONLY**<br>***Oncology Use Only****<br>**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       | Yes  |
|             | diphenhydrAMINE 25 MG Cap UD (Benadryl)  | Cap         | 41200030100105 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       | Yes  |
|             | diphenhydrAMINE 25 MG Tab (Benadryl)   | Tab         | 41200030100305 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | diphenhydrAMINE 25 MG Tab UD (Benadryl)  | Tab         | 41200030100305 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       | Yes  |
|             | diphenhydrAMINE 50 MG Cap (Benadryl)   | Cap         | 41200030100110 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | diphenhydrAMINE 50 MG Cap UD (Benadryl)  | Cap         | 41200030100110 | No       | 0          | No     | No  | Yes  | No           | N/A         | Yes         | Yes       | Yes  |
|             | diphenhydrAMINE 50 MG Tab  | Tab         | 41200030100310 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**RESTRICTED TO INJECTABLE FORMULATION ONLY**<br>**INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Non-Formulary Use Criteria:<br>**1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl**<br>**2. Excessive salivation with clozapine**<br>**3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)**<br>**4. Chronic pruritus-associated dialysis**<br>**5. Non-formulary use approved via PILL LINE ONLY**<br>**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.**<br>**7. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.**<br>**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 HCl 50 MG/ML 10ml Inj  | Sol         | 41200030102010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | diphenhydrAMINE HCl 50 MG/ML 1 ML Inj/Vial (Benadryl INJ)  | Sol         | 41200030102010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | diphenhydrAMINE HCl 50 MG/ML 2 ML Inj (Benadryl Inj)   | Sol         | 41200030102010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | DiphenhydrAMINE HCl Inj 50 MG/ML syringe (Benadryl)  | Sol         | 41200030102010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | Formulary Restrictions:<br>****RESTRICTED TO INJECTABLE FORMULATION ONLY**<br>**INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****   |             |                |          |            |        |     |      |              |             |             |           |      |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc. | Active<br>Dose | Unit | Fmly |
|--------------------|--|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|----------------|------|------|
|                    | Dipyridamole Tablet  |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Dipyridamole 25 MG Tab (Persantine)  | Tab                | 85150030000310  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Dipyridamole 25 MG Tab UD (Persantine 25 MG)   | Tab                | 85150030000310  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |      |
|                    | Dipyridamole 50 MG Tab (Persantine)  | Tab                | 85150030000320  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Dipyridamole 50 MG Tab UD (Persantine 50 MG)   | Tab                | 85150030000320  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |      |
|                    | Dipyridamole 75 MG Tab (Persantine)  | Tab                | 85150030000330  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Dipyridamole 75 MG Tab UD (Persantine)   | Tab                | 85150030000330  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |      |
|                    | Disopyramide   |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Disopyramide 150 MG Cap (Norpace 150 MG)   | Cap                | 35100010100110  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Disopyramide 150 MG Cap UD (Norpace 150 MG)  | Cap                | 35100010100110  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |      |
|                    | Disopyramide Phosphate 100 MG Cap (Norpace)  | Cap                | 35100010100105  | No          | 0            | No     | 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                 | No             | N/A  | No             | Yes  |      |
|                    | Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)   | Cap ER 12          | 35100010106915  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Distilled Water 1 gallon ( Hinckley/Mckesson)  |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Distilled Water 1 gallon ( Hinckley/Mckesson) (distilled)  |                    |                 | No          | 0            | No     | Yes | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Distilled Water Oral Liquid  |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Distilled Water for CPAP - 1 Gallon (water)  | Liq                | 98402024000900  | No          | 0            | No     | Yes | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Distilled Water Oral Liquid  | Liq                | 98402024000900  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Advisories:<br>***For compounding purposes only***   |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Divalproex ER 24 Hour Tablet   |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | Divalproex ER 24 Hour Tab 250 MG (Depakote ER)   | Tab ER 24          | 72500010107520  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | Yes  |      |
|                    | Divalproex ER 24 Hour Tab 250 MG UD (Depakote ER)  | Tab ER 24          | 72500010107520  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |      |
|                    | Divalproex ER 24 Hour Tab 500 MG (Depakote ER)   | Tab ER 24          | 72500010107530  | No          | 0            | No     | 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                 | No             | N/A  | Yes            | Yes  |      |
|                    | Advisories:<br>***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."<br>**PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS**** |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | DOBUTamine Inj   |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | DOBUTamine 12.5 MG/ML Inj (Dobutrex Inj)   | Sol                | 38000010102005  | No          | 0            | No     | Yes | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOBUTamine 250 MG/20ML Inj (Dobutrex)  | Sol                | 38000010102005  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOBUTamine 500 MG/40ML Inj (Dobutrex)  | Sol                | 38000010102005  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | Docetaxel Inj  |                    |                 |             |              |        |     |      |                    |                |      |                |      |      |
|                    | DOCEtaxel 20 MG/0.5ML Inj (Taxotere Inj)   | Concentrate        | 21500005001320  | No          | 0            | No     | Yes | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOCEtaxel Intravenous Concentrate 160 MG/8ML   | Concentrate        | 21500005001317  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOCEtaxel Intravenous Concentrate 80 MG/4ML  | Concentrate        | 21500005001315  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOCEtaxel Intravenous Solution 20 MG/2ML   | Sol                | 21500005002030  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOCEtaxel Intravenous Solution 80 MG/8ML   | Sol                | 21500005002040  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |
|                    | DOCEtaxel IV Concentrate 20 MG/ML (Taxotere)   | Concentrate        | 21500005001310  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | Yes  |      |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | <b>**Medical Referral Center (MRC) Use Only**</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>Docusate Sodium Capsule</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Docusate Sodium 100 MG Cap (Colace)   | Cap                | 46500010300110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Docusate Sodium 100 MG Cap UD (Colace)  | Cap                | 46500010300110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Docusate Sodium 250 MG Cap (Colace)   | Cap                | 46500010300120  | No              | 0                 | No            | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>Docusate Sodium Solution 50 MG/5 ML</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Docusate Sodium Solution 100 MG/10 ML UD (Colace)   | Liq                | 46500010300910  | No              | 0                 | No            | 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                  | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>Docusate Sodium Syrup 60 MG/15ML</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Docusate Sodium Oral Syrup 60 MG/15 ML (Colace Syrup)   | Syrup              | 46500010301220  | No              | 0                 | No            | Yes        | 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 the BOP National Formulary, Part I.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>Dolutegravir(DTG) Tablet</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dolutegravir Sodium ( DTG) 25 MG Tablet (Tivicay)   | Tab                | 12103015100310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Dolutegravir Sodium ( DTG) 50 MG Tablet (Tivicay)   | Tab                | 12103015100320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Dolutegravir Sodium (DTG) 50 MG UD (repack) (Tivicay)   | Tab                | 12103015100320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>DOPamine Inj</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DOPamine 200 MG/5 ML  | Sol                | 38000020102010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>DOPamine Premix Injection</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DOPamine in D5W 400 MG/250 ML   | Sol                | 38000020112020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DOPamine in D5W Iv Soln 3.2-5 MG/ML-% 250ML   | Sol                | 38000020112030  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | <b>Dorzolamide Ophth Solution 2%</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Dorzolamide HCL Ophth 2%, 5 ML Soln (Trusopt)   | Sol                | 86802340102020  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Dorzolamide HCL Ophth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)  | Sol                | 86802340102020  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****OPHTHALMOLOGIST INITIATION ONLY*****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>M/LP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|-------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Dorzolamide-Timolol Ophth soln 2-0.5%  |                    |                 |                 |                   |               |             |             |                     |                    |                    |                  |              |
|                    | Dorzolamide-Timolol Opht Soln 22.3-6.8mg/ml 10ML (Cosopt)  | Sol                | 86259902202020  | No              | 0                 | No            | Yes         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Dorzolamide-Timolol PF Ophth 22.3-6.8 MG/ML ud (Cosopt ud 15 pk x 4)   | Sol                | 86259902202060  | No              | 0                 | No            | Yes         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Dorzolamide-Timolol PF Soln 22.3-6.8mg/ml 10ml (Cosopt PF)   | Sol                | 86259902202060  | No              | 0                 | No            | Yes         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Advisories:<br>****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 (CARDURA)   | Tab                | 36202005100310  | No              | 0                 | No            | No          | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Doxazosin 1 MG Tab UD (Cardura)  | Tab                | 36202005100310  | No              | 0                 | No            | No          | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Doxazosin 2 MG Tab (CARDURA)   | Tab                | 36202005100320  | No              | 0                 | No            | No          | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Doxazosin 2 MG Tab UD (Cardura)  | Tab                | 36202005100320  | No              | 0                 | No            | No          | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Doxazosin 4 MG Tab (Cardura)   | Tab                | 36202005100330  | No              | 0                 | No            | No          | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Doxazosin 4 MG Tab UD (Cardura)  | Tab                | 36202005100330  | No              | 0                 | No            | No          | No          | No                  | N/A                | Yes                | 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              |              |
|                    | 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 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              |              |
|                    | 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              |              |
|                    | Advisories:<br>****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****<br>**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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Advisories:<br>****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****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxercalciferol Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxercalciferol 0.5 MCG Cap (Hectorol)   | Cap                | 30905040000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxercalciferol 1 MCG Cap (Hectorol)   | Cap                | 30905040000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxercalciferol 2.5 MCG Cap (Hectorol)   | Cap                | 30905040000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****ORAL ROUTE PREFERRED****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxercalciferol Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxercalciferol 2 MCG/ML inj soln (Hectorol)   | Sol                | 30905040002010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxercalciferol Inj 2 MCG/ML 1 ML (Hectorol inj)   | Sol                | 30905040002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxercalciferol Inj 4 MCG/2ML 2ML (Hectorol)   | Sol                | 30905040002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****ORAL ROUTE PREFERRED****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DOXOrubicin Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | DOXOrubicin HCL 2MG/ML Inj (Adriamycin)  | Sol                | 21200040102010  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DOXOrubicin HCL 2MG/ML, 5ML Inj (Adriamycin)   | Sol                | 21200040102010  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DOXOrubicin Injection 50 MG (2mg/ml) (Adriamycin)  | Sol                | 21200040102010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | DOXOrubicin Injection10 MG (2 MG/ML) (Adriamycin)  | Sol                | 21200040102010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Hyclate Capsule/Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxycycline Hyclate 50 MG Cap (Vibramycin)   | Cap                | 04000020100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Hyclate 50 MG Cap UD   | Cap                | 04000020100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Hyclate 50 MG Tab  | Tab                | 04000020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Hyclate 100 MG Cap   | Cap                | 04000020100110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Hyclate 100 MG Cap UD (Vibramycin)   | Cap                | 04000020100110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Hyclate 100 MG Tab (Vibratabs)   | Tab                | 04000020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Hyclate 100 MG Tab UD (Vibramycin)   | Tab                | 04000020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Hyclate Oral Tablet 20 MG (Periostat)  | Tab                | 04000020100302  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)  | Sol Recon          | 04000020102105  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate Oral Capsule/Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Doxycycline Monohydrate 50 MG Cap  | Cap                | 04000020000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate 50 MG Cap UD repack  | Cap                | 04000020000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Monohydrate 50 MG Tab UD   | Tab                | 04000020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Monohydrate 50 MG Tablet   | Tab                | 04000020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate 75 MG Tab  | Tab                | 04000020000307  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate 100 MG Cap UD  | Cap                | 04000020000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Monohydrate 100 MG Capsule   | Cap                | 04000020000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate 100 MG Tab UD  | Tab                | 04000020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Doxycycline Monohydrate 100 MG Tablet  | Tab                | 04000020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Doxycycline Monohydrate 150 MG Tablet  | Tab                | 04000020000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc. | Active<br>Dose | Unit | Fmlly<br>Yes |
|--------------------|--|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|----------------|------|--------------|
|                    | Doxycycline Monohydrate 75 MG Cap  | Cap                | 04000020000107  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Doxycycline Oral Solution  |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)                                | Susp Recon         | 04000020001905  | No          | 0            | No     | Yes | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | DULoxetine Delayed Release Capsule   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | DULoxetine HCl Delayed Rel 20 MG Cap (Cymbalta)  | Cap DR             | 58180025106720  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | DULoxetine HCl Delayed Rel 20 MG Cap UD (cymbalta)   | Cap DR             | 58180025106720  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | DULoxetine HCl Delayed Rel 30 MG Cap (Cymbalta)  | Cap DR             | 58180025106730  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | DULoxetine HCl Delayed Rel 30 MG Cap UD (Cymbalta)   | Cap DR             | 58180025106730  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | DULoxetine HCl Delayed Rel 60 MG Cap (Cymbalta)  | Cap DR             | 58180025106750  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | DULoxetine HCl Delayed Rel 60 MG Cap UD (Cymbalta)   | Cap DR             | 58180025106750  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | DuoDERM Hydroactive External   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | DuoDERM Hydroactive External Gel 15gm (DuoDERM)  | Gel                | 90944050004000  | No          | 0            | No     | Yes | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Flexible Hydroactive External Dressing granules (DuoDERM Hydroactive External Miscellaneous) | Miscellaneous      | 90944050006300  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No             | 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                 | No             | N/A  | No             | No   | Yes          |
|                    | Echothiophate Iodide Ophth Soln 0.125%   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthalmic)                 | Sol Recon          | 86502020102115  | No          | 0            | No     | Yes | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Edrophonium Chloride Inj   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Edrophonium Chloride Inj 10MG/ML,10ML (Tensilon Inj)   | Sol                | 76000020102005  | No          | 0            | No     | No  | Yes  | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Efavirenz (EFV) Oral Cap   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Efavirenz (EFV) 200 MG Cap (Sustiva)   | Cap                | 12109030000140  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Efavirenz (EFV) 200 MG Cap UD ( repack)  | Cap                | 12109030000140  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | Efavirenz (EFV) 50 MG Cap (Sustiva)  | Cap                | 12109030000110  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | **MLP Requires Cosign**  |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Efavirenz (EFV) Oral Tab   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Efavirenz (EFV) 600 MG Tab (Sustiva)   | Tab                | 12109030000330  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Efavirenz (EFV) 600 MG Tab UD (Sustiva)  | Tab                | 12109030000330  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | **MLP Requires Cosign**  |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Elvitegravir/Cobi/Emtricitabine/Tenof (stribild)   |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | EVG-COBI-FTC-TDF(Stribild) 150-150-200-300 MG UD (Stribild)                                  | Tab                | 12109904300320  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |
|                    | EVG-COBI-FTC-TDF(Stribild) 150-150-200-300MG Tab (Stribild)                                  | Tab                | 12109904300320  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | **MLP Requires Cosign**  |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Emtricitabine (FTC) Capsule  |                    |                 |             |              |        |     |      |                    |                |      |                |      |              |
|                    | Emtricitabine (FTC) 200 MG Cap (Emtriva)   | Cap                | 12106030000120  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | No             | No   | Yes          |
|                    | Emtricitabine (FTC) 200 MG Cap UD (Emtriva)  | Cap                | 12106030000120  | No          | 0            | Yes    | No  | No   | No                 | No             | N/A  | Yes            | Yes  |              |



| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | Sched. | DEA | Cosign | MLP | Bulk | Only | Pill Ln | Crush. | Req. | Loc. | Active | Unit Dose | Fmlly |  |
|-------------|---|-------------|----------------|----------|--------|-----|--------|-----|------|------|---------|--------|------|------|--------|-----------|-------|--|
|             | Formulary Restrictions:<br>****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****<br>**MLP Requires Cosign** |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Rilpivirine/Tenof 200-25-25MG Tab   |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Rilpiviri/Tenof 200-25-25MG Tab (Odefsey)   | Tab         | 12109903390320 | No       | 0      | No  | No     | No  | No   | No   | No      | No     | N/A  | No   | Yes    |           |       |  |
|             | Advisories:<br>****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/Rilpiviri/Tenof 200-25-300MG Tab (Complera)   | Tab         | 12109903400320 | No       | 0      | Yes | No     | No  | No   | No   | No      | N/A    | No   | Yes  |        |           |       |  |
|             | Emtricitabine/Rilpiviri/Tenof 200-25-300MG TabUD (complera)   | Tab         | 12109903400320 | No       | 0      | Yes | No     | No  | No   | No   | N/A     | Yes    | Yes  |      |        |           |       |  |
|             | Advisories:<br>***Not a preferred regimen for treatment-naive patients***<br>**MLP Requires Cosign**  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir Tablet  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)   | Tab         | 12109902300320 | No       | 0      | Yes | No     | No  | No   | N/A  | Yes     | Yes    |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir(Truvada) 100/150 MG Tab (Truvada)   | Tab         | 12109902300308 | No       | 0      | Yes | No     | No  | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir(Truvada) 133/200 MG Tab (Truvada)   | Tab         | 12109902300312 | No       | 0      | Yes | No     | No  | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir(Truvada) 167/250 MG Tab (Truvada)   | Tab         | 12109902300316 | No       | 0      | Yes | No     | No  | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir(Truvada) 200/300 MG Tab (Truvada)   | Tab         | 12109902300320 | No       | 0      | Yes | No     | No  | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Formulary Restrictions:<br>****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****<br>**MLP Requires Cosign** |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir Alafenamide 200/25mg Tab  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir Alafenam 200-25 MG Tab UD (Descovy)   | Tab         | 12109902290320 | No       | 0      | Yes | No     | No  | No   | N/A  | Yes     | Yes    |      |      |        |           |       |  |
|             | Emtricitabine/Tenofovir Alafenamide 200/25mg Tab (Descovy)  | Tab         | 12109902290320 | No       | 0      | Yes | No     | No  | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | **MLP Requires Cosign**   |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Enoxaparin Injection  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Enoxaparin Injection 30 MG/0.3 ML SYRINGE (Lovenox)   | Sol         | 83101020102012 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 40 MG/0.4 ML SYRINGE (Lovenox)   | Sol         | 83101020102013 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 60 MG/0.6 ML SYRINGE (Lovenox)   | Sol         | 83101020102014 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 80 MG/0.8 ML SYRINGE (Lovenox)   | Sol         | 83101020102015 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 100 MG/1 ML SYRINGE (Lovenox)  | Sol         | 83101020102016 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 120 MG/0.8 ML SYRINGE (Lovenox)  | Sol         | 83101020102018 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 150 MG/1 ML SYRINGE (Lovenox)  | Sol         | 83101020102020 | No       | 0      | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |
|             | Enoxaparin Injection 300 MG/3ML Vial (Lovenox)  | Sol         | 83101020102050 | No       | 0      | No  | No     | Yes | No   | N/A  | No      | Yes    |      |      |        |           |       |  |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | Non Sched. | DEA | Cosign | MLP | Bulk | Only | Pill Ln | Crush. | Req. | Loc. | Active | Dose | Unit | Fmly |  |
|-------------|---|-------------|----------------|----------|------------|-----|--------|-----|------|------|---------|--------|------|------|--------|------|------|------|--|
|             | EPINEPHrine Auto-Injector 0.3 MG/0.3ML  |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | EPINEPHrine Auto-Injector 0.3 MG/0.3 ML (EpiPen Injection Device)   | Sol Auto-   | 3890004000D54  | No       | 0          | No  | Yes    | Yes | No   | N/A  | No      | Yes    |      |      |        |      |      |      |  |
|             | EPINEPHrine Injection Solution 1 MG/ML (Adrenalin)  | Sol         | 38900040002030 | No       | 0          | No  | No     | Yes | No   | N/A  | No      | Yes    |      |      |        |      |      |      |  |
|             | EPINEPHrine Injection Solution 1 MG/ML  |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | EPINEPHrine Injection Solution 30 MG/30ML (Adrenalin)   | Sol         | 38900040002060 | No       | 0          | No  | No     | Yes | No   | N/A  | No      | Yes    |      |      |        |      |      |      |  |
|             | Formulary Restrictions:<br>***ACLS Use Only***  |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | Epirubicin Solution   |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | Epirubicin HCl Intravenous Solution 50 MG/25ML (Ellence)  | Sol         | 21200042102030 | No       | 0          | No  | No     | Yes | No   | N/A  | No      | Yes    |      |      |        |      |      |      |  |
|             | Epirubicin HCl Intravenous Solution Recons 50 MG (Ellence)  | Sol Recon   | 21200042102140 | No       | 0          | No  | No     | Yes | No   | N/A  | No      | Yes    |      |      |        |      |      |      |  |
|             | Advisories:<br>***Vesicant* Cumulative Toxic Dose 550mg/meters squared**<br>**Medical Referral Center (MRC) Use Only**  |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | Epoetin Alfa Injection  |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | 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 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 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:<br>****DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**<br>ESA USE IN CANCER PATIENTS:<br>1. Other causes of anemia are evaluated and treated<br>2. ESA is initiated when Hgb approaches or falls below 10 g/dl<br>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)<br>4. Hgb is targeted to (or near) 12 g/dl at which point the dosage should be titrated to maintain that level<br>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<br>6. Iron levels are monitored and supplements prescribed accordingly<br>7. ESA is avoided for cancer patients not receiving chemotherapy<br>8. The risk of thromboembolism for patients receiving ESAs are weighed carefully<br>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<br>10. ESA is discontinued following completion of chemotherapy course<br>11. Starting doses and dose modifications are based on response, or lack thereof, and should follow the package insert<br><br>ESA USE IN ESRD PATIENTS:<br>1. Is on dialysis<br>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**<br>Non-Formulary Use Criteria:<br>**1. Patient receiving hepatitis C therapy; AND**<br>**2. Patient is one of the following:<br>a. Cirrhotic; |             |                |          |            |     |        |     |      |      |         |        |      |      |        |      |      |      |  |

| Doctor Name | Item Name  | Dosage Form              | GPI Code   | Non Sub.             | Non              | Sched.               | DEA                  | Cosign               | MLP                  | Bulk                 | Only                 | Pill Ln                  | Crush.               | Req.                     | Loc.                 | Active                   | Dose                  | Unit                     | Fmlly |  |
|-------------|--|--------------------------|--|----------------------|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|-----------------------|--------------------------|-------|--|
|             | b. Pre or post-liver transplant<br>c. HIV/HCV co-infected;<br>d. Receiving HIV triple therapy;<br>AND**<br>**3. Patient underwent evaluation for other causes of anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND**<br>**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**<br>**5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.**<br>**All of the following must be true for patient to be eligible for ESA treatment of hepatitis C treatment-related anemia:**<br>Formulary Restrictions:<br>****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****<br>**Medical Referral Center (MRC) Use Only** |                          |  |                      |                  |                      |                      |                      |                      |                      |                      |                          |                      |                          |                      |                          |                       |                          |       |  |
|             | Ergotamine Tartrate/Caffeine 2/100 Mg Supp<br>Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)<br>Formulary Restrictions:<br>****Limited to dispensing 10 suppository/tablets per month****   | Supp                     | 67991002105220   | No                   | 0                | No                   | Yes                  | No                   | Yes                  | No                   | No                   | N/A                      | No                   | Yes                      | No                   | N/A                      | No                    | Yes                      |       |  |
|             | Ergotamine Tartrates S.L. 2 Mg Tablet<br>Ergotamine Tartrate S.L. 2 MG TAB (Ergomar 2 MG S.L. Tablets)   | Tab Sublingual           | 67000020100705   | No                   | 0                | No                   | No                   | No                   | No                   | No                   | No                   | N/A                      | No                   | Yes                      | No                   | N/A                      | No                    | Yes                      |       |  |
|             | Ergotamine/Caffeine 1/100 Mg Oral Tab<br>Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)<br>Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)<br>Formulary Restrictions:<br>****Limited to dispensing 10 tablets per month****  | Tab<br>Tab               | 67991002100310<br>67991002100310                                     | No<br>No             | 0<br>0           | No<br>No             | No<br>No             | No<br>No             | No<br>No             | No<br>No             | No<br>No             | N/A<br>N/A               | No<br>No             | Yes<br>Yes               | No<br>Yes            | N/A<br>N/A               | No<br>Yes             | Yes<br>Yes               |       |  |
|             | Erlotinib HCl Tablet<br>Erlotinib HCl 25 MG Tab (Tarceva)<br>Erlotinib HCl 100 MG Tab (Tarceva)<br>Erlotinib HCl 150 MG Tab (Tarceva Tablet)<br>Erlotinib HCl 150 MG Tablet UD (Tarceva)<br>Formulary Restrictions:<br>***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***  | Tab<br>Tab<br>Tab<br>Tab | 21534025100320<br>21534025100330<br>21534025100360<br>21534025100360 | No<br>No<br>No<br>No | 0<br>0<br>0<br>0 | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | N/A<br>N/A<br>N/A<br>N/A | No<br>No<br>No<br>No | Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No | N/A<br>N/A<br>N/A<br>N/A | No<br>No<br>No<br>Yes | Yes<br>Yes<br>Yes<br>Yes |       |  |
|             | Ertapenem Injection<br>Ertapenem 1 GM Inj (Invanz)<br>Ertapenem Intravenous Soln 1 GM ADD-vantage (INVanz)<br>**Medical Referral Center (MRC) Use Only**   | Sol Recon<br>Sol Recon   | 16150030102130<br>16150030102135                                     | No<br>No             | 0<br>0           | No<br>No             | No<br>No             | Yes<br>Yes           | No<br>No             | Yes<br>No            | No<br>N/A            | No<br>No                 | Yes<br>No            | No<br>Yes                | No<br>N/A            | No<br>N/A                | No<br>No              | Yes<br>Yes               |       |  |
|             | Erythromycin (PCE) Delayed Release Tab<br>Erythromycin (PCE ) Delayed Release 500 MG Tab<br>Erythromycin (PCE) Delayed Release 333 MG Tab  | Tab DR<br>Tab DR         | 03100006000610<br>03100006000605                                     | No<br>No             | 0<br>0           | No<br>No             | No<br>No             | No<br>No             | No<br>No             | No<br>No             | No<br>No             | N/A<br>N/A               | No<br>No             | Yes<br>Yes               | No<br>No             | N/A<br>N/A               | No<br>No              | Yes<br>Yes               |       |  |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Erythromycin BASE Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Erythromycin BASE 250 MG Tab (Erythromycin)  | Tab                | 03100005000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Erythromycin BASE 250 MG Tab UD  | Tab                | 03100005000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Erythromycin BASE 500 MG Tab (Erythromycin)  | Tab                | 03100005000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Erythromycin Delayed Release Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Erythromycin DELAYED REL 250 MG Cap  | Cap DR             | 03100005006720  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Erythromycin Delayed Release Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)  | Tab DR             | 03100005000605  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes         |
|                    | Erythromycin Delayed REL 333 MG Tab (ERY-TAB)  | Tab DR             | 03100005000610  | No              | 0                 | No            | 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                  | 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                  | 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                  | No                 | N/A                | No               | Yes         |
|                    | Erythromycin Ophthalmic Ointment 5MG/GM  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Erythromycin Ophth Oint 1 GM 5 MG/GM   | Oint               | 86101025004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Erythromycin Ophth Oint 3.5 GM 5mg/gm  | Oint               | 86101025004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Esmolol Hydrochloride Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Esmolol HCL 10 MG/ML Inj (Brevibloc)   | Sol                | 33200025102015  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol Cypionate Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Estradiol Cypionate 5MG/ML Inj (Depo) 5ML (Depo -Estradiol)  | Oil                | 24000035101710  | No              | 0                 | No            | No         | Yes         | No                  | 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 0.1 MG/24HR Patch Biweekly (Vivelle) (Vivelle Transdermal Patch Biweekly)  | Patch Twice        | 24000035008750  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.025 MG/24H Patch (Once-weekly) (Climara)   | Patch Weekly       | 24000035008810  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.025 MG/24HR Patch Biweekly (Vivelle) (Vivelle-Dot Transderm Patch Biweekly)  | Patch Twice        | 24000035008705  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.025 MG/24HR Patch Biweekly(alora) (Alora)  | Patch Twice        | 24000035008705  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.0375 MG/24HR Patch (Once-weekly) (Climara)   | Patch Weekly       | 24000035008815  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.0375 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot Transderm Patch Biweekly)  | Patch Twice        | 24000035008710  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.05 MG/24HR Patch (Alora ) Biweekly (Alora)   | Patch Twice        | 24000035008720  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.05 MG/24HR Patch (Once-weekly) (Climara)   | Patch Weekly       | 24000035008820  | No              | 0                 | No            | Yes        | 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                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)   | Patch Twice        | 24000035008730  | No              | 0                 | No            | Yes        | 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                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.075 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot patch)  | Patch Twice        | 24000035008730  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Estradiol 0.1 MG/24HR Patch (Alora) BiWeekly (Alora Transdermal Patch Biweekly)  | Patch Twice        | 24000035008750  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill In Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Estradiol Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estradiol 0.5 MG Tab (Estrace)   | Tab                | 24000035000303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estradiol 1 MG Tab (Estrace)   | Tab                | 24000035000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estradiol 2 MG Tab (Estrace)   | Tab                | 24000035000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estradiol 2 MG Tab UD (Estrace)  | Tab                | 24000035000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Non-Formulary Use Criteria:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estradiol Valerate Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estradiol Valerate 10 MG/ML IM Inj (Delestrogen)   | Oil                | 24000035201705  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Estradiol Valerate 20 MG/ML IM inj (Delestrogen)   | Oil                | 24000035201710  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Estradiol Valerate 40 MG/ML IM Inj (Delestrogen)   | Oil                | 24000035201715  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Non-Formulary Use Criteria:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estrogen Vaginal Cream   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estrogen Vaginal Cream 0.625 MG/GM (30gm) (Premarin Vaginal cream)   | Cm                 | 55350025003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogen Vaginal Cream 0.625 MG/GM (42.5gm) (Premarin Vaginal Cream 0.625 MG/GM)   | Cm                 | 55350025003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Conjugated Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Estrogens Conjugated 0.3 MG Tab (Premarin)   | Tab                | 24000015000310  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Conjugated 0.45 MG Tab (Premarin)  | Tab                | 24000015000315  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Conjugated 0.625 MG (Premarin)   | Tab                | 24000015000320  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Conjugated 0.625 MG Tab UD (Premarin)  | Tab                | 24000015000320  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Estrogens Conjugated 0.9 MG Tab (Premarin)   | Tab                | 24000015000325  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Conjugated 1.25 MG Tab UD (Premarin)   | Tab                | 24000015000330  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Estrogens Conjugated 1.25 MG Tab (Premarin)  | Tab                | 24000015000330  | Yes             | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Non-Formulary Use Criteria:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care.**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Esterified 0.625 MG Tab (Menest)   | Tab                | 24000030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Esterified 1.25 MG Tab (Menest)  | Tab                | 24000030000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Estrogens Esterified 2.5 MG Tab (Menest)   | Tab                | 24000030000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill<br/>Ln<br/>Only</u> | <u>Crush.<br/>Req.</u> | <u>Loc.</u> | <u>Active<br/>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |  |
|--------------------|--|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-----------------------------|------------------------|-------------|------------------------|-------------|--------------|--|
|                    | Non-Formulary Use Criteria:  |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | **1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | **3. Psychiatric diagnostic evaluation and treatment plan.**   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | 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**** |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | Estropipate Tablet   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | Estropipate 0.75 MG Tab (Ogen)   | Tab                | 24000055000305  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |  |
|                    | Estropipate 1.5 MG Tab (Ogen)  | Tab                | 24000055000310  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |  |
|                    | Estropipate 3 MG Tab (Ogen)  | Tab                | 24000055000315  | No                  | 0                    | No            | 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 100 MG Tab UD (Myambutol)   | Tab                | 09000040100305  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | Yes         | 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 Intravenous Solution 1 GM/50ML (Toposar)   | Sol                | 21500010002040  | 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***   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10MG Tab  |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |  |
|                    | EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10 MG UD (Genvoya)  | Tab                | 12109904290315  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | Yes         | Yes                    |             |              |  |
|                    | EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10MG Tab (Genvoya)  | Tab                | 12109904290315  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | No          | Yes                    |             |              |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Formulary Restrictions:<br>*****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*****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Eye Wash  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Eye Wash 120 ML   | Sol                | 86803000002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Fat Emulsion (Intralipid) IV Emulsion 30 %  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Fat Emulsion 30% (Intralipid) IV Emulsion 500 ml  | Emul               | 80200010001630  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Fat Emulsion 20% 250ML (intralipid)   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Fat Emulsion 20% 100 ML Inj (Intralipid) (Intralipid)   | Emul               | 80200010001620  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Fat Emulsion 20% 250ML Inj (Intralipid) (Intralipid)  | Emul               | 80200010001620  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Fat Emulsion 20% 1000 ML, Inj (Intralipid) (Intralipid)   | Emul               | 80200010001620  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Fat Emulsion 20% (Liposyn III)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Fat Emulsion 20% 500 ML INJ (Liposyn III) (Liposyn III 20%)   | Emul               | 80200010001620  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | fentaNYL Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | FentaNYL Citrate (PF) 100 MCG/2ML Inj Soln (2ml)  | Sol                | 65100025102012  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | FentaNYL Citrate (PF) 250 MCG/5ML Inj Soln (5ml)  | Sol                | 65100025102022  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | FentaNYL Citrate (PF) 500 MCG/10ML inj (10ml)   | Sol                | 65100025102032  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | FentaNYL Citrate (PF) Inj Cartridge 100 MCG/2ML   | Sol Cartridge      | 6510002510E21   | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | FentaNYL Citrate (PF) Inj Soln 2500 MCG/50ML  | Sol                | 65100025102042  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | fentaNYL Patch  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | fentaNYL Patch 12 MCG/HR (Duragesic)  | Patch 72 Hour      | 65100025008610  | 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 100 MCG/HR (Duragesic)   | Patch 72 Hour      | 65100025008650  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Formulary Restrictions:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN****<br>**Medical Referral Center (MRC) Use Only**<br>**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              |             |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Ferrous Gluconate Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ferate Oral Tablet 240 (27 Fe) MG   | Tab                | 82300020000308  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ferrous Gluconate 225 MG Tab (Iron)   | Tab                | 82300020000380  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ferrous Gluconate 324 (37.5 Fe) MG Tab  | Tab                | 82300020000318  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ferrous Gluconate 324 (37.5 Fe) MG Tab UD   | Tab                | 82300020000318  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ferrous Gluconate 324 (5 GR) MG Tab (Ferrous Gluconate)   | Tab                | 82300020000319  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ferrous Gluconate 324 MG Tab UD (Ferrous Gluconate)   | Tab                | 82300020000319  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | 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                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>*****Approved for use in NPO patients only*****<br>**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                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>*****Approved for use in NPO patients only*****<br>**Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Formulary Restrictions:<br>*****MRC Use Only**<br>***Approved for use in NPO patients only*****<br>**Medical Referral Center (MRC) Use Only**                           |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Finasteride Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Finasteride 5 MG TAB (Proscar)  | Tab                | 56851030000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Finasteride 5 MG TAB UD (Proscar)   | Tab                | 56851030000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Non-Formulary Use Criteria:<br>**Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | First-Mouthwash BLM Mouth/Throat Suspension   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | First-Mouthwash BLM Mouth/Throat Susp 119ML (First Mouth)   | Susp               | 88359905401820  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | First-Mouthwash BLM Mouth/Throat Susp 237ml (First-Mouthwash)   | Susp               | 88359905401820  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A                | No               | Yes          |
|                    | Fluconazole injection   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Fluconazole 200 MG INJ (Diflucan IV 200 MG)   | Sol                | 11407015012010  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Fluconazole 400 MG INJ (Diflucan IV 400 MG)   | Sol                | 11407015012020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Fluconazole in Sod Cl IV Soln 100-0.9 MG/50ML-% (Diflucan)  | Sol                | 11407015012005  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |



| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>Sched.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|------------|---------------|------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|-------------|-------------|-------------|
|                    | Non-Formulary Use Criteria:<br>**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?<br>**2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.<br>Formulary Restrictions:<br>****NOT APPROVED FOR ONYCHOMYCOSIS**** |                    |                 |                 |            |               |            |               |            |             |                     |                    |             |               |             |             |             |
|                    | Fluconazole injection 400 mg/200 ml Premix<br>Fluconazole Premix 400 MG INJ (Diflucan)  | Sol                | 11407015022020  | No              | 0          | No            | Yes        | Yes           | No         | Yes         | Yes                 | No                 | N/A         | Yes           | Yes         |             |             |
|                    | Non-Formulary Use Criteria:<br>**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?<br>**2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.<br>Formulary Restrictions:<br>****NOT APPROVED FOR ONYCHOMYCOSIS**** |                    |                 |                 |            |               |            |               |            |             |                     |                    |             |               |             |             |             |
|                    | Fluconazole injection 200 mg/100 ml Premix<br>Fluconazole Premix 200MG INJ (diflucan)   | Sol                | 11407015022010  | No              | 0          | No            | Yes        | Yes           | No         | Yes         | Yes                 | No                 | N/A         | Yes           | Yes         |             |             |
|                    | Non-Formulary Use Criteria:<br>**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?<br>**2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.<br>Formulary Restrictions:<br>****NOT APPROVED FOR ONYCHOMYCOSIS**** |                    |                 |                 |            |               |            |               |            |             |                     |                    |             |               |             |             |             |
|                    | Fluconazole Tablet<br>Fluconazole 50 MG Tab (Diflucan)  | Tab                | 11407015000310  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |             |
|                    | Fluconazole 100 MG Tab (Diflucan)   | Tab                | 11407015000320  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |             |
|                    | Fluconazole 100 MG Tab UD (Diflucan)  | Tab                | 11407015000320  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |             |
|                    | Fluconazole 150 MG Tab (Diflucan)   | Tab                | 11407015000325  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |             |
|                    | Fluconazole 150 MG Tab UD (Diflucan)  | Tab                | 11407015000325  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |             |
|                    | Fluconazole 200 MG Tab UD (Diflucan)  | Tab                | 11407015000330  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |             |
|                    | Fluconazole 200 MG Tab (Diflucan)   | Tab                | 11407015000330  | No              | 0          | No            | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |             |
|                    | Non-Formulary Use Criteria:<br>**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.<br>**2. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil ) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.<br>Formulary Restrictions:<br>****NOT APPROVED FOR ONYCHOMYCOSIS****   |                    |                 |                 |            |               |            |               |            |             |                     |                    |             |               |             |             |             |
|                    | Fludarabine Phosphate<br>Fludarabine Phosphate 50 MG INJ (Fludara Injection)  | Sol Recon          | 21300025102120  | No              | 0          | No            | No         | Yes           | No         | Yes         | No                  | No                 | N/A         | No            | Yes         |             |             |
|                    | Fludarabine Phosphate IV Solution 50 MG/2ML   | Sol                | 21300025102020  | No              | 0          | No            | No         | Yes           | No         | Yes         | No                  | No                 | N/A         | No            | Yes         |             |             |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Fludrocortisone Acetate Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Fludrocortisone Acetate 0.1 MG Tab (Florinef)  | Tab                | 22200030100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)                                     | Tab                | 22200030100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Flumazenil Inj   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Flumazenil Intravenous Solution 0.5 MG/5ML (Romazicon)                               | Sol                | 93200040002025  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Flumazenil Intravenous Solution 1 MG/10ML (Romazicon)                                | Sol                | 93200040002030  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide Cream 0.05%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Fluocinonide 0.05% 120 GM Cream (Lidex)  | Cm                 | 90550060003705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide 0.05%, 15 GM Cream (Lidex)  | Cm                 | 90550060003705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide 0.05%, 30 GM Cream (Lidex)  | Cm                 | 90550060003705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide 0.05%, 60 GM Cream (Lidex)  | Cm                 | 90550060003705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide Ointment 0.05%  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Fluocinonide 0.05%, 15 GM Oint (Lidex Ointment)                                      | Oint               | 90550060004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide 0.05%, 30 GM Oint (Lidex Ointment)                                      | Oint               | 90550060004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluocinonide 0.05%, 60 GM Oint (Lidex Ointment)                                      | Oint               | 90550060004205  | No              | 0                 | No            | Yes        | No          | 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                  | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)  | Strip              | 86806010106110  | No              | 0                 | No            | 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                  | 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                  | 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                  | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)                          | Susp               | 86300020001810  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)                                     | Susp               | 86300020001810  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |

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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Fluorometholone Ophth Susp 0.25%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)   | Susp               | 86300020001820  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)  | Susp               | 86300020001820  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Fluorouracil Injection 50 MG/ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Fluorouracil Intravenous Solution 1 GM/20ML   | Sol                | 21300030002025  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Fluorouracil Intravenous Solution 500 MG/10ML (Fluorouracil Injection)  | Sol                | 21300030002020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Advisories:<br>***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 HCl 10 MG Cap (Prozac)   | Cap                | 58160040000110  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | FLUoxetine HCl 10 MG Cap UD (Prozac)  | Cap                | 58160040000110  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | FLUoxetine HCl 20 MG Cap (Prozac)   | Cap                | 58160040000120  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | FLUoxetine HCl 20 MG Cap UD (Prozac)  | Cap                | 58160040000120  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | FLUoxetine HCl 40 MG Cap (Prozac)   | Cap                | 58160040000140  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | FLUoxetine HCl 40 MG Cap UD (prozac)  | Cap                | 58160040000140  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Advisories:<br>****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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req. Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|-------------------------|--------------------|-------------|--------------|
|                    | Advisories:<br>****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****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                         |                    |             |              |
|                    | FLUoxetine Tablet  |                    |                 |                 |                   |               |            |             |                     |                         |                    |             |              |
|                    | FLUoxetine HCl 10 MG Tab (Prozac)  | Tab                | 58160040000310  | No              | 0                 | Yes           | No         | No          | No                  | N/A                     | No                 | Yes         |              |
|                    | FLUoxetine HCl 20 MG Tab (Prozac)  | Tab                | 58160040000320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                     | No                 | Yes         |              |
|                    | FLUoxetine HCl 60 MG Tab   | Tab                | 58160040000360  | No              | 0                 | Yes           | No         | No          | No                  | N/A                     | No                 | Yes         |              |
|                    | Advisories:<br>****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****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                         |                    |             |              |
|                    | FluPHENAZine Decanoate Injection   |                    |                 |                 |                   |               |            |             |                     |                         |                    |             |              |
|                    | FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)   | Sol                | 59200025302005  | No              | 0                 | Yes           | Yes        | Yes         | No                  | N/A                     | No                 | Yes         |              |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**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:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**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:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**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:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**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 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         |              |
|                    | 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         |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign<br/>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active<br/>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|---------------------|----------------------|-----------------------|-------------|-------------------------|------------------------|-------------|------------------------|-------------|--------------|
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**MLP Requires Cosign**  |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Flutamide Capsule  |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Flutamide 125 MG Cap (Eulexin)   | Cap                | 21402440000110  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Flutamide 125 MG Cap UD (Eulexin)  | Cap                | 21402440000110  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | Yes                    | Yes         |              |
|                    | Formulary Restrictions:<br>***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***  |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Fluticasone Propionate Spray   |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Fluticasone Prop 50 MCG/ACT , 9.9 ml nasal spray   | Susp               | 42200032301810  | No                  | 0                    | No                    | Yes         | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Fluticasone Prop 50mcg, 16ml Nasal spry (Flonase)  | Susp               | 42200032301810  | No                  | 0                    | No                    | Yes         | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Advisories:<br>**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.** |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | 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 400 MCG Tablet  | Tab                | 82200010000305  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Folic Acid 800 MCG Tablet UD   | Tab                | 82200010000310  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | Yes                    | Yes         |              |
|                    | 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 Tablet Complex  |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Folic Acid Tablet Complex (Folgard)  | Tab                | 82991503200305  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Folic Acid-Vit B6-Vit B12 Tab 0.4-50-0.1 MG  | Tab                | 82991503200303  | No                  | 0                    | No                    | No          | No                      | No                     | N/A         | No                     | Yes         |              |
|                    | Fosaprepitant Dimeglumine IV Soln  |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Fosaprepitant Dimeglumine IV Soln 150 MG   | Sol Recon          | 50280035102130  | No                  | 0                    | No                    | No          | Yes                     | No                     | N/A         | No                     | Yes         |              |
|                    | Formulary Restrictions:<br>**For use in highly emetic chemotherapy treatment regimens only**<br>**Medical Referral Center (MRC) Use Only**   |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Foscarnet Sodium Inj   |                    |                 |                     |                      |                       |             |                         |                        |             |                        |             |              |
|                    | Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)   | Sol                | 12200020102030  | No                  | 0                    | No                    | No          | Yes                     | No                     | N/A         | No                     | Yes         |              |
|                    | Foscarnet Sodium Intravenous Soln 6000 MG/250ML (Foscavir)   | Sol                | 12200020102030  | 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         |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Furosemide Oral Soln 10 MG/ML  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Furosemide Oral Soln 10 MG/ML, 60 ML (Furosemide Oral Soln)  | Sol                | 37200030002050  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Furosemide Oral Solution 8 MG/ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Furosemide Oral Solution 8 MG/ML 500ML   | Sol                | 37200030002045  | No              | 0                 | No            | Yes        | 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 (Lasix)   | Tab                | 37200030000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Furosemide 40 MG Tab UD (Lasix)  | Tab                | 37200030000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Furosemide 80 MG Tab UD (Lasix)  | Tab                | 37200030000315  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Furosemide 80 MG Tab (Lasix)   | Tab                | 37200030000315  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Gadopentetate Dimeglumine 469.01 MG/ML soln  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Gadopentetate Dimeglumine 469MG/ML,20M INJ (Magnevist)   | Sol                | 94500030102047  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Ganciclovir Intravenous Solution 500 MG/250ML  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ganciclovir Intravenous Solution 500 MG/250ML (Cytovene IV)  | Sol                | 12200030002030  | No              | 0                 | No            | No         | Yes         | 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              |              |
|                    | Gardasil 9 Intramuscular Suspension  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | HPV (Gardasil 9) IM Suspension Prefilled Syringe (Gardasil 9)  | Susp Prefilled     | 1710006550E60   | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | HPV (Gardasil 9) Intramuscular Suspension (Gardasil)   | Susp               | 17100065501800  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **Documentation of administration MUST occur in the Flowsheets**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **up to age 26 for remales and immunocompromised ales and up to age 21 for non immunocompromised males** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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)  | Sol Recon          | 21300034102140  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | **Medical Referral Center (MRC) Use Only**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 Ophthalmic (3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)  | Oint               | 86101030004205  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 Sulfate Ophthalmic Soln 0.3% 15ml               | 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, 20 ML Inj                     | Sol                | 07000020102045  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Gentamicin Sulfate 40 MG/ML,2ML INJ (Garamycin Injection)  | 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 2.5 MG ( 1/2 of 5 mg tab) UD (Glucotrol)         | Tab                | 27200030000305  | 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 (Glucotrol)                            | Tab                | 27200030000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | 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 HypoKit Injection Solution 1 MG (Glucagen)        | 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 45 (Glucose)                   | Gel                | 27300030004020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Glucose Gel 40% GM - Glutose 15 (Glucose 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 On The Go Oral Tablet Chewable(TRUEplus)           |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glucose On The Go Oral Chewable Tab(TRUEplus) (Trueplus)   | Tab Chew           | 80509903270500  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Glucose Oral Gel 77.4 %                                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glucose Gel 77.4% GM Insta-Glucose Oral 31 (Insta Glucose) | Gel                | 27300030004070  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Glucose Oral Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glucose 4 GM Tab (Glucose Tablets)                         | Tab Chew           | 27300030000515  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Glycerin Adult Suppository                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glycerin (Adult) Rectal Suppository 2 GM                   | Supp               | 46600010005215  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Glycerin (Adult) Rectal Suppository 2.1 GM                 | Supp               | 46600010005250  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Glycopyrrolate Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glycopyrrolate 1 MG Tab (Robinul)  | Tab                | 49102030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Glycopyrrolate 1 MG Tab UD   | Tab                | 49102030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Glycopyrrolate 2MG Tab (Robinul)   | Tab                | 49102030000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Glycopyrrolate inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Glycopyrrolate 0.2MG/ML, 1ML Inj (Robinul)   | Sol                | 49102030002010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Glycopyrrolate Injection Solution 0.4 MG/2ML (Robinul)   | Sol                | 49102030002012  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Glycopyrrolate Injection Solution 1 MG/5ML (robinul)   | Sol                | 49102030002013  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>**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                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**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                  | No                 | N/A                | No               | Yes          |
|                    | Granisetron HCl Intravenous Solution 4 MG/4ML (Kytril)   | Sol                | 50250035102015  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**Medical Referral Center (MRC) Use Only** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Granisetron Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Granisetron HCl 1 MG TAB (Kytril)  | Tab                | 50250035100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Granisetron HCl 1 MG TAB UD (Kytril)   | Tab                | 50250035100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Formulary Restrictions:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**Medical Referral Center (MRC) Use Only** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Haemophilus B Polysac/tetanus Conj Vac   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Haemophilus B polysac/tetanus ActHIB IM Soln (ActHIB)  | Sol Recon          | 17200030102100  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Haloperidol Decanoate IM 50 MG/ML, 1ML INJ (Haldol Decanoate Injection)  | Sol                | 59100010302010  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate IM 50 MG/ML, 5ML INJ (Haldol Decanoate Injection)  | Sol                | 59100010302010  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate IM 100 MG/ML, 1 ml Ampule (Haldol)   | Sol                | 59100010302020  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate IM 100 MG/ML, 1ML INJ Vial (Haldol Decanoate Injection)  | Sol                | 59100010302020  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate IM 100 MG/ML, 5 ML Vial  | Sol                | 59100010302020  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Haloperidol Decanoate IM Soln 100 MG/ML, 10 ML   | Sol                | 59100010302020  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |



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|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|-------------|-------------|--------------|--|
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |             |             |              |  |
|                    | Haloperidol Lactate Injection  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |             |             |              |  |
|                    | Haloperidol Lactate INJ 5MG/ML (Haldol)  | Sol                | 59100010202005  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes           |             |             |              |  |
|                    | 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           |             |             |              |  |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**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:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**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 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 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           |             |             |              |  |
|                    | Haloperidol 10 MG Tab (Haldol)   | Tab                | 59100010100325  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes           |             |             |              |  |
|                    | Haloperidol 10 MG Tab UD (Haldol)  | Tab                | 59100010100325  | 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           |             |             |              |  |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**<br>**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |             |             |              |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Hemorrhoidal Ointment 0.25-3-14-71.9 %  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Hemorrhoidal Ointment 0.25-3-14-71.9% - 30 GM (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 0.25-14-74.9 %   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Hemorrhoidal Rectal Ointment 0.25-14-71.9% 43GM (GRX)   | Oint               | 89994003224220  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Hemorrhoidal Rectal Ointment 0.25-14-74.9% 57GM (major- prep)   | Oint               | 89994003224222  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 5,000 Units/ML, 1 ML Inj (Heparin)   | Sol                | 83100020202025  | 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 (Porcine) 10,000 UNIT/ML 5 ML Inj  | Sol                | 83100020202035  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Heparin Sodium (Porcine) 1000 UNIT/ML, 10ml   | Sol                | 83100020202015  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Heparin Sodium (Porcine) Inj 1000 UNIT/ML 2ML   | Sol                | 83100020202015  | 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 1,000 UN/ML 10ml(repack syringe)   | Sol                | 83100020202035  | 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 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 Lock Flush   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | 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                |             |              |
|                    | 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 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 Lock Flush 10 UNIT/ML (3ml syringe)   | Sol                | 83100020302020  | 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 (3 ML syringe)   | Sol                | 83100020302030  | 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 (5 ML Syringe) (Hep Lock)  | 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 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 Sodium Lock Flush 100 UNIT/ML (30 ML) (Hep LOCK)  | Sol                | 83100020302030  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | 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                |             |              |
|                    | Vaqta Intramuscular Suspension 25 UNIT/0.5ML                                    | Susp               | 17100008001860  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Hepatitis A & B (Twinrix) Intramuscular   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Hepatitis A & B (Twinrix) IM Susp 720-20 Syringe (Twin Rx)                      | Susp               | 17109902051820  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Hepatitis A & Hepatitis B (Twinrix ) Susp 720-20 (Twinrix)                      | Susp               | 17109902051820  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Hepatitis A Virus Vaccine   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Hepatitis A Virus Vaccine 1440 EL U/ML Syringe (Havrix)                         | Susp               | 17100008001840  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 1560/5ML Inj(Nabi-HB (Nabi HB)                      | Sol                | 19100010002000  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 Vaccine-Recomb  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Hepatitis B (Recombivax HB) Inj Susp 10 MCG/ML (recombivax)                     | Susp               | 17100010201820  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Hepatitis B vacc Engerix-B Inj Susp 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                |             |              |
|                    | 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 20 MCG/ML Prefil syri                                | Susp               | 17100010201830  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | 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 40 MCG/ML, 1 ML Inj (Recombivax HB)                  | Susp               | 17100010201840  | 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 10 MG Tab UD (Apresoline)   | Tab                | 36400010100305  | 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 25 MG Tab UD (Apresoline)   | Tab                | 36400010100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes         | 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 100 MG TAB (Apresoline)   | Tab                | 36400010100320  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             |              |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Unit Dose | Fmly |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|------|
|             | Hydrochlorothiazide Tablet/Capsule  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrochlorothiazide 12.5 MG Cap (Microzide)   | Cap         | 37600040000110 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrochlorothiazide 12.5 MG Cap UD (Microzide)  | Cap         | 37600040000110 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | Hydrochlorothiazide 12.5 MG Tab   | Tab         | 37600040000303 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrochlorothiazide 25 MG Tab (Hydrodiuril)   | Tab         | 37600040000305 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrochlorothiazide 25 MG Tab UD (Hydrodiuril)  | Tab         | 37600040000305 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | Hydrochlorothiazide 50 MG Tab (Hydrodiuril)   | Tab         | 37600040000310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrochlorothiazide 50 MG Tab UD (Hydrodiuril)  | Tab         | 37600040000310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | Hydrocortisone Cream 1%   |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Cream 1%, ( 454 GM)  | Cm          | 90550075003720 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Cream 1%, (OTC) 30 GM (Cortaid)  | Cm          | 90550075003720 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Cream 1%, 0.9 GM   | Cm          | 90550075003720 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | Yes       | Yes  |
|             | Preparation H Hydrocortisone External Cream 1 % (Preparation H)   | Cm          | 90550075003720 | No       | 0          | No     | Yes | 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.** |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Acetate Foam 10%   |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Acetate Foam 10%, 15 GM (Cortifoam)  | Foam        | 89150010103905 | No       | 0          | No     | 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           | 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           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Ointment 1%  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Ext Ointment 1% 110 GM   | Oint        | 90550075004210 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone External Ointment 1 % 430 GM   | Oint        | 90550075004210 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)   | Oint        | 90550075004210 | No       | 0          | No     | Yes | 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.** |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Rectal Cream 2.5%  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Rectal Cream 2.5 % 20gm  | Cm          | 89100010003720 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Rectal Cream 2.5 %, 28.4GM (Proctosol-HC Rectal Cream W/Applicator)  | Cm          | 89100010003720 | No       | 0          | No     | Yes | No   | No           | No          | N/A         | No        | Yes  |
|             | Formulary Restrictions:   |             |                |          |            |        |     |      |              |             |             |           |      |
|             | ****restricted to Hemorrhoid treatment****  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Sod Succinate Inj  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)  | Sol Recon   | 22100025402150 | No       | 0          | No     | Yes | Yes  | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Sod Succinate 100 MG INJ (Solu-Cortef)   | Sol Recon   | 22100025402150 | No       | 0          | No     | Yes | Yes  | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Sod Succinate 125 MG/ML,2ML INJ (Solu-Cortef)  | Sol Recon   | 22100025402155 | No       | 0          | No     | Yes | Yes  | No           | No          | N/A         | No        | Yes  |
|             | Hydrocortisone Sod Succinate 125 MG/ML,4ML INJ (Solu-Cortef)  | Sol Recon   | 22100025402161 | No       | 0          | No     | Yes | Yes  | No           | No          | N/A         | No        | Yes  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill<br/>Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active<br/>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-----------------------------|------------------------|-------------|------------------------|-------------|--------------|
|                    | Hydrocortisone Tablet   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Hydrocortisone 5 MG Tab (Cortef)  | Tab                | 22100025000303  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydrocortisone 10 MG Tab (Cortef)   | Tab                | 22100025000305  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydrocortisone 10 MG Tab UD (Cortef)  | Tab                | 22100025000305  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | Hydrocortisone 20 MG Tab (Cortef)   | Tab                | 22100025000310  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydrocortisone 20 MG Tab UD (Cortef)  | Tab                | 22100025000310  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | Hydrogen Peroxide 3%  |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)   | Sol                | 92000020002010  | No                  | 0                    | No            | Yes        | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydrogen Peroxide 3%, 236 ML  | Sol                | 92000020002010  | No                  | 0                    | No            | Yes        | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)   | Sol                | 92000020002010  | No                  | 0                    | No            | Yes        | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydroxychloroquine Tablet   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)  | Tab                | 13000020100305  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Hydroxychloroquine 200 MG TAB UD (Plaquenil)  | Tab                | 13000020100305  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | Advisories:<br>****OPHTHALMIC EXAMS REQUIRED ( REFER TO DRUG REFERENCE)****   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | HydroxyUREA Capsule   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | HydroxyUREA 500 MG Cap (Hydrea)   | Cap                | 21700030000105  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | HydroxyUREA 500 MG Cap UD (Hydrea)  | Cap                | 21700030000105  | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | Formulary Restrictions:<br>***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                          | No                     | N/A         | No                     | Yes         |              |
|                    | hydrOXYzine HCl 50 MG/ML, 1 ML Inj (vistaril)   | Sol                | 57200040102010  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | hydrOXYzine HCl 50 MG/ML, 2 ML Inj (Vistaril)   | Sol                | 57200040102010  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | HydrOXYzine HCl IM Soln 50 MG/ML 10ML   | Sol                | 57200040102010  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | Advisories:<br>****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         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | hydrOXYzine HCl 10 MG Tab UD (repack) (Atarax)  | Tab                | 57200040100305  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | hydrOXYzine HCl 25 MG Tab (Atarax)  | Tab                | 57200040100310  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | hydrOXYzine HCl 25 MG Tab UD (Atarax)   | Tab                | 57200040100310  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | Yes                    | Yes         |              |
|                    | hydrOXYzine HCl 50 MG Tab (Atarax)  | Tab                | 57200040100315  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | No                     | Yes         |              |
|                    | hydrOXYzine HCl 50 MG Tab UD (Atarax)   | Tab                | 57200040100315  | No                  | 0                    | No            | No         | Yes         | No                          | No                     | N/A         | Yes                    | Yes         |              |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | Non | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Loc. | Active | Dose Unit | Fmlly |  |
|-------------|--|-------------|----------------|----------|-----|------------|--------|-----|------|--------------|-------------|------|--------|-----------|-------|--|
|             | <p>Advisories:</p> <p>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**</p> <p>**INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****</p> <p>Non-Formulary Use Criteria:</p> <p>**1. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl.**</p> <p>**2. Excessive salivation with clozapine**</p> <p>**3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)**</p> <p>**4. Chronic pruritus-associated dialysis**</p> <p>**5. Non-formulary use approved via PILL LINE ONLY**</p> <p>**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.**</p> <p>**7. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.**</p> <p>**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)****</p> <p>**Medical Referral Center (MRC) Use Only**</p> |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | <b>Ibuprofen Suspension 100 MG/5ML</b>   |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)   | Susp        | 66100020001820 | No       | 0   | No         | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen Suspension 100 MG/5ML , 473ML  | Susp        | 66100020001820 | No       | 0   | No         | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen Suspension 100 MG/5ML 150ML  | Susp        | 66100020001820 | No       | 0   | No         | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | <p>Advisories:</p> <p>**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.**</p>  |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | <b>Ibuprofen Tablet</b>  |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | Ibuprofen 200 MG Tab (OTC) (Motrin)  | Tab         | 66100020000305 | No       | 0   | No         | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen 200 MG Tab UD (Motrin)   | Tab         | 66100020000305 | No       | 0   | No         | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |       |  |
|             | Ibuprofen 400 MG Tab (Motrin)  | Tab         | 66100020000320 | No       | 0   | No         | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen 400 MG Tab UD (Motrin)   | Tab         | 66100020000320 | No       | 0   | No         | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |       |  |
|             | Ibuprofen 600 MG Tab (Motrin)  | Tab         | 66100020000330 | No       | 0   | No         | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen 600 MG Tab UD (Motrin)   | Tab         | 66100020000330 | No       | 0   | No         | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |       |  |
|             | Ibuprofen 800 MG Tab (Motrin)  | Tab         | 66100020000340 | No       | 0   | No         | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |  |
|             | Ibuprofen 800 MG Tab UD (Motrin)   | Tab         | 66100020000340 | No       | 0   | No         | No     | No  | No   | No           | N/A         | Yes  | Yes    |           |       |  |
|             | <p>Advisories:</p> <p>**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.**</p>  |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | <b>Ifosfamide Inj</b>  |             |                |          |     |            |        |     |      |              |             |      |        |           |       |  |
|             | Ifex Intravenous Solution Reconstituted 3 GM (Ifex)  | Sol Recon   | 21101025002130 | No       | 0   | No         | No     | Yes | No   | Yes          | N/A         | No   | Yes    |           |       |  |
|             | Ifosfamide 50 MG/ML (Ifex)   | Sol Recon   | 21101025002110 | No       | 0   | No         | No     | Yes | No   | Yes          | N/A         | No   | Yes    |           |       |  |
|             | Ifosfamide 1 GM Inj (Ifex)   | Sol Recon   | 21101025002110 | No       | 0   | No         | No     | Yes | No   | Yes          | N/A         | No   | Yes    |           |       |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u>    | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|--------------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Advisories:<br>****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****   |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Imatinib Mesylate Tablet  |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Imatinib Mesylate 100 MG Tab (Gleevec)  | Tab                | 21534035100320     | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Imatinib Mesylate 100 MG Tab UD (Gleevec)   | Tab                | 21534035100320     | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Imatinib Mesylate 400 MG Tab (Gleevec)  | Tab                | 21534035100340     | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Imatinib Mesylate 400 MG Tab UD (Gleevec)   | Tab                | 21534035100340     | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Formulary Restrictions:<br>***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                  | No                 | N/A                | No               | Yes         |
|                    | Imipramine 25 MG Tab (Tofranil)   | Tab                | 58200050100310     | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Imipramine 25 MG Tab UD (Tofranil 25 MG)  | Tab                | 58200050100310     | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Imipramine 50 MG Tab (Tofranil)   | Tab                | 58200050100315     | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Imipramine 50 MG Tab UD (Tofranil)  | Tab                | 58200050100315     | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Advisories:<br>****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****<br>**MLP Requires Cosign** |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin (Gammagard) Inj Soln 30 GM/300ML  |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin (Gammagard) Inj Soln 30 GM/300ML (Gammagard)  | Sol                | 19100020302080     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin (Gammagard) IV Soln 20 GM/200ML (Gammagard injeciton)   | Sol                | 19100020302076     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin Gamunex-C Inj Soln 10 GM/100ML (Gamunex C)  | Sol                | 19100020302072     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin (Human) IM  |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin (Human) Intramuscular Injectable (GamaSTAN S/D)   | Injectable         | 19100020002200     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin (Human) IM RhoGam   |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin RhoGAM Ultra-Filtered IM 1500 U (RhoGAM Ultra-Filtered Plus)  | Sol Prefilled      | 1910005000E54<br>0 | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin Intravenous (Gammagard S/D)   |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin Gammagard S/D IV Soln 10 GM (Gammagard)   | Sol Recon          | 19100020102130     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin Rho(D) (Human) Injection  |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin Rho(D) 1500 UNIT/1.3ML (Human) (WinRho SDF)   | Sol                | 19100050002060     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin Rho(D) 5000 UNIT/4.4ML (Human) (WinRho SDF)   | Sol                | 19100050002055     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin, Human  |                    |                    |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Immune Globulin (Gamunex) IV Soln 5 GM/50ML (Gamunex)   | Sol                | 19100020102068     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Immune Globulin (Gamunex) IV Soln 20 GM/200ML10% (Gamunex)  | Sol                | 19100020102076     | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Indinavir Sulfate (IDV) Capsules                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Indinavir Sulfate (IDV) 200 MG Cap (Crixivan)                         | Cap                | 12104530200120  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Indinavir Sulfate (IDV) 200 MG Cap UD (Crixivan)                      | Cap                | 12104530200120  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Indinavir Sulfate (IDV) 400 MG Cap (Crixivan)                         | Cap                | 12104530200140  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Indinavir Sulfate (IDV) 400 MG Cap UD (Crixivan)                      | Cap                | 12104530200140  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Indomethacin Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Indomethacin 25 MG Cap (Indocin)                                      | Cap                | 66100030000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Indomethacin 25 MG Cap UD (Indocin)                                   | Cap                | 66100030000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Indomethacin 50 MG Cap (Indocin)                                      | Cap                | 66100030000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Indomethacin 50 MG Cap UD (Indocin)                                   | Cap                | 66100030000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Indomethacin Suspension 25 MG/5ML                                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Indomethacin 25 MG/5ML suspension 237ml (Indocin)                     | Susp               | 66100030001805  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza (Afluria) PF Im Susp Syringe 0.5ML                          |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza (Afluria) PF Im Susp Prefill Syr 0.5ML (Afluria)            | Susp Prefilled     | 1710002021E62   | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza (Fluarix IM Susp Prefill Syringe 0.5ML (Fluarix)            | Susp Prefilled     | 1710002021E62   | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza (Fluarix) Quadrivalent IM Susp 0.5ML                        |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza (Fluarix Quadrivalent Im Susp 0.5ML (Fluarix)               | Susp Prefilled     | 1710002025E62   | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Virus (Afluria) Quadrivalent IM Susp                        | Susp               | 17100020251800  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza (Flucelvax) Quadrivalent IM Susp                            |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza (Flucelvax) Quadrivalent IM Susp (Flucelvax)                | Susp               | 17100020821800  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Vaccine (Fluzone High-Dose) IM Syringe                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza (Fluzone High-Dose) IM Syringe 0.5 ML (Fluzone)             | Susp Prefilled     | 1710002023E62   | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Virus (Fluzone Quadrivalent) IM Susp                        |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza Virus (Fluzone Quadrivalent) IM Susp (Fluzone quadrivalent) | Susp               | 17100020251800  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Virus vaccine (Afluria) IM Suspension                       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza Virus (Afluria) IM Suspension (afluria)                     | Susp               | 17100020201800  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Virus Vaccine (Flucelvax) IM Injection                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza Virus Vaccine (Flucelvax) IM Injection (Flucelvax)          | Susp Prefilled     | 1710002080E62   | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Influenza Virus Vaccine (Flulaval) IM Injectable                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Influenza Virus Vaccine (Flulaval) IM Injectable (Fluval)             | Susp               | 17100020201800  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |



| <u>Doctor Name</u>                 | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|------------------------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| Influenza Virus Vaccine (Fluzone)  | Influenza Virus Vaccine (Fluzone) IM Injec (Fluzone IM)   | Susp               | 17100020201800  | 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              |              |
|                                    | Advisories:<br>****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 U-500 Conc) Soln 500 UNIT/ML (HumuLIN R Concentrate)  | Sol                | 27104010002015  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Advisories:<br>****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              |              |
| Iohexol Intravenous Solution       | Iohexol (Omnipaque) IV Soln 350 MG/ML 50ML (Omnipaque)  | Sol                | 94402042002040  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Iohexol 2.4G/10ML Inj (Omnipaque)   | Sol                | 94402042002020  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Iohexol 300 MG/ML ML (Omnipaque)  | Sol                | 94402042002030  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
| Iopamidol Soln Inj                 | Iopamidol Isovue-370 Intravenous Soln 76%(100ml) (Isovue)   | Sol                | 94402047002076  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Iopamidol Isovue-370 Intravenous Soln 76%(150ml)  | Sol                | 94402047002076  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                                    | Iopamidol Soln -300 Intravenous Soln 61% Inj (Isovue-300)   | Sol                | 94402047002062  | 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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | loversol Intravenous Soln 51 % (240)                                      |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | loversol Intravenous Soln 51% (100ml) Optiray (Optiray)                   | Sol                | 94402055002051  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | loversol Intravenous Soln 64%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | loversol Intravenous Soln 64% (100 ml) Optiray (Optiray 300)              | Sol                | 94402055002064  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | loversol Intravenous Soln 68%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | loversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)              | Sol                | 94402055002068  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | loversol Intravenous Soln 68% (150 ml) Optiray (Optiray 320)              | Sol                | 94402055002068  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | loversol Intravenous Soln 74%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | loversol Intravenous Soln 74 % optiray 350 50ML (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 15ml 0.06% (Atrovent Nasal Spray)                 | Sol                | 42300040102020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Ipratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)                 | Sol                | 42300040102010  | 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 Soln 40 MG/2ML                                 | Sol                | 21550040102025  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Irinotecan HCl Intravenous Solution 100 MG/5ML (Captosar)                 | Sol                | 21550040102030  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | Irinotecan HCl Intravenous Solution 500 MG/25ML                           | Sol                | 21550040102040  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                    | **Medical Referral Center (MRC) Use Only**                                |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | 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 Soln (Goldline) 120 ML (Eye Wash)                          | Sol                | 86803000002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)                  | Sol                | 86803000002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
|                    | 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                |             |              |

| <u>Doctor Name</u>                                | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|---|--|--------------------|-----------------|-----------------|------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
| <b>**Medical Referral Center (MRC) Use Only**</b> |  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | 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:<br><b>**INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014</b><br><b>**May be written for 270 day order for TB preventive therapy if used as single drug therapy when INH/Rifapentine combination is contraindicated****</b> |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | 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:<br><b>**INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014</b><br><b>**May be written for 270 day order for TB preventive therapy if used as single drug therapy when INH/Rifapentine combination is contraindicated****</b> |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | Isoproterenol HCL Inj  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)  | Sol                | 44201040102005  | No              | 0          | No                | Yes           | Yes        | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isoproterenol 1 MG / 5 ML INJ (Isuprel)  | Sol                | 44201040102005  | No              | 0          | No                | No            | Yes        | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Dinitrate ER Tablet/Cap   |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | Isosorbide Dinitrate Capsule ER 40 MG  | Cap ER             | 32100020000205  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Dinitrate ER 40 MG Tab (Isordil-ER)   | Tab ER             | 32100020000405  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Dinitrate Tablet  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | Isosorbide Dinitrate 5 MG Tab (Isordil)  | Tab                | 32100020000305  | 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 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 (Isordil)   | Tab                | 32100020000315  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Dinitrate 20 MG Tab UD (Isordil)  | Tab                | 32100020000315  | No              | 0          | No                | No            | No         | No          | N/A                 | Yes                | Yes                |                  |             |
|   | Isosorbide Dinitrate 30 MG Tab (Isordil)   | Tab                | 32100020000320  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)   | Tab                | 32100020000325  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |
|   | Isosorbide Mononitrate ER 24 hour Tablet   |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|   | 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 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 (Imdur)  | Tab ER 24          | 32100025007530  | 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                |                  |             |
|   | Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)   | Tab ER 24          | 32100025007540  | No              | 0          | No                | No            | No         | No          | N/A                 | No                 | Yes                |                  |             |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------|------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|-------------|-------------|--------------|
|                    | Isosorbide Mononitrate Tablet  |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)  | Tab                | 32100025000310  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         | Yes         |              |
|                    | Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)   | Tab                | 32100025000310  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         | Yes         |              |
|                    | Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)  | Tab                | 32100025000320  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         | Yes         |              |
|                    | Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)   | Tab                | 32100025000320  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         | Yes         |              |
|                    | Itraconazole Capsule   |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | Itraconazole 100 MG CAP (Sporanox)   | Cap                | 11407035000120  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         | Yes         |              |
|                    | Itraconazole 100 MG CAP UD (Sporanox)  | Cap                | 11407035000120  | No              | 0          | No         | No            | No         | No          | No                  | No                 | N/A         | Yes           | 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:  |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | ****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         | Yes           | No         | No          | No                  | No                 | N/A         | No            | 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:  |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | ****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            | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |
|                    | Ivermectin 3 MG Tab UD (Stromectol)  | Tab                | 15000007000310  | No              | 0          | No         | No            | Yes        | No          | No                  | N/A                | Yes         | Yes           | Yes         | Yes         |              |
|                    | Advisories:  |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | **Notify BOP Central Office Infectious Disease if experiencing unusual number of multiple cases**  |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | Ketamine Hydrochloride Inj   |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | Ketamine Hydrochloride Inj 50 MG/ML,10ML (Katalar)   | Sol                | 70400020102010  | No              | 3          | Yes        | No            | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | 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          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |
|                    | Ketorolac Injection 30 MG/ML   |                    |                 |                 |            |            |               |            |             |                     |                    |             |               |             |             |              |
|                    | Ketorolac Tromethamine IM Prefill 60MG/2ML syr (Toradol)   | Sol                | 66100037102071  | No              | 0          | Yes        | No            | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |
|                    | Ketorolac Tromethamine IM Soln 60 MG/2ML Vial (Toradol)  | Sol                | 66100037102071  | No              | 0          | Yes        | No            | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |
|                    | Ketorolac Tromethamine Inj prefill 30 MG/ML  | Sol                | 66100037102030  | No              | 0          | Yes        | Yes           | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |
|                    | Ketorolac Tromethamine Inj soln 30 MG/ML,1 ML (Toradol 30 MG Inj)  | Sol                | 66100037102030  | No              | 0          | Yes        | No            | Yes        | No          | No                  | N/A                | No          | Yes           | Yes         | Yes         |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Advisories:<br>**Limited to 5 consecutive day of therapy***<br>Formulary Restrictions:<br>****LIMITED to 10 DAYS ONLY per year****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ketorolac Tromethamine Inj 15 MG/ML<br>Ketorolac Tromethamine Inj 15 MG/ML (Toradol)  | Sol                | 66100037102015  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Advisories:<br>**Limited to 5 consecutive days of therapy**<br>Formulary Restrictions:<br>****LIMITED to 10 DAYS ONLY per year****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Labetalol HCL Inj<br>Labetalol HCL 5 MG/ML, 20 ML Inj (Normodyne Inj)   | Sol                | 33300010102005  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Labetalol HCL Intravenous Solution 5 MG/ML 40 ml  | Sol                | 33300010102005  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Labetalol HCL Tablet<br>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 Injection<br>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<br>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 Encephalopathy Soln 10GM/15ML 237ML   | Sol                | 52400020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lactulose Oral Solution 10 GM/15ML (1892ML) (Generlac)  | Sol                | 52400020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lactulose Soln 10 GM/15 ML (Enulose)<br>Lactulose (236 ML) 10 GM/15 ML Soln   | Sol                | 46600020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lactulose (946 ML) 10 GM/15 ML Soln (Enulose)   | Sol                | 46600020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lactulose 10 GM/15ML UD (Enulose) (Enulose)   | Sol                | 46600020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Lactulose 20 GM/30 ML UD (Enulose)  | Sol                | 46600020002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Lactulose Soln (1892 ML) 10 GM/15ML (Enulose)   | Sol                | 46600020002010  | No              | 0                 | No            | Yes        | 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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | lamiVUDine (3TC) oral tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamiVUDine (3TC) 150 MG Tab (Epivir (3TC))  | Tab                | 12106060000320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamiVUDine (3TC) 150 MG Tab UD (Epivir)   | Tab                | 12106060000320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | lamiVUDine (3TC) 300 MG Tab (Epivir)  | Tab                | 12106060000330  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | 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**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamiVUDine (3TC) Solution 10 MG/ML  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamiVUDine (3TC) 10 MG/ML Soln, 240ML (Epivir Solution)   | Sol                | 12106060002020  | No              | 0                 | Yes           | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | 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**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamiVUDine-Zidovudine 150-300 Mg Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)   | Tab                | 12109902500320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)  | Tab                | 12109902500320  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | 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****     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamoTRigine Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | lamoTRigine 25 MG TAB (Lamictal)  | Tab                | 72600040000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamoTRigine 25 MG Tab UD (Lamictal)   | Tab                | 72600040000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | lamoTRigine 100 MG Tab (Lamictal)   | Tab                | 72600040000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamoTRigine 100 MG Tab UD (Lamictal)  | Tab                | 72600040000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | lamoTRigine 150 MG TAB (Lamictal)   | Tab                | 72600040000335  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamoTRigine 150 MG Tab UD (Lamictal)  | Tab                | 72600040000335  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | lamoTRigine 200 MG TAB (Lamictal)   | Tab                | 72600040000340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | lamoTRigine 200 MG Tab UD (Lamictal)  | Tab                | 72600040000340  | No              | 0                 | No            | 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 NON-SEIZURE INDICATIONS****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Lanthanum Carbonate Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Lanthanum Carbonate 500 MG Tab (Fosrenol)   | Tab Chew           | 52800045200540  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Lanthanum Carbonate 750 MG Tab (Fosrenol)   | Tab Chew           | 52800045200550  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Lanthanum Carbonate 1000 MG Tab Chewable  | Tab Chew           | 52800045200560  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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:<br>*****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Leucovorin Calcium Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Leucovorin Calcium 50 MG Inj (Wellcovorin)  | Sol Recon          | 21755040102120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Leucovorin Calcium 100 MG Inj (Wellcovorin)   | Sol Recon          | 21755040102130  | 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 5 MG Tab (Wellcovorin)   | Tab                | 21755040100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Leucovorin Calcium 5 MG Tab UD (Wellcovorin)  | Tab                | 21755040100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | 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 25 MG Tab UD (Wellcovorin)   | Tab                | 21755040100345  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Leuprolide Acetate 3 month Intramuscularly  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Leuprolide acetate 11.25 MG Depot Inj (Lupron Depot 3 month)  | Kit                | 21405010156420  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Leuprolide Acetate 22.5 MG Depot Inj (Lupron Depot)   | Kit                | 21405010156430  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Advisories:<br>***Female use only*  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>****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:<br>***Female use only*  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>****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:<br>***Female use only*  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:<br>****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>Schd.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Only</u> | <u>Pill Ln</u> | <u>Crush.</u> | <u>Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |  |
|--------------------|---|--------------------|-----------------|-----------------|------------|--------------|------------|---------------|------------|-------------|-------------|----------------|---------------|-------------|-------------|---------------|-------------|-------------|--------------|--|
|                    | 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            |               |             |             |               |             |             | Yes          |  |
|                    | Leuprolide Acetate 7.5 MG Depot Inj (Lupron Depot)  | Kit                | 21405010106410  | No              | 0          | No           | Yes        | Yes           | No         | N/A         | No          | Yes            |               |             |             |               |             |             | Yes          |  |
|                    | Advisories:<br>***Female use only*<br>*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***                                   |                    |                 |                 |            |              |            |               |            |             |             |                |               |             |             |               |             |             |              |  |
|                    | Formulary Restrictions:<br>****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           | Yes        | Yes           | No         | N/A         | No          | Yes            |               |             |             |               |             |             | Yes          |  |
|                    | Advisories:<br>***Male use only*<br>*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***                                     |                    |                 |                 |            |              |            |               |            |             |             |                |               |             |             |               |             |             |              |  |
|                    | Formulary Restrictions:<br>****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           | Yes        | Yes           | No         | N/A         | No          | Yes            |               |             |             |               |             |             | Yes          |  |
|                    | Advisories:<br>***Male use only*<br>*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***                                     |                    |                 |                 |            |              |            |               |            |             |             |                |               |             |             |               |             |             |              |  |
|                    | Formulary Restrictions:<br>****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           | Yes        | Yes           | No         | N/A         | No          | Yes            |               |             |             |               |             |             | Yes          |  |
|                    | Advisories:<br>***Male use only*<br>*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***                                     |                    |                 |                 |            |              |            |               |            |             |             |                |               |             |             |               |             |             |              |  |
|                    | Formulary Restrictions:<br>****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           | Yes        | Yes           | No         | N/A         | No          | Yes            |               |             |             |               |             |             | Yes          |  |
|                    | Advisories:<br>***Male use only*<br>*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***                                     |                    |                 |                 |            |              |            |               |            |             |             |                |               |             |             |               |             |             |              |  |
|                    | Formulary Restrictions:<br>****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            |               |             |             |               |             |             | Yes          |  |



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

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Dose Unit</u> | <u>Family</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|---------------|
|                    | Advisories:<br>***DO NOT USE FOR MRSA***<br>**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              |               |
|                    | 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              |               |
|                    | Levonorgestrel/Ethinyl(Quartette)42-21-21-7 DAYS (Quartette)            | Tab                | 25993002300350  | 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 0.1-20 MG-MCG Tab(Sronyx) (Sronyx)               | Tab                | 25990002400305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | 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 Estrad Tablet                                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |               |
|                    | Levonorgestrel/Ethinyl est (Aviane) 0.1/0.02Tab (Levite 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              |               |
|                    | Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab(Alesse) (Alesse-28)            | Tab                | 25990002400305  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |               |
|                    | LevoTHYROXINE Sodium Inj Soln 200 MCG                                   | Sol Recon          | 28100010102107  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium Inj Soln 100 MCG/5ml                               | Sol Recon          | 28100010102103  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium Inj Soln 500 MCG                                   | Sol Recon          | 28100010102112  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |               |
|                    | LevoTHYROXINE Sodium 25 MCG (Synthroid) Tab (Synthroid)                 | Tab                | 28100010100305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 50 MCG (Synthroid) Tab (Synthroid)                 | Tab                | 28100010100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 75 MCG (Synthroid ) Tab (Synthroid)                | Tab                | 28100010100315  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 88 MCG (Synthroid ) Tab (synthroid)                | Tab                | 28100010100317  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 100 MCG (Synthroid) Tab (Synthroid)                | Tab                | 28100010100320  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 112 MCG (Synthroid) Tab (Synthroid)                | Tab                | 28100010100322  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 125 MCG (Synthroid) Tab (Synthroid)                | Tab                | 28100010100325  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 137 MCG(Synthroid) tab (Synthroid)                 | Tab                | 28100010100327  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 150 MCG (Synthroid) Tab (Synthroid)                | Tab                | 28100010100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 175 Mcg (Synthroid) Tab (Synthroid)                | Tab                | 28100010100335  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 200 Mcg (Synthroid) Tab (Synthroid Oral Tablet)    | Tab                | 28100010100340  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 300 MCG (Synthroid) Tablet (Synthroid Tablet)      | Tab                | 28100010100345  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |
|                    | LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)                            | Tab                | 28100010100305  | 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 (Levothroid)                            | Tab                | 28100010100310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | 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 (Levothroid)                            | Tab                | 28100010100315  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |               |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc. | Active | Unit<br>Dose | Fmly |
|--------------------|--|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|--------|--------------|------|
|                    | LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)            | Tab                | 28100010100315  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)               | Tab                | 28100010100317  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)            | Tab                | 28100010100317  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)              | Tab                | 28100010100320  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)           | Tab                | 28100010100320  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)              | Tab                | 28100010100322  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 112 MCG Tab UD (Levoxyl)              | Tab                | 28100010100322  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)              | Tab                | 28100010100325  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)           | Tab                | 28100010100325  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)              | Tab                | 28100010100327  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 137 MCG Tab UD (Levothroid)           | Tab                | 28100010100327  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)              | Tab                | 28100010100330  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)           | Tab                | 28100010100330  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)              | Tab                | 28100010100335  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)           | Tab                | 28100010100335  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)              | Tab                | 28100010100340  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)           | Tab                | 28100010100340  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | Yes    | Yes          |      |
|                    | LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)              | Tab                | 28100010100345  | No          | 0            | No     | No  | No   | No                 | No             | N/A  | No     | Yes          |      |
|                    | Lidocaine 1% HCl - PF Inj                                  |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Lidocaine HCl 1% MPF 2 ML Inj (xylocaine MPF injection)    | Sol                | 69100040102011  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl 1% MPF 5ml Inj (SDV) (Xylocaine MPF)         | Sol                | 69100040102011  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl-MPF 0.5 % Inj 50 ML (Xylocaine MPF)          | Sol                | 69100040102006  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl-MPF 1%, Inj 2 ML (Xylocaine-MPF)             | Sol                | 69100040102010  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl-MPF 1%, Inj 5 ML                             | Sol                | 69100040102010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl-MPF 2%, Inj 5 ML (Xylocaine-MPF)             | Sol                | 69100040102021  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl-MPF 4%, Inj 5 ML (Xylocaine-MPF 4%)          | Sol                | 69100040102026  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine-MPF Injection Solution 1 % 10 ML (Xylocaine-mpf) | Sol                | 69100040102011  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine-MPF Injection Solution 1% 30ML (Xylocaine-MPF)   | Sol                | 69100040102011  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine 1% Injection                                     |                    |                 |             |              |        |     |      |                    |                |      |        |              |      |
|                    | Lidocaine HCl 1% Inj 10 MG/ML                              | Sol                | 69100040102010  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl 1% Inj 10 ML                                 | Sol                | 69100040102010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl 1% Inj 20 ML (Xylocaine)                     | Sol                | 69100040102010  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl 1% Inj 30 ML (Xylocaine)                     | Sol                | 69100040102010  | No          | 0            | No     | Yes | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |
|                    | Lidocaine HCl 1%, 50 ML Inj (Xylocaine)                    | Sol                | 69100040102010  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No   | Yes    | Yes          |      |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Lidocaine HCl 0.5% Injection<br>Lidocaine HCl 0.5% Inj (Lidocaine)                                       | Sol                | 69100040102005  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Lidocaine HCL 2% Injection<br>Lidocaine HCL 2 % Soln 10 ml (Xylocaine 2%)                                | Sol                | 69100040102020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Lidocaine HCl 2% (20 ML) 20 MG/ML Inj  | 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% (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-MPF 2 % Inj 2ml (Xylocaine)  | Sol                | 69100040102021  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>***Clinic Use Only***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCL 2% Injection (Cardiac)<br>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:<br>***ACLS Use Only***<br>**Medical Referral Center (MRC) Use Only**             |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCl 4% Soln ( 360 Kit)<br>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 %<br>Lidocaine HCl External Cream 3 % ( 28 GM)                            | Cm                 | 90850060103730  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lidocaine HCl External Cream 3 % (85GM)  | Cm                 | 90850060103730  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Lidocaine HCl Lotion 3%<br>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%<br>Lidocaine HCl Solution 4% 50 ML   | Sol                | 90850060102015  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>***Clinic Use only***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCl/Epinephrine 1% Inj<br>Lidocaine HCl w Epinephrine 1% 30 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%, 20 ML Inj  | 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              |              |
|                    | Formulary Restrictions:<br>***clinic Use only***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Lidocaine HCl/Epinephrine 2% Inj                                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCl w Epinephrine 2% MDV 20ml (Xylocaine W/ Epinephrine)   | Sol                | 69991002402022  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine HCl w Epinephrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine) | Sol                | 69991002402022  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine-Epinephrine Inj Soln 2%-1:200000 20 ml                     | Sol                | 69991002402021  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>***Clinic Use Only***                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine Jelly 2%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine External Gel 2 % 11 ml syringe (Glydo)                     | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine External Gel 2 % 6ml syringe (Glydo)                       | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine HCl External Gel/Jelly 2% 5ML                              | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine Jelly 2%, 30 GM Topical (Xylocaine Jelly Gel)              | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine Jelly 2%, Uro-Jet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine Jelly 2%, 10 ML Uro-jet (Uro-Jet)                          | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine Jelly 2 %, 5 ml Uro-jet                                    | Gel                | 90850060104005  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine Jelly 2%, 20 ML Uro-Jet                                    | Gel                | 90850060104005  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>**For use in Urology Procedures**                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine Ointment 5%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCl Ointment 5 % (30gm)                                    | Oint               | 90850060004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine HCl Ointment 5 % (50 GM)                                   | Oint               | 90850060004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Lidocaine HCl Ointment 5% (35.4 GM) (Xylocaine 5% Ointment)          | Oint               | 90850060004210  | No              | 0                 | No            | Yes        | No          | 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                  | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Lidocaine-Epinephrine 1.5%-1:200000                                  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Lidocaine HCl w Epinephrine 1.5 % 5ML -1:200000                      | Sol                | 69991002402015  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Liothyronine Sodium inj 10 mcg/ml                                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)            | Sol                | 28100020102020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Liothyronine Sodium Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Liothyronine Sodium 5 MCG Tab (Cytomel)                              | Tab                | 28100020100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Liothyronine Sodium 25 MCG Tab (Cytomel)                             | Tab                | 28100020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Liothyronine Sodium 25 MCG Tab UD (re-Pack)                          | Tab                | 28100020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Liothyronine Sodium 50 MCG Tab (Cytomel)                             | Tab                | 28100020100315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Liothyronine Sodium 50 MCG Tab UD (Re-Pack)                          | Tab                | 28100020100315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|-------------|
|                    | Lisinopril Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |             |
|                    | Lisinopril 2.5 MG Tab (Prinivil)   | Tab                | 36100030000303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lisinopril 2.5 MG Tab UD (Prinivil)  | Tab                | 36100030000303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 5 MG Tab (Prinivil)   | Tab                | 36100030000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lisinopril 5 MG Tab UD (Prinivil)  | Tab                | 36100030000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 10 MG Tab (Prinivil)  | Tab                | 36100030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lisinopril 10 MG Tab UD (Prinivil)   | Tab                | 36100030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 20 MG Tab (Prinivil)  | Tab                | 36100030000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lisinopril 20 MG Tab UD (Prinivil)   | Tab                | 36100030000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 30 MG Tab (Prinivil)  | Tab                | 36100030000324  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lisinopril 30 MG Tab UD (Prinivil)   | Tab                | 36100030000324  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 40 MG Tab UD (Prinivil)   | Tab                | 36100030000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes         |
|                    | Lisinopril 40 MG Tab (Prinivil)  | Tab                | 36100030000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes         |
|                    | Lithium Carbonate Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |             |
|                    | Lithium Carbonate 150 MG Cap   | Cap                | 59500010100103  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 150 MG Cap UD  | Cap                | 59500010100103  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 300 MG Cap (Eskalith)  | Cap                | 59500010100105  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 300 MG Cap UD  | Cap                | 59500010100105  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 600 MG Cap (Lithium Carbonate)   | Cap                | 59500010100110  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 600 MG Cap UD  | Cap                | 59500010100110  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | 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 ER 300 MG Tab (Eskalith CR)  | Tab ER             | 59500010100405  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate ER 300 MG Tab UD   | Tab ER             | 59500010100405  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate ER 450 MG Tab (Eskalith CR)  | Tab ER             | 59500010100410  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)   | Tab ER             | 59500010100410  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate SR 300 MG Tab (Lithobid)   | Tab ER             | 59500010100405  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)  | Tab ER             | 59500010100405  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | 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   | Tab                | 59500010100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                | Yes         | Yes         |
|                    | Lithium Carbonate 300 MG Tab UD (Lithium Carbonate)  | Tab                | 59500010100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                | Yes         | Yes         |

| Doctor Name   | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Loc. | Active | Dose Unit | Fmlly |
|---|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|-------|
|   | Advisories:  |             |                |          |            |        |     |      |              |             |      |        |           |       |
|   | ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** |             |                |          |            |        |     |      |              |             |      |        |           |       |
|   | **MLP Requires Cosign**  |             |                |          |            |        |     |      |              |             |      |        |           |       |
| Lithium Citrate (60mg/ml)= 8MEQ/5ML, Solution   |  |             |                |          |            |        |     |      |              |             |      |        |           |       |
| Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD 5ml (Lithium Citrate Syrup)  |  | Sol         | 59500010002010 | No       | 0          | Yes    | Yes | Yes  | No           | N/A         | Yes  | Yes    |           |       |
| Lithium Citrate (60mg/ml)= 8MEQ/5ML, 473ML SOLN (Lithium Citrate)   |  | Sol         | 59500010002010 | No       | 0          | Yes    | Yes | Yes  | No           | N/A         | No   | 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 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 40 MG Cap (CeeNU)   |  | Cap         | 21102020000115 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |
| Lomustine 5 MG Cap (Gleostine)  |  | Cap         | 21102020000105 | 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 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***  |  |             |                |          |            |        |     |      |              |             |      |        |           |       |
| 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.** |  |             |                |          |            |        |     |      |              |             |      |        |           |       |
| LORazepam Inj   |  |             |                |          |            |        |     |      |              |             |      |        |           |       |
| LORazepam 2 MG/ML Carpuject (1ml) (Ativan inj)  |  | Sol         | 57100060002005 | No       | 4          | Yes    | No  | Yes  | No           | N/A         | No   | Yes    |           |       |
| LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)  |  | Sol         | 57100060002005 | No       | 4          | Yes    | Yes | Yes  | No           | N/A         | Yes  | Yes    |           |       |
| LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)  |  | Sol         | 57100060002005 | No       | 4          | Yes    | No  | Yes  | No           | N/A         | No   | Yes    |           |       |
| LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)  |  | Sol         | 57100060002010 | No       | 4          | Yes    | Yes | 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:   |  |             |                |          |            |        |     |      |              |             |      |        |           |       |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | Non | Schd. | DEA | Cosign | MLP | Bulk | Only | Pill Ln | Crush. | Req. | Loc. | Active | Unit | Dose | Fmly |  |
|-------------|---|-------------|----------------|----------|-----|-------|-----|--------|-----|------|------|---------|--------|------|------|--------|------|------|------|--|
|             | **Formulary for 30 days only. Is this order for less than 31 days?* |             |                |          |     |       |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | **MLP Requires Cosign**   |             |                |          |     |       |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
| LORazepam   | Tablet  |             |                |          |     |       |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | LORazepam 0.25 MG Tab ( 1/2 tab) (Ativan)                           | Tab         | 57100060000305 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | 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     | Yes    | N/A  | No   | Yes    |      |      |      |  |
|             | LORazepam 0.5 MG Tab UD (Ativan)                                    | Tab         | 57100060000305 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | Yes  | Yes     | Yes    | N/A  | Yes  | Yes    |      |      |      |  |
|             | LORazepam 1 MG Tab (Ativan)   | Tab         | 57100060000310 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | No   | Yes     | Yes    | N/A  | No   | Yes    |      |      |      |  |
|             | LORazepam 1 MG Tab UD (Ativan)                                      | Tab         | 57100060000310 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | Yes  | Yes     | Yes    | N/A  | Yes  | Yes    |      |      |      |  |
|             | LORazepam 2 MG Tab (Ativan)   | Tab         | 57100060000315 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | No   | Yes     | Yes    | N/A  | No   | Yes    |      |      |      |  |
|             | LORazepam 2 MG Tab UD (Ativan)                                      | Tab         | 57100060000315 | No       | 4   | Yes   | No  | Yes    | Yes | N/A  | Yes  | Yes     | Yes    | N/A  | Yes  | 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\*\*

| Doctor Name | Item Name                                 | Dosage Form | GPI Code       | Non Sub. | Non | Schd. | DEA | Cosign | MLP | Bulk | Only | Pill Ln | Crush. | Req. | Loc. | Active | Unit | Dose | Fmly |  |
|-------------|---|-------------|----------------|----------|-----|-------|-----|--------|-----|------|------|---------|--------|------|------|--------|------|------|------|--|
| Losartan    | Tablet                                    |             |                |          |     |       |     |        |     |      |      |         |        |      |      |        |      |      |      |  |
|             | Losartan potassium 25 MG Tab (Cozaar)     | Tab         | 36150040200320 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | No   | Yes    |      |      |      |  |
|             | Losartan potassium 25 MG Tab UD (Cozaar)  | Tab         | 36150040200320 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | Yes  | Yes    |      |      |      |  |
|             | Losartan potassium 50 MG Tab (Cozaar)     | Tab         | 36150040200330 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | No   | Yes    |      |      |      |  |
|             | Losartan potassium 50 MG Tab UD (Cozaar)  | Tab         | 36150040200330 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | Yes  | Yes    |      |      |      |  |
|             | Losartan potassium 100 MG TAB (Cozaar)    | Tab         | 36150040200340 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | No   | Yes    |      |      |      |  |
|             | Losartan potassium 100 MG Tab UD (Cozaar) | Tab         | 36150040200340 | No       | 0   | No    | No  | No     | No  | No   | No   | No      | No     | N/A  | Yes  | Yes    |      |      |      |  |

Non-Formulary Use Criteria:

- \*\*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.\*\*



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc.<br>Active | Unit<br>Dose | Fmly |
|--------------------|--|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|----------------|--------------|------|
|                    | Loxapine Succinate Capsule   |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Loxapine Succinate 5 MG Cap (Loxitane)                             | Cap                | 59154020200105  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | Loxapine Succinate 5 MG Cap UD (Loxitane)                          | Cap                | 59154020200105  | No          | 0            | No     | No  | Yes  | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Loxapine Succinate 10 MG Cap (Loxitane)                            | Cap                | 59154020200110  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | Loxapine Succinate 10 MG Cap UD (Loxitane)                         | Cap                | 59154020200110  | No          | 0            | No     | No  | Yes  | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Loxapine Succinate 25 MG Cap (Loxitane)                            | Cap                | 59154020200115  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | Loxapine Succinate 25 MG Cap UD (Loxitane)                         | Cap                | 59154020200115  | No          | 0            | No     | No  | Yes  | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Loxapine Succinate 50 MG Cap (Loxitane)                            | Cap                | 59154020200120  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | Loxapine Succinate 50 MG Cap UD (Loxitane)                         | Cap                | 59154020200120  | No          | 0            | No     | No  | Yes  | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****   |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Lubricant, Surgical  |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Lubricant, Surgical 3 GM UD (Surgilube)                            | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Lubricant, Surgical 4.25 OZ EA (Surgilube)                         | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Lubricant, Surgical 5 GM UD (Surgilube)                            | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Lubricant, Surgical 56.7 GM TUBE (Surgilube)                       | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Lubricant, Surgical 720 GM (Surgilube)                             | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Lubricating Jelly  |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Lubricating Jelly 120 GM (KY Jelly)                                | Gel                | 90977000004000  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | M.V.I. Adult   |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | 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          | Yes  |
|                    | M.V.I. Pediatric Intravenous Solution                              |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Infuvite Pediatric Intravenous Solution                            | Sol                | 78410000002050  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | M.V.I. Pediatric Intravenous Solution                              | Sol Recon          | 78410000002150  | No          | 0            | No     | No  | Yes  | No                 | N/A            | No             | Yes          | Yes  |
|                    | Magic Mouthwash 1:1:1 Lidoc/benadryl/maalox 8oz                    |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Magic Mouthwash 1:1:1 Lidoc/benadryl/maalox 8oz (Magic Mouthwash)  |                    |                 | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Magic Mouthwash 1:1:1(lidoc/Maalox/Bismuth)180ML                   |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Magic Mouthwash 1:1:1(Lidoc/Maalox/Bismuth)180ML (first)           |                    |                 | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | **Medical Referral Center (MRC) Use Only**                         |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Magnesium Hydroxide Susp   |                    |                 |             |              |        |     |      |                    |                |                |              |      |
|                    | Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)               | Susp               | 46100010101820  | No          | 0            | No     | Yes | No   | No                 | N/A            | Yes            | Yes          | Yes  |
|                    | Magnesium Hydroxide Susp 180 ML (Milk Of Magnesia)                 | Susp               | 46100010101820  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Milk of Magnesia 400 MG/5ML Susp(OTC) (355ml) (Milk of Magnesia)   | Susp               | 46100010101820  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML (Milk of Magnesia)   | Susp               | 46100010101820  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |
|                    | Milk of Magnesia Susp (OTC) 400 MG/5ML 480 ML (MOM)                | Susp               | 46100010101820  | No          | 0            | No     | Yes | No   | No                 | N/A            | No             | Yes          | Yes  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 conc ( 10 ml ) (Milk of Magnesia)   | Susp               | 46100010101840  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Magnesium Hydroxide Susp Concentrated (400ML) (Milk Of Magnesia)  | Susp               | 46100010101840  | No              | 0                 | No            | Yes        | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Oxide 500 MG Tab  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Oxide 500 MG Tab (Mag-Ox)   | Tab                | 79400010360340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Oxide 400 (241.3 Mg) MG Tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Oxide 400 (240 Mg) MG Tab   | Tab                | 79400010360317  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Oxide 400 (240 Mg) MG Tab UD  | Tab                | 79400010360317  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Magnesium Oxide 400 (241.3 Mg) MG Tab UD (MagOx 400)  | Tab                | 79400010360318  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Magnesium Oxide Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Oxide 250 MG Tablet   | Tab                | 48400020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)  | Tab                | 48400020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Oxide 400 MG Tab UD (Mag-OX)  | Tab                | 48400020000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Magnesium Oxide 420 MG Tab (Maax 420)   | Tab                | 48400020000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Sulfate in D5W  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Sulfate in D5W IV Soln 1-5 GM/100ML-%   | Sol                | 79400010412032  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Sulfate INJ   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Sulfate 1GM/2ML INJ (GM dosing) (Magnesium Sulfate)   | Sol                | 79400010402020  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Sulfate INJ   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)   | Sol                | 79400010402020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Magnesium Sulfate Intravenous Solution 2 GM/50ML (mag)  | Sol                | 79400010402040  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Mannitol Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Mannitol 25%, 50 ML Inj (Mannitol)  | Sol                | 37400030002025  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Mechlorethamine HCL Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Mechlorethamine HCL 10 MG Inj (Mustargen)   | Sol Recon          | 21101030102105  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |

| Doctor Name | Item Name   | Dosage Form    | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Dose Unit | Fmlly |
|-------------|---|----------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|-------|
|             | Meclizine HCl Tablet  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Meclizine HCl 12.5 MG Tab (Antivert)  | Tab            | 50200050000305 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | Meclizine HCl 12.5 MG Tab UD (Antivert)   | Tab            | 50200050000305 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes   |
|             | Meclizine HCl 25 MG Tab (Antivert)  | Tab            | 50200050000310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | Meclizine HCl 25 MG Tab UD (Antivert)   | Tab            | 50200050000310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes   |
|             | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Formulary Restrictions:<br>**Limited to vertigo and Maximum of 30 days per year.**  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Meclizine HCl Tablet Chewable   |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Meclizine HCl Chewable Tablet 25 MG   | Tab Chew       | 50200050000510 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Formulary Restrictions:<br>**Limited to vertigo and Maximum of 30 days per year.**  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | medroxyPROGESTERone Tab   |                |                |          |            |        |     |      |              |             |             |           |       |
|             | medroxyPROGESTERone 2.5 MG Tab (Provera)  | Tab            | 26000020200305 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | medroxyPROGESTERone 5 MG Tab (Provera)  | Tab            | 26000020200310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | medroxyPROGESTERone 10 MG Tab (Provera)   | Tab            | 26000020200315 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes   |
|             | Non-Formulary Use Criteria:<br>**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Formulary Restrictions:<br>****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           | No          | N/A         | No        | Yes   |
|             | MedroxyPROGESTERone Acetate IM 150 MG/ML Syringe (depo-provera)   | Susp Prefilled | 2515003510E62  | No       | 0          | No     | No  | Yes  | No           | No          | N/A         | No        | Yes   |
|             | Non-Formulary Use Criteria:<br>**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | Formulary Restrictions:<br>****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 400mg/ml  |                |                |          |            |        |     |      |              |             |             |           |       |
|             | medroxyPROGESTERone Injection IM Susp 400 MG/ML (Depo-Provera)  | Susp           | 21404010101840 | No       | 0          | No     | No  | Yes  | No           | No          | N/A         | No        | Yes   |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>Non</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Crush.<br/>Req.</u> | <u>Loc.</u> | <u>Active<br/>Dose</u> | <u>Unit</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|---------------------|------------|----------------------|---------------|------------|-------------|-------------------------|------------------------|-------------|------------------------|-------------|-------------|
|                    | Non-Formulary Use Criteria:  |                    |                 |                     |            |                      |               |            |             |                         |                        |             |                        |             |             |
|                    | **1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**  |                    |                 |                     |            |                      |               |            |             |                         |                        |             |                        |             |             |
|                    | 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 , 240 ML (Megace)   | Susp               | 21404020101810  | No                  | 0          | No                   | Yes           | No         | No          | N/A                     | No                     | Yes         |                        |             |             |
|                    | Megestrol Acetate Oral Susp 40 MG/ML , 480ml (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 15 MG Tab (Mobic)  | Tab                | 66100052000330  | No                  | 0          | No                   | No            | No         | No          | N/A                     | No                     | Yes         |                        |             |             |
|                    | Meloxicam 15 MG Tab UD (Mobic)   | Tab                | 66100052000330  | No                  | 0          | No                   | No            | No         | No          | N/A                     | Yes                    | Yes         |                        |             |             |
|                    | Meloxicam 7.5 MG Tab (Mobic)   | Tab                | 66100052000320  | 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         |                        |             |             |
|                    | 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         |                        |             |             |
|                    | Meningococcal Menveo IM Solution   |                    |                 |                     |            |                      |               |            |             |                         |                        |             |                        |             |             |
|                    | Meningococcal( Menveo) IM Soln (Menveo)  | Sol Recon          | 17200040482100  | No                  | 0          | No                   | No            | No         | No          | N/A                     | No                     | 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         |                        |             |             |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Formulary Restrictions:<br>***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Meropenem IV  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Meropenem Intravenous Solution 500 MG (Merrem)  | Sol Recon          | 16150050002120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Meropenem IV 1GM (Merrem IV)  | Sol Recon          | 16150050002140  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Meropenem-Sodium Chloride Intravenous Solution P  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Meropenem-Sodium Chlor IV 1 GM/50ML Duplex (Merrem IV)  | Sol Recon          | 16150050052130  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Mesalamine Enema  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Mesalamine (SfRowasa) Rectal Enema 4 GM/60ML (SfRowasa Enema)                                     | Enema              | 52500030005110  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Mesalamine Enema 4G/60ML (Rowasa Enema)   | Enema              | 52500030005105  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>****USE IN SULFASALAZINE FAILURE OR ALLERGY****                        |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Mesalamine ER (Apriso) Caps 0.375GM   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Mesalamine (Apriso) 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 250 MG ER Cap UD (Pentasa)   | Cap ER             | 52500030000210  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Mesalamine 500 MG ER Cap (Pentasa)  | Cap ER             | 52500030000220  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | 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 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 (Glucophage)   | Tab                | 27250050000320  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | metFORMIN 500 MG Tab UD (Glucophage)  | Tab                | 27250050000320  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | metFORMIN 850 MG Tab (Glucophage)   | Tab                | 27250050000340  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | metFORMIN 850 MG Tab UD (Glucophage)  | Tab                | 27250050000340  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | 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              |              |

| <u>Doctor Name</u>                   | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| Methadone Concentrate                | Methadone Concentrate 10 MG/ML (Intensol)  | Concentrate        | 65100050101310  | No              | 2                 | Yes           | Yes        | 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**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                      | **Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                      | **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**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                      | **Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                      | **Medical Referral Center (MRC) Initiation Only**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                      | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Methadone Solution 10 MG/5 ML        | Methadone HCl Solution 2 MG/ML (10 ML UD)  | Sol                | 65100050102015  | No              | 2                 | Yes           | No         | 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 (12.5 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 (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, 500 ML (Methadone)   | Sol                | 65100050102015  | No              | 2                 | Yes           | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | Sched. | DEA | Cosign | MLP | Bulk | Only | Pill Ln | Crush. | Req. | Loc. | Active | Unit Dose | Fmlly |  |
|-------------|--|-------------|----------------|----------|--------|-----|--------|-----|------|------|---------|--------|------|------|--------|-----------|-------|--|
|             | <b>Advisories:</b><br>****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**<br>**METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)**<br>*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S ) ONLY**<br>**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**<br>**ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION**<br>** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**<br>**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**<br>**Total daily dose for the<br>treatment of neuropathic pain should not exceed 20mg/day****<br>**Medical Referral Center (MRC) Initiation Only**<br>**MLP Requires Cosign** |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | <b>Methadone Tablet</b>  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Methadone 2.5 MG Tab ( 1/2 tablet) (Methadone)   | Tab         | 65100050100305 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | No     | Yes  |      |        |           | Yes   |  |
|             | Methadone 5 MG Tab (Methadone)   | Tab         | 65100050100305 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | No     | Yes  |      |        |           | Yes   |  |
|             | Methadone 5 MG Tab UD (Methadone)  | Tab         | 65100050100305 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | Yes    | Yes  |      |        |           | Yes   |  |
|             | Methadone 10 MG Tab (Methadose)  | Tab         | 65100050100310 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | No     | Yes  |      |        |           | Yes   |  |
|             | Methadone 10 MG Tab UD (Methadone)   | Tab         | 65100050100310 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | Yes    | Yes  |      |        |           | Yes   |  |
|             | Methadone 40 MG Diskets (Methadose Disket)   | Tab Soluble | 65100050107320 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | No     | Yes  |      |        |           | Yes   |  |
|             | <b>Advisories:</b><br>****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**<br>**METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)**<br>*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S ) ONLY**<br>**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**<br>**ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION**<br>** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**<br>**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**<br>**Total daily dose for the<br>treatment of neuropathic pain should not exceed 20mg/day****<br>**Medical Referral Center (MRC) Initiation Only**<br>**MLP Requires Cosign** |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | <b>Methadone Tablet (NYC-Detox)</b>  |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |
|             | Methadone 5 MG Tab ( NYC-Detox Use Only) (Methadone)   | Tab         | 65100050100305 | No       | 2      | Yes | No     | Yes | Yes  | Yes  | N/A     | No     | Yes  |      |        |           | Yes   |  |
|             | <b>Advisories:</b><br>****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**<br>**METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)**<br>*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S ) ONLY**<br>**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**<br>**ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION**<br>** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**<br>**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**   |             |                |          |        |     |        |     |      |      |         |        |      |      |        |           |       |  |

| <u>Doctor Name</u>    | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |  |
|-----------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|--|
|                       | **Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day****                                    |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
| Methenamine Hippurate | 1 GM Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)   | Tab                | 53000020200305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)  | Tab                | 53000020200305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              | Yes          |  |
| Methenamine Mandelate | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methenamine Mandelate 1 GM Tab (Mandelamine)   | Tab                | 53000020100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methenamine Mandelate 500 MG Tab (Mandelamine)   | Tab                | 53000020100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
| Methimazole           | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methimazole 5 MG Tab (Tapazole)  | Tab                | 28300010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methimazole 10 MG Tab (Tapazole)   | Tab                | 28300010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methimazole 10 MG Tab UD (Tapazole)  | Tab                | 28300010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              | Yes          |  |
| Methotrexate Sodium   | Inj  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methotrexate Sodium (PF) Inj Soln 1 GM/40ML  | Sol                | 21300050102075  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium (PF) Inj Soln 50 MG/2ML  | Sol                | 21300050102063  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium Inj Solution 250 MG/10ML   | Sol                | 21300050102068  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium Injection Soln 1 GM  | Sol Recon          | 21300050102150  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium Injection Solution 50 MG/2ML   | Sol                | 21300050102062  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
| Methotrexate Sodium   | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methotrexate Sodium 10 MG Tab  | Tab                | 21300050100340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)   | Tab                | 21300050100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)   | Tab                | 21300050100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              | 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                  | No                 | N/A         | No            | Yes              | Yes          |  |
| Methoxsalen           | Lotion   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methoxsalen Lotion1%, 30 ML (Oxsoralen Lotion)   | Lotion             | 90871010004105  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
| Methyldopa            | Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                       | Methyldopa 250 MG Tab (Aldomet)  | Tab                | 36201030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |
|                       | Methyldopa 250 MG Tab UD (Aldomet)   | Tab                | 36201030000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              | Yes          |  |
|                       | Methyldopa 500 MG Tab (Aldomet)  | Tab                | 36201030000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              | Yes          |  |



| Doctor Name | Item Name   | Dosage Form | GPI Code           | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active Dose | Unit | Fmlly |
|-------------|---|-------------|--------------------|----------|------------|--------|-----|------|--------------|-------------|------|-------------|------|-------|
|             | Advisories:<br>****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA***   |             |                    |          |            |        |     |      |              |             |      |             |      |       |
|             | Methylene Blue Inj 1%<br>Methylene Blue Inj 1%, 10 ML (Methylene Blue)  | Sol         | 93000050002005     | No       | 0          | No     | Yes | Yes  | No           | N/A         | No   | No          | Yes  |       |
|             | Methylergonovine Maleate Inj<br>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<br>Methylergonovine Maleate 200 MCG Tab (Methergine)  | Tab         | 29000020100305     | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes         |      |       |
|             | MethylPREDNISolone Acetate Injection<br>methylPREDNISolone Acetate 40 MG/ML, 5ML INJ (Depo-Medrol)  | Susp        | 22100030101810     | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | 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,1 ML Inj (Depo-Medrol Inj)  | Susp        | 22100030101815     | 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 Sod Succinate Inj<br>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/2 ML Inj (Solu-Medrol)   | Sol Recon   | 22100030202110     | 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 125 MG/ML,8 ML Inj (Solu-Medrol)  | Sol Recon   | 22100030202120     | 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 500 MG inj (Solu-Medrol)  | Sol Recon   | 22100030202115     | No       | 0          | No     | Yes | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | MethylPREDNISolone Tab<br>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 4 MG Tab UD (Medrol)   | Tab         | 22100030000310     | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes         |      |       |
|             | methylPREDNISolone 16 MG Tab (Medrol)   | Tab         | 22100030000320     | No       | 0          | No     | No  | No   | No           | N/A         | No   | 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)<br>methylPREDNISolone 4 MG Tab ( 21 count Pack) (Medrol Dospak 4MG -21 TAB)                                       | Tab Therapy | 2210003000B70<br>5 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes         |      |       |
|             | Metoclopramide HCL Injection<br>Metoclopramide HCL 5 MG/ML, 2 ML Inj (Reglan Injection)   | Sol         | 52300020102005     | No       | 0          | No     | No  | Yes  | No           | N/A         | No   | Yes         |      |       |
|             | Advisories:<br>**limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**  |             |                    |          |            |        |     |      |              |             |      |             |      |       |
|             | Non-Formulary Use Criteria:<br>**1. Restricted to 12 weeks of therapy for all formulations**<br>**2. If NFR approved, after 12 weeks, get periodic AIMS testing** |             |                    |          |            |        |     |      |              |             |      |             |      |       |
|             | Metoclopramide HCl Soln 10 MG/10ML<br>Metoclopramide HCl Oral Solution 5 MG/5ML 480ML (Reglan)  | Sol         | 52300020102013     | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes         |      |       |
|             | Metoclopramide HCl Soln 10 MG/10 ML(Cup) (Reglan)   | Sol         | 52300020102013     | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes         |      |       |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | 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 5 MG Tab (Reglan)   | Tab                | 52300020100303  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoclopramide 5 MG Tab UD (Reglan)  | Tab                | 52300020100303  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metoclopramide 10 MG Tab (Reglan)  | Tab                | 52300020100305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoclopramide 10 MG Tab UD (Reglan)   | Tab                | 52300020100305  | No              | 0          | No                | No            | 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**  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Metolazone Tablet  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Metolazone 2.5 MG Tab (Zaroxolyn)  | Tab                | 37600060000305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metolazone 2.5 MG Tab UD (Zaroxolyn)   | Tab                | 37600060000305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metolazone 5 MG Tab (Zaroxolyn)  | Tab                | 37600060000310  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metolazone 5 MG Tab UD (Zaroxolyn)   | Tab                | 37600060000310  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metolazone 10 MG Tab (Zaroxolyn)   | Tab                | 37600060000315  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metolazone 10 MG Tab UD (Zaroxolyn)  | Tab                | 37600060000315  | No              | 0          | No                | No            | 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          | No                  | 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          | 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          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)   | Tab ER 24          | 33200030057520  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)  | Tab ER 24          | 33200030057520  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)  | Tab ER 24          | 33200030057530  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)   | Tab ER 24          | 33200030057530  | No              | 0          | No                | No            | 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          | No                  | No                 | N/A                | No               | Yes         |
|                    | Advisories:  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|                    | ***Approved for use in Congestive Heart Failure only***  |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Metoprolol Tartrate Tablet   |                    |                 |                 |            |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Metoprolol Tartrate 12.5 MG Tab ( 1/2 tablet) (Lopressor)  | Tab                | 33200030100305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Tartrate 25 MG Tab (Lopressor)  | Tab                | 33200030100305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Tartrate 25 MG Tab UD (Lopressor)   | Tab                | 33200030100305  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metoprolol Tartrate 50 MG Tab (Lopressor)  | Tab                | 33200030100310  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Tartrate 50 MG Tab UD (Lopressor)   | Tab                | 33200030100310  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Metoprolol Tartrate 100 MG Tab (Lopressor)   | Tab                | 33200030100315  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Metoprolol Tartrate 100 MG Tab UD (Lopressor)  | Tab                | 33200030100315  | No              | 0          | No                | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
| metro              | NIDAZOLE Capsule<br>metroNIDAZOLE 375 MG Cap (Flagyl)  | Cap                | 16000035000107  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
| metro              | NIDAZOLE Cream 0.75%<br>metroNIDAZOLE Topical Cream 0.75% (45GM) (MetroCream)  | Cm                 | 90060040003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Advisories:<br>**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.*** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
| Metro              | NIDAZOLE External Cream 1 %<br>MetroNIDAZOLE External Cream 1 % 60GM   | Cm                 | 90060040003720  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Advisories:<br>**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.*** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
| metro              | NIDAZOLE Injection<br>metroNIDAZOLE 500 MG Inj (Flagyl IV)   | Sol                | 16000035112020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | metroNIDAZOLE/Sodium Chloride PRE-MIX 500MG IV (Flagyl)  | Sol                | 16000035112020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Advisories:<br>****INJECTION LIMITED TO PATIENTS THAT ARE NPO****  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
| metro              | NIDAZOLE Tablet<br>metroNIDAZOLE 250 MG Tab (Flagyl)   | Tab                | 16000035000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | metroNIDAZOLE 250 MG Tab UD (Flagyl)   | Tab                | 16000035000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | metroNIDAZOLE 500 MG Tab (Flagyl)  | Tab                | 16000035000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | metroNIDAZOLE 500 MG Tab UD (Flagyl)   | Tab                | 16000035000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
| metro              | NIDAZOLE Vaginal Gel 0.75%<br>metroNIDAZOLE Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)  | Gel                | 55100035004020  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
| Mexiletine         | HCL Capsule<br>Mexiletine HCL 200 MG Cap UD (Mexetil)  | Cap                | 35200025100115  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Mexiletine HCL 150 MG Cap (Mexetil)  | Cap                | 35200025100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Mexiletine HCL 150 MG Cap UD (Mexetil)   | Cap                | 35200025100105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Mexiletine HCL 200 MG Cap (Mexetil)  | Cap                | 35200025100110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Mexiletine HCL 250 MG Cap (Mexetil)  | Cap                | 35200025100115  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Formulary Restrictions:<br>****CARDIOLOGIST INITIATED THERAPY ONLY****   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
| Miconazole         | Cream 2%<br>Miconazole Nitrate Cream 2% 42.5 GM  | Cm                 | 90154050103705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Miconazole Nitrate Cream 2% 57 GM  | Cm                 | 90154050103705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Miconazole Nitrate Cream 2%, 15 GM (Monistat Derm)   | Cm                 | 90154050103705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Miconazole Nitrate Cream 2%, 28.4 GM (Monistat Derm)   | Cm                 | 90154050103705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |
|                    | Miconazole Nitrate Cream 2%, 30 GM   | Cm                 | 90154050103705  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No            | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non Schd.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------------|------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
|                    | Advisories:<br>****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 Powder  |                    |                 |                 |                  |            |               |            |             |                     |                    |             |               |                  |              |
|                    | Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)   | Aero               | 9780000003200   | No              | 0                | No         | Yes           | No         | No          | N/A                 | No                 | Yes         |               |                  |              |
|                    | Advisories:<br>****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 Powder 2%   |                    |                 |                 |                  |            |               |            |             |                     |                    |             |               |                  |              |
|                    | Miconazole External Powder 2% 85 GM (Coloplast)  | Pwdr               | 90154050102910  | No              | 0                | No         | Yes           | No         | No          | N/A                 | No                 | Yes         |               |                  |              |
|                    | Advisories:<br>****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:<br>****FOR ANESTHESIA/SURGERY USE ONLY****<br>**Medical Referral Center (MRC) Use Only**<br>**MLP Requires Cosign**  |                    |                 |                 |                  |            |               |            |             |                     |                    |             |               |                  |              |
|                    | Minoxidil Tablet   |                    |                 |                 |                  |            |               |            |             |                     |                    |             |               |                  |              |
|                    | Minoxidil 2.5 MG Tab (Loniten)   | Tab                | 36400020000305  | No              | 0                | No         | No            | No         | No          | N/A                 | No                 | Yes         |               |                  |              |
|                    | Minoxidil 2.5 MG Tab UD  | Tab                | 36400020000305  | No              | 0                | No         | No            | No         | No          | N/A                 | Yes                | Yes         |               |                  |              |
|                    | Minoxidil 10 MG Tab (Loniten)  | Tab                | 36400020000310  | 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         |               |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Mirtazapine Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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              |              |
|                    | Mirtazapine 15 MG Tab (Remeron)  | Tab                | 58030050000315  | 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 30 MG Tab (Remeron)  | Tab                | 58030050000330  | 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 (Remeron)  | Tab                | 58030050000345  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Mirtazapine 45 MG Tab UD (Remeron)   | Tab                | 58030050000345  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****                            |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Misoprostol Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Misoprostol 100 MCG Tab (Cytotec)  | Tab                | 49250030000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Misoprostol 100 MCG Tab UD (Cytotec)   | Tab                | 49250030000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | 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 5 MG Inj (Mutamycin)   | Sol Recon          | 21200050002105  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | 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              |              |
|                    | 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 ( 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 ( 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 (120 doses) (Asmanex 120 Metered Doses) | Aero Pwdr          | 44400036208020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Monoject Insulin Syringe Misc 29G X 1/2" 1 ML   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | BD Insulin Syringe Ultrafine Misc 30GX1/2" 1 ML   | Miscellaneous      | 97051030906386  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Insulin Syringe/Needle 28G X 1/2" 1ML   | Miscellaneous      | 97051030906370  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | 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              |              |
|                    | SAFETY-LOK TB Syringe 25G X 5/8" 1 ML   | Miscellaneous      | 97051040706330  | No              | 0                 | No            | No         | 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 30 MG Capsule (AVINza)   | Cap ER 24          | 65100055207020  | 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              |              |
|                    | 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 90 MG Capsule (AVINza)   | Cap ER 24          | 65100055207040  | 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              |              |
|                    | 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 24 Hour Cap (Kadian)  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Morphine Sulfate ER 24 Hour 10 MG Cap UD(Kadian)  | Cap ER 24          | 65100055107010  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 10 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107010  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 20 MG Cap UDKadian  | Cap ER 24          | 65100055107020  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 20 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107020  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 30 MG Cap UD(Kadian) (Kadian)   | Cap ER 24          | 65100055107030  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 30 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107030  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 50 MG Cap UD(Kadian) (Kadian)   | Cap ER 24          | 65100055107040  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 50 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107040  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 60 MG Cap (Kadian) (Kadian)   | Cap ER 24          | 65100055107045  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 60 MG Cap UD(Kadian) (Kadian)   | Cap ER 24          | 65100055107045  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 80 MG Cap UD(Kadian) (kadian)   | Cap ER 24          | 65100055107050  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 80 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107050  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 100 MG Cap UD(Kadian) (Kadian)  | Cap ER 24          | 65100055107060  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Morphine Sulfate ER 24 Hour 100 MG Cap(Kadian) (Kadian)   | Cap ER 24          | 65100055107060  | No              | 2                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | Sub. | Non | Schd. | DEA | Cosign | MLP | Bulk | Pill Ln | Crush. | Req. | Loc. | Active | Dose | Unit | Finly |
|--------------------|---|--------------------|-----------------|------|-----|-------|-----|--------|-----|------|---------|--------|------|------|--------|------|------|-------|
|                    | Morphine Sulfate ER 24 Hour 40 MG Cap(Kadian) (Kadian)  | Cap ER 24          | 65100055107035  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | No     | 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 ER/SR 12 Hour Tablet   |                    |                 |      |     |       |     |        |     |      |         |        |      |      |        |      |      |       |
|                    | Morphine SR/ER 12 Hour 15 MG Tab  | Tab ER             | 65100055100415  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | No     | Yes  |      |       |
|                    | Morphine SR/ER 12 Hour 15 MG Tab UD (Oramorph)  | Tab ER             | 65100055100415  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine SR/ER 12 Hour 30 MG Tab UD (MS Contin)   | Tab ER             | 65100055100432  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | Yes  | Yes    |      |      |       |
|                    | Morphine SR/ER 12 Hour 60 MG Tab (Oramorph sr 12 hour)  | Tab ER             | 65100055100445  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | Yes  | Yes    |      |      |       |
|                    | Morphine SR/ER 12 Hour 100 MG Tab   | Tab ER             | 65100055100460  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)   | Tab ER             | 65100055100460  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | Yes  | Yes    |      |      |       |
|                    | Morphine SR/ER 12 Hour 200 MG Tab   | Tab ER             | 65100055100480  | No   |     | 2     | Yes | No     | 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 1 MG/ML PF Inj (2ml) (Astramorph)  | Sol                | 65100055102054  | No   |     | 2     | Yes | No     | 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   | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Inj)  | Sol                | 65100055102015  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate Inj 8 MG/ML, 1ML Syringe   | Sol                | 65100055102025  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) 10 MG/ML Injection Soln   | Sol                | 65100055102030  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) 2 MG/ML Inj   | Sol                | 65100055102057  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) Inj 4 MG/ML Carpuject (Morphine Carpuject)  | Sol                | 65100055102058  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) Injection Soln 0.5 MG/ML  | Sol                | 65100055102050  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) Intravenous Soln 10 MG/ML   | Sol                | 65100055102060  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) Intravenous Soln 8 MG/ML  | Sol                | 65100055102059  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate (PF) IV Soln 4 MG/ML vial  | Sol                | 65100055102058  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate 1 MG/ML (2ml) inj  | Sol                | 65100055102004  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate 10 MG/ML, 1 ML Tbx (Morphine Sulfate Inj)  | Sol                | 65100055102030  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate 10 MG/ML, 1 ML Vial  | Sol                | 65100055102030  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate 15 MG/ML, SDV Inj  | Sol                | 65100055102040  | No   |     | 2     | Yes | No     | 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   | Yes     | No     | N/A  | No   | Yes    |      |      |       |
|                    | Morphine Sulfate Inj Soln 10 MG/ML (10ml vial)  | Sol                | 65100055102030  | No   |     | 2     | Yes | No     | Yes | No   | Yes     | No     | N/A  | No   | Yes    |      |      |       |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Sub.</u> | <u>Non</u> | <u>Schd.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln</u> | <u>Crush.</u> | <u>Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-------------|------------|--------------|------------|---------------|------------|-------------|----------------|---------------|-------------|-------------|---------------|-------------|-------------|--------------|
|                    | Morphine Sulfate Inj Soln 5 MG/ML 1 ML vial   | Sol                | 65100055102015  | No          |            | 2            | Yes        | No            | Yes        | No          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
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|                    | Morphine Sulfate Injection (PCA)  |                    |                 |             |            |              |            |               |            |             |                |               |             |             |               |             |             |              |
|                    | Morphine Sulfate (PCA) 1 MG/ML  | Sol                | 65100055102004  | No          |            | 2            | Yes        | No            | Yes        | No          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
|                    | Morphine Sulfate (PCA) 5 MG/1 ML (30ml)   | Sol                | 65100055102017  | No          |            | 2            | Yes        | No            | Yes        | No          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
|                    | Advisories:<br>****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****<br>**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          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
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|                    | Morphine Sulfate IR Tablet  |                    |                 |             |            |              |            |               |            |             |                |               |             |             |               |             |             |              |
|                    | Morphine Sulfate IR 15 MG Tab (MSIR)  | Tab                | 65100055100310  | No          |            | 2            | Yes        | No            | Yes        | Yes         | Yes            | Yes           | N/A         | No          | No            | No          | Yes         |              |
|                    | Morphine Sulfate IR 15 MG Tab UD (Morphine)   | Tab                | 65100055100310  | No          |            | 2            | Yes        | No            | Yes        | Yes         | Yes            | Yes           | N/A         | Yes         | Yes           | Yes         | Yes         |              |
|                    | Morphine Sulfate IR 30 MG Tab   | Tab                | 65100055100315  | No          |            | 2            | Yes        | No            | Yes        | Yes         | Yes            | Yes           | N/A         | No          | No            | No          | Yes         |              |
|                    | Morphine Sulfate IR 30 MG Tab UD  | Tab                | 65100055100315  | No          |            | 2            | Yes        | No            | Yes        | Yes         | Yes            | Yes           | N/A         | Yes         | Yes           | Yes         | Yes         |              |
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|                    | Morphine Sulfate Microinfusion Inj Soln   |                    |                 |             |            |              |            |               |            |             |                |               |             |             |               |             |             |              |
|                    | Morphine Sulfate Microinfusion Inj 200MG/20ML   | Sol                | 65100055302020  | No          |            | 2            | Yes        | No            | Yes        | No          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
|                    | **MLP Requires Cosign**   |                    |                 |             |            |              |            |               |            |             |                |               |             |             |               |             |             |              |
|                    | Morphine Sulfate Solution 10 MG/5ML   |                    |                 |             |            |              |            |               |            |             |                |               |             |             |               |             |             |              |
|                    | Morphine Sulfate Oral Soln 10 MG/5 ML (2.5ML UD)  | Sol                | 65100055102065  | No          |            | 2            | Yes        | Yes           | Yes        | Yes         | Yes            | No            | N/A         | Yes         | Yes           | Yes         | Yes         |              |
|                    | Morphine Sulfate Oral Soln 10 MG/5ML (5 ML Cup) (Morphine)  | Sol                | 65100055102065  | No          |            | 2            | Yes        | Yes           | Yes        | Yes         | Yes            | No            | N/A         | Yes         | Yes           | Yes         | Yes         |              |
|                    | Morphine Sulfate Oral Solution 10 MG/5 ML 500ml   | Sol                | 65100055102065  | No          |            | 2            | Yes        | No            | Yes        | No          | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |
|                    | Morphine Sulfate Oral Solution 10 MG/5ML (100ml)  | Sol                | 65100055102065  | No          |            | 2            | Yes        | Yes           | Yes        | Yes         | Yes            | No            | N/A         | No          | No            | No          | Yes         |              |



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Only</u> | <u>Pill Ln</u> | <u>Crush.</u> | <u>Req.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|-------------|----------------|---------------|-------------|-------------|---------------|------------------|-------------|
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|                    | Morphine Sulfate Solution 20 MG/10ML   |                    |                 |                 |                   |               |            |             |             |                |               |             |             |               |                  |             |
|                    | Morphine Sulfate Oral Solution 20 MG/5 ML  | Sol                | 65100055102070  | No              | 2                 | Yes           | Yes        | Yes         | Yes         | No             | N/A           | No          | Yes         |               |                  |             |
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|                    | Multivitamin Animal Shapes Chew Tab with C&FA UD   |                    |                 |                 |                   |               |            |             |             |                |               |             |             |               |                  |             |
|                    | Multivitamin Animal Shapes Chew Tab with C&FA  | Tab Chew           | 78412000000500  | No              | 0                 | No            | No         | No          | No          | No             | N/A           | Yes         | Yes         |               |                  |             |
|                    | Advisories:<br>**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.**   |                    |                 |                 |                   |               |            |             |             |                |               |             |             |               |                  |             |
|                    | Multivitamin Chewable Tablet   |                    |                 |                 |                   |               |            |             |             |                |               |             |             |               |                  |             |
|                    | Multivitamin Chewable Tab (Flintstone) (Flintstone Complete Chewable Multivitamin Tab)   |                    |                 | No              | 0                 | No            | No         | No          | No          | No             | N/A           | No          | Yes         |               |                  |             |
|                    | Advisories:<br>**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.**<br>Non-Formulary Use Criteria:<br>**1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)**<br>**2. Pregnant patient (prenatal vitamins)**<br>**3. Patient undergoing active detoxification for substance abuse**<br>**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          | No             | N/A           | No          | Yes         |               |                  |             |
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|                    | Multivitamin W/Minerals Tablet chewable  |                    |                 |                 |                   |               |            |             |             |                |               |             |             |               |                  |             |
|                    | Multivitamin/w minerals Oral Tablet Chewable (Centrum Oral Tablet Chewable)  | Tab Chew           | 78310000000500  | No              | 0                 | No            | No         | No          | No          | No             | N/A           | No          | Yes         |               |                  |             |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | Non | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Loc. | Active | Dose | Unit | Fmlly |  |
|-------------|--|-------------|----------------|----------|-----|------------|--------|-----|------|--------------|-------------|------|--------|------|------|-------|--|
|             | <p>Advisories:<br/> **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.**</p> <p>Non-Formulary Use Criteria:<br/> **1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)**<br/> **2. Pregnant patient (prenatal vitamins)**<br/> **3. Patient undergoing active detoxification for substance abuse**<br/> **4. Patient has a malnutrition/malabsorption disorder**</p> |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Multivitamin/w minerals JR Chewable tab 60mg   |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Multivitamin/w minerals Chewable JR Tab 60mg (Cerovite Jr)   | Tab Chew    | 7842100000530  | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | No   | Yes  |       |  |
|             | <p>Advisories:<br/> **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.**</p>  |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Mycophenolate Mofetil 250 MG Capsule   |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Mycophenolate Mofetil 250 MG Cap (CellCept)  | Cap         | 99403030100120 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Mycophenolate Mofetil 250 MG Cap UD (Cellcept)   | Cap         | 99403030100120 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | Yes    | Yes  |      |       |  |
|             | Mycophenolate Mofetil 500 MG Tablet  |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Mycophenolate Mofetil 500 MG Tab (CellCept)  | Tab         | 99403030100330 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Mycophenolate Mofetil 500 MG Tab UD (CellCept)   | Tab         | 99403030100330 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | Yes    | Yes  |      |       |  |
|             | Nadolol Tab  |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Nadolol 20 MG Tab (Corgard)  | Tab         | 33100010000303 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nadolol 20 MG Tab UD (Corgard)   | Tab         | 33100010000303 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | Yes    | Yes  |      |       |  |
|             | Nadolol 40 MG Tab (Corgard)  | Tab         | 33100010000305 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nadolol 40 MG Tab UD   | Tab         | 33100010000305 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | Yes    | Yes  |      |       |  |
|             | Nadolol 40 MG Tab UD ( repack) (Corgard)   | Tab         | 33100010000305 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | Yes    | Yes  |      |       |  |
|             | Nadolol 80 MG Tab (Corgard)  | Tab         | 33100010000310 | No       | 0   | No         | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium Injection   |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Nafcillin Sodium 1 GM Inj (Nafcillin)  | Sol Recon   | 01300040102105 | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium 10 GM Inj (Nafcillin)   | Sol Recon   | 01300040102127 | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium 2 GM Inj (Nafcillin)  | Sol Recon   | 01300040102118 | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium ADVantage 2 GM Inj (Nafcillin)  | Sol Recon   | 01300040102118 | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium Injection Solution 2 GM   | Sol Recon   | 01300040102115 | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nafcillin Sodium Premix  |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Nafcillin Sodium in Dextrose 2G/100ML  |             |                | No       | 0   | No         | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nalbuphine Hydrochloride Injection   |             |                |          |     |            |        |     |      |              |             |      |        |      |      |       |  |
|             | Nalbuphine Hydrochloride 10 MG/ML,1ML Inj (Nubain)   | Sol         | 65200030102005 | No       | 0   | Yes        | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|             | Nalbuphine Hydrochloride 20 MG/ML,1ML INJ (Nubain)   | Sol         | 65200030102010 | No       | 0   | Yes        | No     | Yes | No   | No           | No          | N/A  | No     | Yes  |      |       |  |

| Doctor Name | Item Name  | Dosage Form   | GPI Code           | Non Sub. | DEA Sched. | Cosign | M/LP | Bulk | Pill Ln Only | Req. Crush. | Loc. | Active | Dose Unit | Fmlly |
|-------------|--|---------------|--------------------|----------|------------|--------|------|------|--------------|-------------|------|--------|-----------|-------|
|             | Advisories:<br>****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY****<br>**MLP Requires Cosign**   |               |                    |          |            |        |      |      |              |             |      |        |           |       |
|             | Naloxone Hydrochloride Inj   |               |                    |          |            |        |      |      |              |             |      |        |           |       |
|             | Naloxone Hydrochloride 0.4 MG/ML (10 ml) MDV (Narcan)  | Sol           | 93400020102010     | No       | 0          | No     | No   | Yes  | No           | No          | N/A  | No     | Yes       |       |
|             | Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)  | Sol Prefilled | 9340002010E54<br>0 | No       | 0          | No     | No   | Yes  | No           | No          | N/A  | No     | Yes       |       |
|             | Naloxone Hydrochloride 400 MCG/ML,1 ML Inj (Narcan)  | Sol           | 93400020102010     | No       | 0          | No     | No   | Yes  | No           | No          | N/A  | No     | Yes       |       |
|             | Naphazoline/Pheniramine Ophth Soln 0.025-0.3%  |               |                    |          |            |        |      |      |              |             |      |        |           |       |
|             | Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)  | Sol           | 86409902142010     | No       | 0          | No     | Yes  | No   | No           | No          | N/A  | No     | Yes       |       |
|             | Naphazoline/Pheniramine Ophth 0.027-0.315% 15ML (Opcon)  | Sol           | 86409902142015     | No       | 0          | No     | Yes  | No   | 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           | No          | N/A  | No     | Yes       |       |
|             | Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)   | Sol           | 86409902142010     | No       | 0          | No     | Yes  | No   | No           | No          | N/A  | No     | Yes       |       |
|             | Advisories:<br>**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           | No          | N/A  | No     | Yes       |       |
|             | Naproxen E.C. 500 MG Tab (Naprosyn EC)   | Tab DR        | 66100060000615     | No       | 0          | No     | No   | No   | No           | No          | N/A  | No     | Yes       |       |
|             | Advisories:<br>**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           | No          | N/A  | No     | Yes       |       |
|             | Advisories:<br>**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           | No          | N/A  | No     | Yes       |       |
|             | Naproxen 250 MG Tab UD (Naprosyn)  | Tab           | 66100060000305     | No       | 0          | No     | No   | No   | No           | No          | N/A  | Yes    | Yes       |       |
|             | Naproxen 375 MG Tab (Naprosyn)   | Tab           | 66100060000310     | No       | 0          | No     | No   | No   | No           | No          | N/A  | No     | Yes       |       |
|             | Naproxen 500 MG Tab (Naprosyn)   | Tab           | 66100060000315     | No       | 0          | No     | No   | No   | No           | No          | N/A  | No     | Yes       |       |
|             | Naproxen 500 MG Tab UD (Naprosyn)  | Tab           | 66100060000315     | No       | 0          | No     | No   | No   | No           | No          | N/A  | Yes    | Yes       |       |
|             | Advisories:<br>**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.** |               |                    |          |            |        |      |      |              |             |      |        |           |       |
|             | Neomy/Poly B/ Bacit/HC Ointment  |               |                    |          |            |        |      |      |              |             |      |        |           |       |
|             | Neomy/Poly B/ Bacit/HC 15G OINT (Cortisporin Oint)   | Oint          | 90109904104220     | No       | 0          | No     | Yes  | No   | No           | No          | N/A  | No     | Yes       |       |

| <u>Doctor Name</u>                       | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlry</u> |
|--|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
| 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 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:<br>***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:<br>****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****<br>**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              |              |
| Neostigmine Methylsulfate Inj            | Neostigmine Methylsulfate 0.5MG/ML,1ML Inj (Prostigmin 1:2000)  | Sol                | 76000040202015  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|  | Neostigmine Methylsulfate 1:1000 1MG/ML Inj (Neostigmine)   | Sol                | 76000040202020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|  | Neostigmine Methylsulfate IV Soln 5 MG/10ML   | Sol                | 76000040202017  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|  | Neostigmine Methylsulfate IV Solution 10 MG/10ML  | Sol                | 76000040202022  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
| 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 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 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 90 MG ER 24 Hour Tab UD (Adalat)   | Tab ER 24          | 34000020007550  | Yes             | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Advisories:<br>*****AMLODIPINE IS FIRST LINE DIHYDROPYRIDINE THERAPY **** |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitrofurantoin Macrocrystal Capsule                                       |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitrofurantoin Macrocrystal 100 MG Cap (Macrochantin)                     | Cap                | 53000050100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrochantin)                  | Cap                | 53000050100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Nitrofurantoin Macrocrystal 50 MG Cap (Macrochantin)                      | Cap                | 53000050100115  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrochantin)                   | Cap                | 53000050100115  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Nitrofurantoin Monohydrate Cap (Macrobid)                                 |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)                   | Cap                | 53000050150120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Nitrofurantoin Mono 100 MG Cap (Macrobid) (Macrobid)                      | Cap                | 53000050150120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitrofurantoin Suspension 25 MG/5ML                                       |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)    | Susp               | 53000050001810  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Intravenous   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)                             | Sol                | 32100030002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin IV 5 MG/ML, 10 ML (Nitro-Bid IV)                            | Sol                | 32100030002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Ointment 2%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Nitroglycerin Ointment 2 % 60 GM (Nitropaste)                             | Oint               | 32100030004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)                               | Oint               | 32100030004205  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)                              | Oint               | 32100030004205  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Patch 0.2 MG/HR (Nitrodur)                                  | Patch 24 Hour      | 32100030008520  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Patch 0.3 MG/HR (Nitrodur)                                  | Patch 24 Hour      | 32100030008530  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Patch 0.4 MG/HR (Nitrodur)                                  | Patch 24 Hour      | 32100030008540  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Patch 0.6 MG/HR (Nitrodur)                                  | Patch 24 Hour      | 32100030008550  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin Patch 0.8 MG/HR (Nitrodur)                                  | Patch 24 Hour      | 32100030008560  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)                                | Cap ER             | 32100030000205  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Nitroglycerin SR 6.5 MG Cap (Nitro-BID)                                   | Cap ER             | 32100030000215  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SR 6.5 MG Cap UD (Nitro-BID)                                | Cap ER             | 32100030000215  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Nitroglycerin SR 9 MG Cap (Nitro-BID)                                     | Cap ER             | 32100030000220  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SR 9 MG Cap UD (Nitro-BID)                                  | Cap ER             | 32100030000220  | No              | 0                 | No            | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SL 0.4 MG Tab (100 Count) (Nitro stat)                      | Tab Sublingual     | 32100030000715  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SL 0.4 MG Tab (25 count) (Nitrostat)                        | Tab Sublingual     | 32100030000715  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Nitroglycerin SL 0.6 MG Tab (Nitrostat)                                   | Tab Sublingual     | 32100030000720  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Nitroprusside Sodium<br>Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)<br>Advisories:<br>****PROTECT FROM LIGHT** **CHECK METABOLITES**** | Sol                | 36400040102020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Norepinephrine Bitartrate Inj<br>Norepinephrine Bitartrate 1 MG/ML, 4 ML Inj (Levophed)   | Sol                | 38000090102010  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Norethindrone (Nor-Q.D.) Tablets<br>Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)   | Tab                | 25100010000305  | No              | 0                 | No            | Yes        | 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<br>Norethindrone Acetate 5 MG Tab (Aygestin)   | Tab                | 26000030100305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Norethindrone/Ethinyl estra Tablet<br>Norethindrone/Ethinyl estra 1/0.020MG Tab (Loestrin 1/20)   | Tab                | 25990002600310  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Norethindrone/Ethinyl estra + Fe 1/20 Tab<br>Microgestin 24 Fe Oral Tablet 1-20 MG-MCG  | Tab                | 25990003610312  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Norethin-Eth Estrad +Fe Chew 1/0.020MG (24)   | Tab Chew           | 25990003610512  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Norethindrone/Ethinyl estra + Fe 1/0.020MG Tab (Loestrin Fe 1/20)   | Tab                | 25990003610310  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Taytulla Oral Capsule 1-20 MG-MCG(24) (Taytulla)  | Cap                | 25990003610112  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Norethindrone/Ethinyl estra + Fe 1.5/30 Tab<br>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<br>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 (Norinyl 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 21 Tablet<br>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<br>Aranelle Oral (28 tab) 0.5/1/0.5-35 MG-MCG (Aranelle)  | 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/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/Mestranol Tablet<br>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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non Sched.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Nortriptyline HCl Capsule  |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Nortriptyline HCl 10 MG Cap (Pamelor)  | Cap                | 58200060100105  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Nortriptyline HCl 10 MG Cap UD (Pamelor)   | Cap                | 58200060100105  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                    | Nortriptyline HCl 25 MG Cap (Pamelor)  | Cap                | 58200060100110  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Nortriptyline HCl 25 MG CAP UD (PAMELOR)   | Cap                | 58200060100110  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                    | Nortriptyline HCl 50 MG Cap (Pamelor)  | Cap                | 58200060100115  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Nortriptyline HCl 50 MG Cap UD (Pamelor)   | Cap                | 58200060100115  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                    | Nortriptyline HCl 75 MG Cap (Pamelor)  | Cap                | 58200060100120  | No              | 0                 | Yes        | No            | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                    | 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          | 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          | 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 1.2 Cal Oral Liq   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Nutri Sup (Jevity 1.2 Cal) Oral Liquid (Jevity 1.2 Cal)  | Liq                | 81200000000900  | No              | 0                 | Yes        | Yes           | Yes        | No          | 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***   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**  |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Nutritional Supplement -Fiber 1.5 cal Oral Liq   |                    |                 |                 |                   |            |               |            |             |                     |                    |                    |                  |              |
|                    | Nutri Sup (Isosource 1.5 Cal Liquid RTU 1500ML (Isosource 1.5 Cal)   | Liq                | 81200000000900  | No              | 0                 | Yes        | Yes           | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Nutri Sup (Isosource) 1.5 Cal Oral Liquid (Isosource)  | Liq                | 81200000000900  | No              | 0                 | Yes        | Yes           | Yes        | No          | Yes                 | No                 | N/A                | No               | Yes          |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Loc. | Active | Unit Dose | Fmlry |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|-------|
|             | Advisories:<br>****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:<br>**1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet"***<br>**2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND**<br>**3. A documented medical diagnosis affecting nutritional status, AND**<br>**4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
|             | Nutritional Supplement -Standard 1.0 Cal/ML Liq<br>Nutri Sup (Ensure) Oral Liquid 237ML (Ensure)  | Liq         | 8120000000900  | No       | 0          | Yes    | Yes | Yes  | No           | N/A         | No   | Yes    |           |       |
|             | Advisories:<br>****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:<br>**1. Request for its non-formulary use requires completion of the "Nutritional Supplements Worksheet"***<br>**2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND**<br>**3. A documented medical diagnosis affecting nutritional status, AND**<br>**4. Nutritional Assessment Consult by BOP registered dietician for therapy > 60 days.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
|             | Nystatin Cream 100,000 Unit/GM<br>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<br>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<br>Nystatin Powder 100,000 UNIT/GM (30 GM) (Nystop)  | Pwdr        | 90150080002920 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |
|             | Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)  | Pwdr        | 90150080002920 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |
|             | Nystatin Powder 100,000 UNIT/GM 60 GM   | Pwdr        | 90150080002920 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |
|             | Nystatin Susp 100,000 UNIT/ML<br>Nystatin Susp 100,000 UNIT/ML (473ML) (Mycostatin)   | Susp        | 88100010001805 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           |       |
|             | Nystatin Susp 100,000 UNIT/ML (60 ml)   | Susp        | 88100010001805 | No       | 0          | No     | No  | 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 Tablet<br>Nystatin 500,000 Unit Tab (Mycostatin)   | Tab         | 11000060000305 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           |       |



| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Octreotide Acetate Injection                                       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Octreotide Acetate Inj 100 MCG/ML (Sandostatin)                    | Sol                | 30170070102010  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Octreotide Acetate Inj 100 MCG/ML Syringes (Sandostatin)           | Sol                | 30170070102010  | No              | 0                 | No            | Yes        | 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 200 MCG/ML,5ML (Sandostatin)                | Sol                | 30170070102015  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Octreotide Acetate Inj 50 MCG/ML (Sandostatin)                     | Sol                | 30170070102005  | 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 10 MG Inj (Sandostatin)               | Kit                | 30170070106410  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Octreotide Acetate LAR Depot 20 MG/5ML Inj (Sandostatin LAR DEPOT) | Kit                | 30170070106420  | No              | 0                 | No            | Yes        | 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              |              |
|                    | Ofloxacin OPHTH Solution 0.3%                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ofloxacin Ophth Solution 0.3%, 5 ML (Ocuflox)                      | Sol                | 86101047002020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Ofloxacin Ophthalmic Solution 0.3% 10 ML                           | Sol                | 86101047002020  | No              | 0                 | No            | Yes        | No          | 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 2.5 MG Tab (ZyPREXA)                                    | Tab                | 59157060000305  | 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 5 MG Tab (Zyprexa)                                      | Tab                | 59157060000310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | OLANZapine 5 MG Tab UD (Zyprexa)                                   | Tab                | 59157060000310  | 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 7.5 MG Tab UD (Zyprexa)                                 | Tab                | 59157060000315  | 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 10 MG Tab UD (Zyprexa)                                  | Tab                | 59157060000320  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | OLANZapine 15 MG Tab (Zyprexa)                                     | Tab                | 59157060000330  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | OLANZapine 15 MG Tab UD (Zyprexa)                                  | Tab                | 59157060000330  | 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              |              |
|                    | OLANZapine 20 MG Tab UD (Zyprexa)                                  | Tab                | 59157060000340  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |              |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****                  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Omeprazole Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Omeprazole 10 MG Cap (Prilosec)                                    | Cap DR             | 49270060006510  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Omeprazole 20 MG Cap (Prilosec)                                    | Cap DR             | 49270060006520  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Omeprazole 20 MG Cap UD (Prilosec)                                 | Cap DR             | 49270060006520  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Omeprazole 20 MG Tablet (Prilosec)                                 | Tab DR             | 49270060000620  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Omeprazole 40 MG Cap (Prilosec)                                    | Cap DR             | 49270060006530  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Omeprazole 40 MG Cap UD (Prilosec)                                 | Cap DR             | 49270060006530  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill<br/>Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.<br/>Active</u> | <u>Unit<br/>Dose</u> | <u>Finly</u> |
|--------------------|--|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-----------------------------|------------------------|------------------------|----------------------|--------------|
|                    | Advisories:<br>**Deference is given to the local P&T Committee for appropriate management of the following:<br>1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary.<br>2. GERD: supported by current objective findings.<br>3. Documented doses of ranitidine 750 mg per day divided into qid dosing<br>4. Documentation of chronic need for NSAIDS with prior history of GI bleed<br>5. Documented Zollinger-Ellison Syndrome<br>6. Documented Schatzki's Ring<br>7. Documented Barrett's Esophagus<br>8. Documented Esophageal Stricture<br>**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.**** |                    |                 |                     |                      |               |            |             |                             |                        |                        |                      |              |
|                    | Ondansetron Injection  |                    |                 |                     |                      |               |            |             |                             |                        |                        |                      |              |
|                    | Ondansetron HCl Injection Solution 4 MG/2ML (Zofran)   | Sol                | 50250065052024  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No                     | Yes                  |              |
|                    | Ondansetron HCl Injection Solution 40 MG/20ML (Zofran)   | Sol                | 50250065052030  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No                     | Yes                  |              |
|                    | Formulary Restrictions:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**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                  |              |
|                    | Formulary Restrictions:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**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:<br>****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****<br>**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                  |              |
|                    | Oxaliplatin Intravenous Solution 100 MG/20ML   | Sol                | 21100028002030  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No                     | Yes                  |              |
|                    | Oxaliplatin Intravenous Solution 50 MG/10ML  | Sol                | 21100028002025  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No                     | Yes                  |              |
|                    | Advisories:<br>***Flush Line with Dextrose ONLY***<br>**Medical Referral Center (MRC) Use Only**   |                    |                 |                     |                      |               |            |             |                             |                        |                        |                      |              |
|                    | OXcarbazepine Suspension 300 MG/5ML  |                    |                 |                     |                      |               |            |             |                             |                        |                        |                      |              |
|                    | OXcarbazepine Oral Suspension 300 MG/5ML 250ML (Trileptal)   | Susp               | 72600046001820  | No                  | 0                    | No            | Yes        | No          | No                          | N/A                    | No                     | Yes                  |              |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Unit Dose | Fmly |
|-------------|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|------|
|             | Advisories:<br>****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           | No          | N/A         | No        | Yes  |
|             | OXcarbazepine 150 MG Tab UD (Trileptal)  | Tab         | 72600046000310 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | OXcarbazepine 300 MG Tab (Trileptal)   | Tab         | 72600046000320 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | OXcarbazepine 300 MG Tab UD  | Tab         | 72600046000320 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | OXcarbazepine 600 MG Tab (Trileptal)   | Tab         | 72600046000340 | No       | 0          | No     | No  | No   | No           | No          | N/A         | No        | Yes  |
|             | OXcarbazepine 600 MG Tab UD (Trileptal)  | Tab         | 72600046000340 | No       | 0          | No     | No  | No   | No           | No          | N/A         | Yes       | Yes  |
|             | Advisories:<br>****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       | Yes  |
|             | Oxybutynin 5 MG Tab UD (Ditropan)  | Tab         | 54100045200330 | No       | 0          | No     | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |
|             | oxyCODONE HCl Capsule  |             |                |          |            |        |     |      |              |             |             |           |      |
|             | oxyCODONE HCl 5 MG Cap   | Cap         | 65100075100110 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | Advisories:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**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       | Yes  |
|             | OxyCODONE HCl Oral Solution 5 MG/5ML (5ml)   | Sol         | 65100075102005 | No       | 2          | Yes    | Yes | Yes  | No           | N/A         | Yes         | Yes       | Yes  |
|             | OxyCODONE HCl Oral Solution 5 MG/5ML 500mL   | Sol         | 65100075102005 | No       | 2          | Yes    | Yes | Yes  | No           | N/A         | No          | Yes       | Yes  |
|             | Advisories:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |             |           |      |
|             | oxyCODONE HCl Tablet   |             |                |          |            |        |     |      |              |             |             |           |      |
|             | oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)  | Tab         | 65100075100310 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | oxyCODONE HCl 5 MG Tab (Roxicodone)  | Tab         | 65100075100310 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | oxyCODONE HCl 5 MG Tab UD (Roxicodone)   | Tab         | 65100075100310 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |
|             | oxyCODONE HCl 15 MG Tab  | Tab         | 65100075100325 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | oxyCODONE HCl 15 MG Tab UD   | Tab         | 65100075100325 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |
|             | oxyCODONE HCl 10 MG Tab IR (Roxicodone tablet)   | Tab         | 65100075100320 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |
|             | oxyCODONE HCl 10 MG Tab IR UD  | Tab         | 65100075100320 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |
|             | oxyCODONE HCl 20 MG Tab IR   | Tab         | 65100075100330 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | oxyCODONE HCl 30 MG Tab IR (Roxicodone tablet)   | Tab         | 65100075100340 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | No          | Yes       | Yes  |
|             | oxyCODONE HCl 30 MG Tab IR UD  | Tab         | 65100075100340 | No       | 2          | Yes    | No  | Yes  | Yes          | N/A         | Yes         | Yes       | Yes  |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MPL | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active | Unit Dose | Fmily |
|-------------|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|-------|
|             | Advisories:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
| oxy         | CODONE/Acetaminophen 5MG/325 MG Tablets  |             |                |          |            |        |     |      |              |             |      |        |           |       |
|             | 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:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
| oxy         | CODONE/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    |           |       |
|             | Advisories:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
| oxy         | CODONE/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:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**MLP Requires Cosign** |             |                |          |            |        |     |      |              |             |      |        |           |       |
| oxy         | CODONE/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:<br>****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**<br>**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE<br>RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**<br>**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    |           |       |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Unit Dose | Fmlly |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|-------|
|             | 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       |       |
|             | PACLitaxel Intravenous Concentrate 300 MG/50ML  | Concentrate | 21500012001350 | 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 & ZOFTRAN**** |             |                |          |            |        |     |      |              |             |             |           |       |
|             | **Medical Referral Center (MRC) Use Only**  |             |                |          |            |        |     |      |              |             |             |           |       |
|             | Pamidronate Injection   |             |                |          |            |        |     |      |              |             |             |           |       |
|             | 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****   |             |                |          |            |        |     |      |              |             |             |           |       |
|             | Pancrelipase Delayed Rel Capsule  |             |                |          |            |        |     |      |              |             |             |           |       |
|             | Pancrelipase 4200/14200/26400 *(L/P/A) DR Caps (PANCREAZe)  | Cap DR      | 51200024006710 | 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 5000/17000/27000 (L/P/A)UnitCap UD (Zenep)   | Cap DR      | 51200024006715 | 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 6000/19000/30000 (L/P/A) Units Cap (Creon 6000)  | Cap DR      | 51200024006720 | 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 10500/35500/61500 (L/P/A) Caps (Pancreaze Oral Capsule Delayed)  | Cap DR      | 51200024006734 | 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 12000/38000/60000 (L/P/A) units UD (Creon 12000)   | Cap DR      | 51200024006740 | No       | 0          | No     | No  | No   | No           | N/A         | Yes         | 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 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 21000/37000/61000 (L/P/A) Units Cap (Pancreaze)  | Cap DR      | 51200024006754 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | 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 25000/85000/136000 (L/P/A) Unit Cap (Zenpep)   | Cap DR      | 51200024006765 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase 4000 units DR Particles capsule (Pertzye)  | Cap DR      | 51200024006709 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delay 20000-63000 UNIT cap (Zenep)   | Cap DR      | 51200024006751 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 25000-79000 UNIT (Zenep)   | Cap DR      | 51200024006772 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 10000-32000UNIT Cap (Zenep)  | Cap DR      | 51200024006728 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 15000-47000 UNIT (Zenpep 150000U)  | Cap DR      | 51200024006747 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 16800 UNIT (Pancreaze)   | Cap DR      | 51200024006750 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 3000-10000 UNIT Cap (Zenpep)   | Cap DR      | 51200024006706 | 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       |       |
|             | Pancrelipase Delayed Release 36000 UNIT Cap (Creon)   | Cap DR      | 51200024006780 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |
|             | Pancrelipase Delayed Release 5000-24000 UNIT (Zenpep)   | Cap DR      | 51200024006714 | No       | 0          | No     | No  | No   | No           | N/A         | No          | Yes       |       |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non Sched.</u> | <u>DEA Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|-------------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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**  |                    |                 |                 |                   |                   |            |             |                     |                    |                    |                  |              |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |                   |            |             |                     |                    |                    |                  |              |
|                    | 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 - Colyte (Colyte- Flavored)  | Sol Recon          | 46992005302140  | No              | 0                 | No                | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)  | Sol Recon          | 46992005302130  | No              | 0                 | No                | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Pegaspargase Injection Solution 750 UNIT/ML   |                    |                 |                 |                   |                   |            |             |                     |                    |                    |                  |              |
|                    | Pegaspargase Injection Solution 750 UNIT/ML (Oncaspar)  | Sol                | 21250060002020  | No              | 0                 | No                | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Pegfilgrastim Injection   |                    |                 |                 |                   |                   |            |             |                     |                    |                    |                  |              |
|                    | Pegfilgrastim Subcu Prefill SyringeKit 6MG/0.6ML (Neulasta)   | Prefilled          | 8240157000F820  | No              | 0                 | Yes               | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Pegfilgrastim Subcu Prefilled Syringe 6 MG/0.6ML (Neulasta)   | Sol Prefilled      | 8240157000E52   | 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 rationale 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 135 MCG/0.5ML (ProClick) (Pegasys)  | Sol                | 12353060052030  | 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 180 MCG/1 ML Inj (Pegasys)  | Sol                | 12353060052020  | No              | 0                 | No                | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u>       | <u>GPI Code</u>  | <u>Non Sub.</u>      | <u>DEA Sched.</u> | <u>Cosign</u>        | <u>MLP</u>           | <u>Bulk</u>          | <u>Pill Ln Only</u>  | <u>Req. Crush.</u>   | <u>Active Loc.</u>       | <u>Unit Dose</u>       | <u>Fmlly</u>             |
|--------------------|---|--------------------------|--|----------------------|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|------------------------|--------------------------|
|                    | Advisories:<br>****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****<br>Formulary Restrictions:<br>****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment**** |                          |  |                      |                   |                      |                      |                      |                      |                      |                          |                        |                          |
|                    | Penicillamine Capsule<br>Penicillamine 250 MG Cap (Cuprimine)   | Cap                      | 99200030000110   | No                   | 0                 | No                   | No                   | No                   | No                   | No                   | N/A                      | No                     | Yes                      |
|                    | Penicillin G Benzathine Injection<br>Penicillin G Benzathine 1.2 MU/2ML Inj (Bicillin L-A)<br>Penicillin G Benzathine 2.4 MU/4ML Inj (Bicillin L-A 2.4MU)   | Susp<br>Susp             | 01100020001815<br>01100020001820                                     | No<br>No             | 0<br>0            | No<br>No             | No<br>No             | No<br>Yes            | Yes<br>No            | No<br>No             | N/A<br>N/A               | No<br>No               | Yes<br>Yes               |
|                    | Advisories:<br>****BICILLIN-CR ( BENZATHINE-PROCAINE) NOT APPROVED****  |                          |  |                      |                   |                      |                      |                      |                      |                      |                          |                        |                          |
|                    | Penicillin G Pot in Dex IV Soln 20000 UNIT/ML<br>Penicillin G Pot in Dex premix 20000 UNIT/ML 50m   | Sol                      | 01100010112050   | No                   | 0                 | No                   | No                   | No                   | Yes                  | No                   | N/A                      | No                     | Yes                      |
|                    | Penicillin G Potassium Injection<br>Penicillin G Potassium 1000000 unit/ml Inj Soln<br>Penicillin G Potassium Inj Soln 5000000 UNIT   | Sol Recon<br>Sol Recon   | 01100010102135<br>01100010102125                                     | No<br>No             | 0<br>0            | No<br>No             | No<br>No             | Yes<br>Yes           | No<br>No             | No<br>No             | N/A<br>N/A               | No<br>No               | Yes<br>Yes               |
|                    | Penicillin G Procaine Injection<br>Penicillin G Procaine 600,000 Unit/1ML Inj (Wycillin)  | Susp                     | 01100030001820   | No                   | 0                 | No                   | No                   | No                   | Yes                  | No                   | N/A                      | No                     | Yes                      |
|                    | Penicillin G Sodium Injection<br>Penicillin G Sodium 5,000,000 Unit Inj<br>Penicillin G Sodium 5,000,000 Unit/10ML INJ  | Sol Recon<br>Sol Recon   | 01100010202105<br>01100010202105                                     | No<br>No             | 0<br>0            | No<br>No             | No<br>No             | Yes<br>Yes           | No<br>No             | No<br>No             | N/A<br>N/A               | No<br>No               | Yes<br>Yes               |
|                    | Penicillin VK Suspension<br>Penicillin VK 250MG/5ML, 100 ML Susp (Pen VK)<br>Penicillin VK 250MG/5ML, 200 ML Susp (Pen VK)  | Sol Recon<br>Sol Recon   | 01100040102110<br>01100040102110                                     | No<br>No             | 0<br>0            | No<br>No             | Yes<br>Yes           | No<br>No             | No<br>No             | No<br>No             | N/A<br>N/A               | No<br>No               | Yes<br>Yes               |
|                    | Penicillin VK Tablet<br>Penicillin VK 250 MG Tab UD (Pen VK)<br>Penicillin VK 250 MG Tab (Pen VK)<br>Penicillin VK 500 MG Tab UD (Pen VK)<br>Penicillin VK 500 MG Tab (Pen VK)  | Tab<br>Tab<br>Tab<br>Tab | 01100040100310<br>01100040100310<br>01100040100315<br>01100040100315 | No<br>No<br>No<br>No | 0<br>0<br>0<br>0  | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | No<br>No<br>No<br>No | N/A<br>N/A<br>N/A<br>N/A | Yes<br>No<br>Yes<br>No | Yes<br>Yes<br>Yes<br>Yes |
|                    | Pentamidine Isothionate Inhalation<br>Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)   | Sol Recon                | 16000045002170   | No                   | 0                 | No                   | Yes                  | Yes                  | Yes                  | No                   | N/A                      | No                     | Yes                      |
|                    | Pentamidine Isothionate Injection<br>Pentamidine Isothionate 300 MG Inj (Pentam 300 MG)   | Sol Recon                | 16000045002130   | No                   | 0                 | No                   | No                   | Yes                  | No                   | No                   | N/A                      | No                     | Yes                      |
|                    | Permethrin Cream 5%<br>Permethrin 5%, 60 GM Cream (Elimite)   | Cm                       | 90900035003720   | No                   | 0                 | No                   | Yes                  | Yes                  | Yes                  | No                   | N/A                      | No                     | Yes                      |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmily</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Formulary Restrictions:<br>**Pill line only with Directly Observed Therapy**                |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Permethrin Lotion/Liquid 1%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Permethrin 1% Creme Rinse Ext Liquid 59 ml (Nix Creme Rinse External Liquid)                | Liq                | 90900035000910  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Permethrin 1%, 59 ML Lotion (Nix)   | Lotion             | 90900035004110  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Permethrin 1%, 120 ML Lotion (Nix)  | Lotion             | 90900035004110  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Perphenazine Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Perphenazine 2 MG Tab (Trilafon)  | Tab                | 59200045000305  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Perphenazine 2 MG Tab UD (Trilafon)   | Tab                | 59200045000305  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Perphenazine 4 MG Tab (Trilafon)  | Tab                | 59200045000310  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Perphenazine 4 MG Tab UD (Trilafon)   | Tab                | 59200045000310  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Perphenazine 8 MG Tab (Trilafon)  | Tab                | 59200045000315  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Perphenazine 8 MG Tab UD (Trilafon)   | Tab                | 59200045000315  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Perphenazine 16 MG Tab (Trilafon)   | Tab                | 59200045000320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Perphenazine 16 MG Tab UD (Trilafon)  | Tab                | 59200045000320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Petrolatum , White Jelly 2.5oz  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Petrolatum , White Jelly 2.5oz  |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petrolatum, White, Gel  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Petrolatum , White External Ointment 5 GM   | Oint               | 98600065004200  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petrolatum White Gel (454 gm) (Petrolatum White Gel)  | Gel                | 98600065004000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petrolatum, White gel ( 49gm) (Vaseline)  | Gel                | 98600065004000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petrolatum, White Gel ( 5 gm )  | Gel                | 98600065004000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)   | Gel                | 98600065004000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petroleum, White Gel (368 GM)   | Gel                | 98600065004050  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Petroleum, White, Jelly, 15 GM (Vaseline)   | Gel                | 98600065004050  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****Restricted to diabetics, dialysis, inpatients only****       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Phenazopyridine HCl Tab (OTC version)   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Phenazopyridine HCl 95 MG Tab (OTC)   | Tab                | 56300010100303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Phenazopyridine HCl 97.5 MG Tab (OTC)   | Tab                | 56300010100350  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | PHENobarbital Elixir  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | PHENobarbital 4 MG/ML Elixir (PHENobarbital Elixir)   | Elixir             | 60100060001010  | No              | 4                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |



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

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Phenylephrine HCl Injection   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Phenylephrine 10MG/ML Inj, 1ML  | Sol                | 38000095102010  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Phenylephrine Intravenous Solution 10 MG/ML (Vazculep)  | Sol                | 38000095102020  | 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%, 15 ML (Neo-Synephrine)  | Sol                | 86400040102010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Phenylephrine Ophth Sol 2.5%, 5 ML (Mydrin)   | 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. |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 5ml UD   | Susp               | 72200030001810  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | 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. |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Formulary Restrictions:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***          |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Phenytoin Sodium ER (Dilantin -BRAND) 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. |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Phenytoin Sodium ER Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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              |              |
|                    | 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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Advisories:<br>****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."<br>**PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****          |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Phenytoin Sodium Injection 50mg/ml   |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Phenytoin 50 MG/ML, 2ML Inj (Dilantin)   | Sol                | 72200030052005  | No              | 0                | No            | No         | No          | Yes                 | No                 | N/A         | No                 | Yes         |              |
|                    | Phenytoin 50 MG/ML, 5ML Inj (Dilantin)   | Sol                | 72200030052005  | No              | 0                | No            | No         | No          | Yes                 | No                 | N/A         | No                 | Yes         |              |
|                    | Advisories:<br>****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**<br>Formulary Restrictions:<br>****USE SUSPENSION WITH CAUTION**** |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Physostigmine Injection  |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Physostigmine 1 MG/ML, 2ML Inj (Antilirium)  | Sol                | 93000060102005  | No              | 0                | No            | Yes        | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Phytonadione Injection   |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Phytonadione 10MG/ML, 1ML Inj (Aqua-Mephyton)  | Sol                | 77204030002010  | No              | 0                | No            | Yes        | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Phytonadione Injection Soln 1 MG/0.5ML (vitamin K1)  | Sol                | 77204030002005  | No              | 0                | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Phytonadione Tablet  |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Phytonadione (Vitamin K) 100 MCG Tablet (vitamin K)  | Tab                | 77204030000360  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Phytonadione 5 MG Tab (Mephyton)   | Tab                | 77204030000305  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Phytonadione 5 MG Tab UD (Mephyton)  | Tab                | 77204030000305  | No              | 0                | No            | 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                  | 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                  | 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                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pindolol Tablet  |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Pindolol 5 MG Tab (Visken)   | Tab                | 33100030000305  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pindolol 10 MG Tab (Visken)  | Tab                | 33100030000310  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pioglitazone Tablet  |                    |                 |                 |                  |               |            |             |                     |                    |             |                    |             |              |
|                    | Pioglitazone HCl 15 MG Tab (Actos)   | Tab                | 27607050100320  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pioglitazone HCl 15 MG Tab UD (Actos)  | Tab                | 27607050100320  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Pioglitazone HCl 30 MG Tab (Actos)   | Tab                | 27607050100330  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pioglitazone HCl 30 MG Tab UD (Actos)  | Tab                | 27607050100330  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |
|                    | Pioglitazone HCl 45 MG Tab (Actos)   | Tab                | 27607050100340  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         |              |
|                    | Pioglitazone HCl 45 MG Tab UD (Actos)  | Tab                | 27607050100340  | No              | 0                | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         |              |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. | Req. Loc. | Active | Unit Dose | Fmlry |  |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|--------|-----------|--------|-----------|-------|--|
|             | <p>Advisories:</p> <p>**1. Second or third line therapy for type 2 diabetes patients with inadequate glycemic control on oral agents, e.g. metformin, glipizide.</p> <p>2. Not recommended in patients with symptomatic heart failure, risk of bone fractures, hepatic impairment, or fluid retention.</p> <p>3. Not recommended in combination with insulin therapy.**</p> <p>Non-Formulary Use Criteria:</p> <p>**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.**</p> <p>**2. Current total insulin dose must be &gt; 1 unit / kg / day of body weight. OR**</p> <p>**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.)**</p> <p>**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.**</p> |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | <b>Piperacillin/Tazobactam Injec</b>  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | 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 36 G/4.5G Inj (Zosyn)  | Sol Recon   | 01990002702170 | 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/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**  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | <b>Piperacillin/Tazobactam Injection Premix</b>   |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | 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    |           |       |  |
|             | **Medical Referral Center (MRC) Use Only**  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | <b>Plasma Protein Fraction</b>  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | Plasma Protein Fraction 5%, 50 ML Inj (Plasmanate)  | Sol         | 85400020002005 | No       | 0          | No     | No  | Yes  | No           | N/A    | No        | Yes    |           |       |  |
|             | <b>Pneumococcal Vac 13 Val Conj Inj</b>   |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | Pneumococcal Vac 13 Val Conj Inj (Pevnar 13)  | Susp        | 17200065301800 | No       | 0          | No     | Yes | Yes  | No           | N/A    | No        | Yes    |           |       |  |
|             | <b>Pneumococcal Vac 23 Polyvalent Injection</b>   |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | Pneumococcal Vac 23 Polyvalent Inj 25 MCG/0.5ML (Pneumovax 23)  | Injectable  | 17200065002205 | No       | 0          | No     | Yes | Yes  | No           | N/A    | No        | Yes    |           |       |  |
|             | Pneumovax 23 Prefill Injectable 25 MCG/0.5ML  | Injectable  | 17200065002205 | No       | 0          | No     | No  | Yes  | No           | N/A    | No        | Yes    |           |       |  |
|             | <b>Polyethyl Glycol-Polyvinyl Alc Ophth Soln 1-1 %</b>  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | Hypotears (Peg-Polyvinyl) Ophth Soln 1-1% 30 ML (Hypo Tears)  | Sol         | 86209902452020 | No       | 0          | No     | No  | No   | No           | N/A    | No        | Yes    |           |       |  |
|             | <b>Polyethylene Glycol Powder (PEG 3350)</b>  |             |                |          |            |        |     |      |              |        |           |        |           |       |  |
|             | Polyethylene Glycol 3350 Powder 238GM 17GM/Tbl (MiraLax)  | Pwdr        | 46600033002910 | No       | 0          | No     | Yes | No   | No           | N/A    | No        | Yes    |           |       |  |
|             | Polyethylene Glycol 3350 Oral Powder 119 gm   | Pwdr        | 46600033002910 | No       | 0          | No     | Yes | No   | No           | N/A    | No        | Yes    |           |       |  |
|             | Polyethylene Glycol 3350 Powder 17GM Packet UD (Miralax)  | Packet      | 46600033003020 | No       | 0          | No     | No  | No   | No           | N/A    | Yes       | Yes    |           |       |  |
|             | Polyethylene Glycol 3350 Powder 510/527 GM (MiraLax)  | Pwdr        | 46600033002910 | No       | 0          | No     | Yes | No   | No           | N/A    | No        | Yes    |           |       |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign<br/>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Crush.<br/>Req.</u> | <u>Loc.<br/>Active</u> | <u>Unit<br/>Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|---------------------|----------------------|-----------------------|-------------|-------------------------|------------------------|------------------------|----------------------|--------------|
|                    | Formulary Restrictions:<br>***Bowel Prep Use Only ***   |                    |                 |                     |                      |                       |             |                         |                        |                        |                      |              |
|                    | 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:<br>****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:<br>****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:<br>****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 8 mEq ER Tab (Klor-Con)  | Tab ER             | 79700030000420  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Potassium Chloride 10 mEq ER Tab (Klor-Con)   | Tab ER             | 79700030000430  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Potassium Chloride 10 mEq ER Tab UD (Klor-Con)  | Tab ER             | 79700030000430  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | Yes                  | Yes          |
|                    | Potassium Chloride ER 20 MEQ Tab  | Tab ER             | 79700030000445  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Potassium Chloride ER 20 MEQ Tab UD   | Tab ER             | 79700030000445  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | Yes                  | Yes          |
|                    | Potassium Chloride ER Tab (K-Dur/Klor-con M)  |                    |                 |                     |                      |                       |             |                         |                        |                        |                      |              |
|                    | Potassium Chloride 10 mEq ER Tab (KlorCon M) (Klor-Con)   | Tab ER             | 79700030100430  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | No                   | Yes          |
|                    | Potassium Chloride 10 mEq ER Tab (KlorCon M) UD (Klor-Con)  | Tab ER             | 79700030100430  | No                  | 0                    | No                    | No          | No                      | No                     | N/A                    | Yes                  | Yes          |
|                    | 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 (Klor-Con M) (Klor-Con)  | 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 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% NAACL 1000 ML 20 mEq Inj   | Sol                | 79992002102020  | No                  | 0                    | No                    | Yes         | Yes                     | No                     | N/A                    | No                   | Yes          |
|                    | Advisories:<br>***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** |                    |                 |                     |                      |                       |             |                         |                        |                        |                      |              |
|                    | Potassium Chloride Injection ( concentrate)   |                    |                 |                     |                      |                       |             |                         |                        |                        |                      |              |
|                    | Potassium Chloride Inj 10 mEq/100ML   | Sol                | 79700030002050  | 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 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 20 mEq/100ml   | Sol                | 79700030002060  | 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          |

| <u>Doctor Name</u>  | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|---|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
| 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           | Yes              |              |
| Potassium Chloride Oral Solution  | Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD                         | Sol                | 79700030002085  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes         | Yes           |                  |              |
|   | Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD                         | Sol                | 79700030002085  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | Yes         | Yes           |                  |              |
|   | Potassium Chlor Oral Sol 10%, 473ML                                    | Sol                | 79700030002085  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|   | Potassium Chlor Oral Sol 20% (40mEq), 15ML UD                          | Sol                | 79700030002095  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes         | Yes           |                  |              |
|   | Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution) | Sol                | 79700030002095  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | 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 540 MG ER Tab (5 MEQ) (Urocit-K)                     | Tab ER             | 56202010200420  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
|   | 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 1620 MG (15 MEQ) ER Tab (Urocit-K)                   | Tab ER             | 56202010200460  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
| Potassium Citrate/Citric Acid Oral Solution   | Pot Citrate/Citric Acid Oral Soln 1100-334 MG/5ML (Cytra-K)            | Sol                | 56202022002025  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes           |                  |              |
| Potassium Iodide (Antidote) Oral Soln 65 MG/ML  | Potassium Iodide (Antidote) Oral Soln 65 MG/ML                         | Sol                | 93000065102020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
| Potassium Iodide (Expectorant) Oral Soln 1 GM/ML  | Potassium Iodide (Expectorant) Oral Soln 1 GM/ML                       | Sol                | 43202010002060  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
| Potassium Phosphates 15 MMOLE/5ML IV soln   | Potassium Phosphates 15 MMOLE/5ML IV soln                              | Sol                | 79600010052020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes           |                  |              |
|   | Potassium Phosphates 45 MMOLE/15ML IV soln                             | Sol                | 79600010052030  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes           |                  |              |
| Povidone-Iodine External Ointment 10%   | Povidone-Iodine External Oint 10% 30GM (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% ,118 ML (Betadine Solution)      | Sol                | 92200040002015  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |
|   | 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%, 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           |                  |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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 10 MG Tab UD  | Tab                | 39400065100320  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | 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 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              |              |
|                    | Prazosin Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prazosin Cap 1 MG (Minipress)   | Cap                | 36202030100105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Prazosin Cap 1 MG UD (Minipress)  | Cap                | 36202030100105  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Prazosin Cap 2 MG (Minipress)   | Cap                | 36202030100110  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Prazosin Cap 2 MG UD (Minipress)  | Cap                | 36202030100110  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Prazosin Cap 5 MG (Minipress)   | Cap                | 36202030100115  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Prazosin Cap 5 MG UD (Minipress)  | Cap                | 36202030100115  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | prednisoLONE Ace. ophth susp 0.12%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | prednisoLONE Ace. Ophth Susp 0.12%, 10ML  | Susp               | 86300050101809  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | 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              |              |
|                    | PrednisoLONE Forte Ophth Suspension 1% 1 ML (Pred Forte)  | Susp               | 86300050101815  | 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 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              |              |

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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Formulary Restrictions:<br>****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE)<br>NOT APPROVED****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | predniSONE 10 mg Dosepak (21)<br>predniSONE 10 MG Therapy Pack (21 ct) (Sterapred DS)   | Tab Therapy        | 2210004500B72   | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 10 mg Dosepak (48)<br>predniSONE 10 MG Therapy Pack (48 ct) (Sterapred DS)   | Tab Therapy        | 2210004500B72   | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 5 mg Dosepack #21<br>predniSONE 5 MG Therapy Pack (21 ct) (Deltasone)  | Tab Therapy        | 2210004500B70   | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 5 mg Dosepack #48<br>predniSONE 5 MG Therapy Pack (48 ct) (Sterapred DS)   | Tab Therapy        | 2210004500B71   | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE Solution 1 MG/ML<br>predniSONE Solution 1 MG/ML  | Sol                | 22100045002005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE Solution 1 MG/ML, 5ML UD   | Sol                | 22100045002005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE Solution 5 MG/ML<br>predniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)  | Concentrate        | 22100045001310  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE Tablet<br>predniSONE 1 MG Tab (Deltasone)  | Tab                | 22100045000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 1 MG Tab UD (Deltasone)  | Tab                | 22100045000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE 2.5 MG Tab (Deltasone)   | Tab                | 22100045000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 2.5 MG Tab UD (Deltasone)  | Tab                | 22100045000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE 5 MG Tab (Deltasone)   | Tab                | 22100045000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 5 MG Tab UD (Deltasone)  | Tab                | 22100045000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE 10 MG Tab (Deltasone)  | Tab                | 22100045000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 10 MG Tab UD (Deltasone)   | Tab                | 22100045000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE 20 MG Tab (Deltasone)  | Tab                | 22100045000325  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 20 MG Tab UD (Deltasone)   | Tab                | 22100045000325  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | predniSONE 50 MG Tab (Deltasone)  | Tab                | 22100045000335  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | predniSONE 50 MG Tab UD (Deltasone)   | Tab                | 22100045000335  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | PreNatal DHA Oral Capsule 200 MG<br>PreNatal DHA Oral Capsule 200 MG  | Cap                | 80500029000115  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |



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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Prenatal Folic acid plus Iron oral tablet 29-1 M                          |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal Folic acid plus Iron oral tablet 29-1 M                          | Tab Chew           | 78512050000530  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Prenatal Plus Iron Oral Tablet 29-1 MG                                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal Plus Iron Oral Tablet 29-1 MG                                    | Tab                | 78512010000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Prenatal Vitamin Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal Oral Tablet 27-0.8 MG  | Tab                | 78512015000322  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Prenatal Oral Tablet 28-0.8 MG  | Tab                | 78512015000328  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Prenatal Plus Tab (Prenatal Plus)   | Tab                | 78512015000324  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **Formulary only if pregnancy indication exists.**                        |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal/Iron Oral Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal/Iron Oral Tablet   | Tab                | 78512000000315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Prenatal+DHA Oral Misc 28-0.975 & 200 MG                                  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Prenatal+DHA Oral Misc 28-0.975 & 200 MG                                  | Miscellaneous      | 78516020006318  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Primidone Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Primidone 50 MG Tab (Mysoline)  | Tab                | 72600060000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Primidone 50 MG Tab UD (Mysoline)   | Tab                | 72600060000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Primidone 250 MG Tab (Mysoline)   | Tab                | 72600060000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Primidone 250 MG Tab UD (Mysoline)  | Tab                | 72600060000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Probenecid Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Probenecid 500 MG Tab (Benemid)   | Tab                | 68100010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Probenecid 500 MG Tab UD (Benemid)  | Tab                | 68100010000310  | No              | 0                 | No            | 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                  | 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                  | 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                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | <b>**MLP Requires Cosign**</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Prochlorperazine Oral Tablet</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Prochlorperazine Maleate 5 MG Tab (Compazine)  | Tab                | 59200055100305  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Prochlorperazine Maleate 5 MG Tab UD (Compazine)   | Tab                | 59200055100305  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Prochlorperazine Maleate 10 MG Tab (Compazine)   | Tab                | 59200055100310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Prochlorperazine Maleate 10 MG Tab UD (Compazine)  | Tab                | 59200055100310  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | <b>Formulary Restrictions:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>**Medical Referral Center (MRC) Use Only**</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>**MLP Requires Cosign**</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Prochlorperazine Suppository</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Prochlorperazine Maleate Suppository 25 MG, 12PK (Compazine Suppository)   | Supp               | 59200055005215  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | <b>Progesterone Capsule</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Progesterone Micronized Cap 100 MG (Prometrium)  | Cap                | 26000040100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Progesterone Micronized Cap 200 MG (Prometrium)  | Cap                | 26000040100130  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | <b>Non-Formulary Use Criteria:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**</b> |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Formulary Restrictions:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Progesterone Injection</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Progesterone 50 MG/ML, 10ML Inj  | Oil                | 26000040001705  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | <b>Non-Formulary Use Criteria:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**</b> |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Formulary Restrictions:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Progesterone Vaginal Gel 8%</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Progesterone Vaginal Gel 8 % 21.75 gm (Crinone)  | Gel                | 55370060004020  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone)   | Gel                | 55370060004020  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | <b>Promethazine Injection</b>  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Promethazine HCl Inj 25 MG/ML, 1ML (Phenergan)   | Sol                | 41400020102005  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Promethazine HCl Inj 50 MG/ML , 1 ml Ampule (Phenergan)  | Sol                | 41400020102010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Promethazine HCl Inj 50 MG/ML, 1ML (Phenergan)   | Sol                | 41400020102010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | <b>Advisories:</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | <b>Promethazine Oral Syrup 6.25 MG/5ML</b>   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Promethazine Oral Syrup 6.25MG/5ML (Phenergan)   | Syrup              | 41400020101210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>DEA Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlry</u> |
|--------------------|--|--------------------|-----------------|-----------------|------------|------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|-------------|-------------|--------------|
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Formulary Restrictions:<br>****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY**** |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | **Medical Referral Center (MRC) Use Only**   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Promethazine Suppository   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Promethazine Suppository 12.5 MG (Phenadoz)  | Supp               | 41400020105205  | No              | 0          | No               | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Promethazine Suppository 25 MG (Phenadoz)  | Supp               | 41400020105210  | No              | 0          | No               | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Promethazine Suppository 50 MG (Phenadoz)  | Supp               | 41400020105215  | No              | 0          | No               | No            | Yes        | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Promethazine Tablet  |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Promethazine HCl 12.5 MG Tab (Phenergan)   | Tab                | 41400020100305  | No              | 0          | No               | No            | 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          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Promethazine HCl 12.5 MG Tab UD  | Tab                | 41400020100305  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |              |
|                    | Promethazine HCl 25 MG Tab (Phenergan)   | Tab                | 41400020100310  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Promethazine HCl 25 MG Tab UD (Phenergan)  | Tab                | 41400020100310  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |              |
|                    | Promethazine HCl 50 MG Tab (Phenergan)   | Tab                | 41400020100315  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Formulary Restrictions:<br>****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 225 MG (Rythmol)  | Cap ER 12          | 35300050006920  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Propafenone ER 12 Hour Cap 325 MG (Rythmol)  | Cap ER 12          | 35300050006930  | No              | 0          | No               | No            | 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          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Formulary Restrictions:<br>****CARDIOLOGIST INITIATED THERAPY ONLY****   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Propafenone Tablet   |                    |                 |                 |            |                  |               |            |             |                     |                    |             |               |             |             |              |
|                    | Propafenone 150 MG Tab (Rythmol)   | Tab                | 35300050000320  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Propafenone 150 MG Tab UD (Rythmol)  | Tab                | 35300050000320  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |              |
|                    | Propafenone 225 MG Tab (Rythmol)   | Tab                | 35300050000325  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Propafenone 225 MG Tab UD (Rythmol)  | Tab                | 35300050000325  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |              |
|                    | Propafenone 300 MG Tab (Rythmol)   | Tab                | 35300050000330  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | No            | Yes         |             |              |
|                    | Propafenone 300 MG Tab UD (Rythmol)  | Tab                | 35300050000330  | No              | 0          | No               | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes         |             |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Formulary Restrictions:<br>****CARDIOLOGIST INITIATED THERAPY ONLY**** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Proparacaine Opth Solution 0.5%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Proparacaine HCl Opth 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 Intravenous Emulsion 100 MG/10ML                              | Emul               | 70400050001640  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Propofol Intravenous Emulsion 200 MG/20ML                              | Emul               | 70400050001652  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Propofol Intravenous Emulsion 500 MG/50ML                              | Emul               | 70400050001656  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Propofol Intravenous Emulsion 1000 MG/100ML                            | Emul               | 70400050001660  | 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              |             |
|                    | Propranolol LA 24 Hour Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | 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 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 (Inderal LA)                          | Cap ER 24          | 33100040107030  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | 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 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 Oral Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Propranolol 10 MG Tab (Inderal)  | Tab                | 33100040100305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Propranolol 10 MG Tab UD (Inderal)                                     | Tab                | 33100040100305  | 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 20 MG Tab UD (Inderal)                                     | Tab                | 33100040100310  | 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 40 MG Tab UD (Inderal)                                     | Tab                | 33100040100315  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | Propranolol 60 MG Tab (Inderal)  | Tab                | 33100040100320  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Propranolol 80 MG Tab (Inderal)  | Tab                | 33100040100325  | 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              |             |
|                    | 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              |             |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill<br/>Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active<br/>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-----------------------------|------------------------|-------------|------------------------|-------------|--------------|
|                    | Purified Protein Derivative Injection   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Purified Protein Derivative 5 UNIT/0.1ML 1ML (Tubersol)   | Sol                | 94300070002010  | Yes                 | 0                    | No            | No         | Yes         | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Purified Protein Derivative 5 Units/0.1ML 5ML (Tubersol)  | Sol                | 94300070002010  | Yes                 | 0                    | No            | No         | Yes         | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Advisories:<br>****Non-substitutable use Tubersol Brand Only****  |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Pyrazinamide Tablet   |                    |                 |                     |                      |               |            |             |                             |                        |             |                        |             |              |
|                    | Pyrazinamide 500 MG Tab (PZA)   | Tab                | 09000070000310  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Pyrazinamide 500 MG Tab UD (PZA)  | Tab                | 09000070000310  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | Yes         | 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 Bromide IV Soln 10 MG/2ML  | Sol                | 76000050102010  | No                  | 0                    | No            | No         | Yes         | No                          | N/A                    | No          | Yes                    |             |              |
|                    | 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 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                    |             |              |
|                    | Pyridoxine HCl 100 MG Tab (Vitamin B6)  | Tab                | 77105010000315  | No                  | 0                    | No            | No         | No          | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Advisories:<br>****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) 25 MG Chewable Tab  | Tab Chew           | 12103060100510  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Raltegravir Potassium (RAL) 100 mg Chewable Tab (Isentress Chew)  | Tab Chew           | 12103060100540  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Raltegravir Potassium (RAL) 400 MG Tab (Isentress)  | Tab                | 12103060100320  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | No          | Yes                    |             |              |
|                    | Raltegravir Potassium (RAL) 400 MG Tab UD (Isentress)   | Tab                | 12103060100320  | No                  | 0                    | Yes           | No         | No          | No                          | N/A                    | Yes         | Yes                    |             |              |

| Doctor Name                   | Item Name   | Dosage Form | GPI Code       | Non Sub. | Non | Sched. | DEA | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active | Dose | Unit | Fmlly |  |
|-------------------------------|---|-------------|----------------|----------|-----|--------|-----|--------|-----|------|--------------|-------------|------|--------|------|------|-------|--|
|                               | 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 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)**  |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
|                               | **MLP Requires Cosign**   |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
| Raltegravir HD (RAL)          | 600 MG Tablet   |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
|                               | Raltegravir (RAL) HD Oral Tablet 600 MG (Isentress HD)  | Tab         | 12103060100330 | No       | 0   | Yes    | No  | No     | No  | No   | No           | No          | N/A  | No     | Yes  |      |       |  |
|                               | **MLP Requires Cosign**   |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
| 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 Injection Solution 1000 MG/40ML (Zantac)   | Sol         | 49200020102009 | No       | 0   | No     | No  | Yes    | No  | N/A  | No           | Yes         |      |        |      |      |       |  |
| Ranitidine Syrup 150 MG/10 ML |   |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
|                               | Ranitidine HCl Syrup 15 MG/ML (10 ML Cup) (Zantac)  | Syrup       | 49200020101210 | No       | 0   | No     | No  | No     | No  | N/A  | Yes          | Yes         |      |        |      |      |       |  |
|                               | Ranitidine HCL Syrup 15 MG/ML, 480 ML (Zantac)  | Syrup       | 49200020101210 | 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.** |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
| 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 inj (Lexiscan)  | Sol         | 94200079002020 | No       | 0   | No     | No  | No     | No  | N/A  | No           | Yes         |      |        |      |      |       |  |
|                               | Regadenoson 0.4 MG/5 ML, 5 ML vial (Lexiscan)   | Sol         | 94200079002020 | No       | 0   | No     | No  | No     | No  | N/A  | No           | Yes         |      |        |      |      |       |  |
|                               | **Medical Referral Center (MRC) Use Only**  |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
| Ribavirin Capsule             |   |             |                |          |     |        |     |        |     |      |              |             |      |        |      |      |       |  |
|                               | Ribavirin 200 MG CAP (Ribasphere)   | Cap         | 12353070000120 | No       | 0   | No     | No  | Yes    | No  | N/A  | No           | Yes         |      |        |      |      |       |  |
|                               | Ribavirin 200 MG CAP UD   | Cap         | 12353070000120 | No       | 0   | No     | No  | Yes    | No  | N/A  | Yes          | Yes         |      |        |      |      |       |  |

| <u>Doctor Name</u>             | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                                | Advisories:<br>****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Formulary Restrictions:<br>****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Ribavirin Tablet               |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Ribavirin (RibaPak) Oral Tablet 400 & 600 MG (Ribasphere)  | Tab Therapy        | 1235307000B72   | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                |  |                    | 0               |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Ribavirin 200 MG Tab (Copegus)   | Tab                | 12353070000320  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | Ribavirin 200 MG Tab UD (Copegus)  | Tab                | 12353070000320  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                                | Ribavirin 600 MG Tab (RibaPak)   | Tab                | 12353070000360  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | Advisories:<br>****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Formulary Restrictions:<br>****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| RifaBUTIN Capsule              |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | RifaBUTIN 150 MG Cap (Mycobutin)   | Cap                | 09000075000120  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | RifaBUTIN 150 MG Cap UD  | Cap                | 09000075000120  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
| Rifampin Capsule               |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Rifampin 150 MG CAP (Rifadin)  | Cap                | 09000080000105  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | Rifampin 150 MG CAP UD (Rifadin)   | Cap                | 09000080000105  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                                | Rifampin 300 MG CAP (Rifadin)  | Cap                | 09000080000110  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | Rifampin 300 MG CAP UD (Rifadin)   | Cap                | 09000080000110  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                                | Advisories:<br>***Do Not Use as Single Agent for MRSA***   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Rifampin Injection             |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Rifampin 600 MG Inj, 10 ML (Rifadin)   | Sol Recon          | 09000080002120  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |
|                                | Advisories:<br>***Do Not Use as Single Agent for MRSA****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Rifapentine Oral Tablet 150 MG |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Rifapentine Oral Tablet 150 MG UD (Priftin)  | Tab                | 09000085000320  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | Yes              | Yes          |
|                                | Advisories:<br>***INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Rifapentine is not recommended in HIV-infected patients receiving antiretroviral treatment because of potential drug interactions.**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
| Ringers Intravenous Solution   |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                                | Ringers Intravenous Solution   | Sol                | 79992001302010  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
| risperiDONE        | Long-Acting Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | risperiDONE Long-Acting Inj 12.5 MG (2ml) (Risperdal CONSTA)                                | Susp Recon         | 59070070101910  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | risperiDONE Long-Acting Inj 25 MG (2ml) (Risperdal CONSTA)                                  | Susp Recon         | 59070070101920  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | risperiDONE Long-Acting Inj 37.5 MG (2ml) (Risperdal CONSTA)                                | Susp Recon         | 59070070101930  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | risperiDONE Long-Acting Inj 50 MG (2ml) (Risperdal CONSTA)                                  | Susp Recon         | 59070070101940  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**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:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
| risperiDONE        | Oral Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | risperiDONE 0.25 MG Tab (Risperdal)   | Tab                | 59070070000303  | 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              |             |
|                    | risperiDONE 0.5 MG Tab (Risperdal)  | Tab                | 59070070000306  | 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 1 MG Tab (Risperdal)  | Tab                | 59070070000310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No                 | Yes              |             |
|                    | risperiDONE 1 MG Tab UD (Risperdal)   | Tab                | 59070070000310  | 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 2 MG Tab UD (Risperdal)   | Tab                | 59070070000320  | 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 3 MG Tab UD (Risperdal)   | Tab                | 59070070000330  | 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 4 MG Tab UD (Risperdal)   | Tab                | 59070070000340  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes                | Yes              |             |
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
| Ritonavir (RTV)    | 100 MG Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Ritonavir (RTV) 100 MG Tab (Norvir)   | Tab                | 12104560000320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Ritonavir (RTV) 100 MG Tab UD (Norvir)  | Tab                | 12104560000320  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |             |
|                    | **MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
| Ritonavir (RTV)    | Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Ritonavir (RTV) 100 MG Cap (Norvir)   | Cap                | 12104560000120  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | No                 | Yes              |             |
|                    | Ritonavir (RTV) 100 MG Cap UD (Norvir)  | Cap                | 12104560000120  | No              | 0                 | Yes           | No         | No          | No                  | N/A                | Yes                | Yes              |             |



| <u>Doctor Name</u>                    | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose</u> | <u>Unit</u> | <u>Fmlly</u> |  |
|---------------------------------------|--|--------------------|-----------------|---------------------|----------------------|---------------|------------|-------------|-------------------------|------------------------|-------------|---------------|-------------|-------------|--------------|--|
|                                       | **MLP Requires Cosign**  |                    |                 |                     |                      |               |            |             |                         |                        |             |               |             |             |              |  |
| Ritonavir (RTV) Solution 80 MG/ML     | Ritonavir (RTV) 80 MG/ML solution (Norvir)                                   | Sol                | 12104560002020  | No                  | 0                    | Yes           | Yes        | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | **MLP Requires Cosign**  |                    |                 |                     |                      |               |            |             |                         |                        |             |               |             |             |              |  |
| riTUXimab Injection                   | RiTUXimab Intravenous Solution 100 MG/10ML (Rituxan)                         | Sol                | 21353060002020  | No                  | 0                    | No            | No         | Yes         | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | RiTUXimab Intravenous Solution 500 MG/50ML (rituxan)                         | Sol                | 21353060002040  | 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**                                   |                    |                 |                     |                      |               |            |             |                         |                        |             |               |             |             |              |  |
| Rosuvastatin Tablet                   | Rosuvastatin Calcium 5 MG Tab (Crestor)                                      | Tab                | 39400060100305  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 5 MG Tab UD (Crestor)                                   | Tab                | 39400060100305  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 10 MG Tab (Crestor)                                     | Tab                | 39400060100310  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 10 mg Tab UD (Crestor)                                  | Tab                | 39400060100310  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 10 MG Tab UD (repack) (Crestor)                         | Tab                | 39400060100310  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 20 MG Tab (Crestor)                                     | Tab                | 39400060100320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 20 MG Tab UD (Crestor)                                  | Tab                | 39400060100320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 20 MG Tab UD (repack) (Crestor)                         | Tab                | 39400060100320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 40 MG Tab (Crestor)                                     | Tab                | 39400060100340  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Rosuvastatin Calcium 40 MG Tab UD (repack) (Crestor)                         | Tab                | 39400060100340  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | Yes         | Yes           |             |             |              |  |
|                                       | Advisories:  |                    |                 |                     |                      |               |            |             |                         |                        |             |               |             |             |              |  |
|                                       | ***Pravastatin preferred statin for patients taking "protease inhibitors"*** |                    |                 |                     |                      |               |            |             |                         |                        |             |               |             |             |              |  |
| Sacubitril-Valsartan Tablet           | Sacubitril-Valsartan 24-26 MG Tablet (Entresto)                              | Tab                | 40992002600320  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Sacubitril-Valsartan 49-51 MG Tablet (Entresto)                              | Tab                | 40992002600330  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
|                                       | Sacubitril-Valsartan 97-103 MG Tablet (Entresto)                             | Tab                | 40992002600340  | No                  | 0                    | No            | No         | No          | No                      | N/A                    | No          | Yes           |             |             |              |  |
| Salicylic Acid 40 % Patch (Mediplast) | Salicylic Acid Patch 40% 2.x3inch (Mediplast External)                       | Miscellaneous      | 90750030006370  | No                  | 0                    | No            | Yes        | 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           |             |             |              |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Dose Unit</u> | <u>Fmlly</u> |  |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|--|
|                    | 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 External Liquid 26 %   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Salicylic Acid External Liquid 26 % 10 ML   | Liq                | 90750030002010  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Salicylic Acid Gel 6%   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Salicylic Acid External Gel 6% 40 GM (Keralyt)  | Gel                | 90750030004005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Salicylic Acid External Gel 6% 100 GM (Keralyt)   | Gel                | 90750030004005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Salicylic Acid Solution 17%   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Salicylic Acid Ext Liq 17 % 9.3 ml (compound W) (Compound W)  | Liq                | 90750030000932  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Salicylic Acid Solution 17%, 14.8ML (Maximum Strength Wart Remover)   | Sol                | 90750030002005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Salicylic Acid W Max Strength Ext Gel 17% 7ML (Compound W max strength)   | Gel                | 90750030004020  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Saliva Substitute   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Aquoral Mouth/Throat Aerosol Solution   | Aero Sol           | 88501000003400  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Saliva Substitute 30 ml (Caphosol) (Caphosol)   | Sol                | 88501000002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Saliva Substitute (Mouth Kote Mouth/Throat Soln)  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Saliva Substitute (Mouth Kote) 240 ML (Mouth Kote Mouth/Throat Solution)  | Sol                | 88501000002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | Saliva Substitute (Mouth Kote) 60 ML (Mouth Kote)   | 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           |                  |              |  |
|                    | Sargramostim Injection  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Sargramostim Intravenous Solution 250 MCG   | Sol Recon          | 82402050002120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes           |                  |              |  |
|                    | **Medical Referral Center (MRC) Use Only**  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |  |
|                    | Scopolamine Transdermal Patch 1.5MG (72hour)  | 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 Cap   | Cap                | 73300030100120  | 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           |                  |              |  |
|                    | Selegiline 5 MG Tab (Eldepryl)  | Tab                | 73300030100320  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes           |                  |              |  |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>Non</u> | <u>Schd.</u> | <u>DEA</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |  |
|--------------------|---|--------------------|-----------------|-----------------|------------|--------------|------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|-------------|--|
|                    | 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:   |                    |                 |                 |            |              |            |               |            |             |                     |                    |             |               |                  |             |  |
|                    | **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.** |                    |                 |                 |            |              |            |               |            |             |                     |                    |             |               |                  |             |  |
|                    | Selenium Sulfide Shampoo/Lotion 1%  |                    |                 |                 |            |              |            |               |            |             |                     |                    |             |               |                  |             |  |
|                    | Selenium Sulfide Shampoo/Lotion 1%, (OTC) 207ML (Selsun)  | Lotion             | 90300050004110  | No              | 0          | No           | Yes        | No            | No         | N/A         | No                  | Yes                |             |               |                  |             |  |
|                    | Selenium Sulfide Shampoo/Lotion 1%, 120ML (Selsun)  | Lotion             | 90300050004110  | 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.** |                    |                 |                 |            |              |            |               |            |             |                     |                    |             |               |                  |             |  |
|                    | 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 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                |             |               |                  |             |  |
|                    | Sertraline HCl 50 MG Tab (Zoloft)   | Tab                | 58160070100310  | 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 100 MG Tab (Zoloft)  | Tab                | 58160070100320  | No              | 0          | Yes          | No         | No            | No         | N/A         | No                  | Yes                |             |               |                  |             |  |
|                    | Sertraline HCl 100 MG Tab UD (Zoloft)   | Tab                | 58160070100320  | No              | 0          | Yes          | No         | No            | No         | N/A         | Yes                 | Yes                |             |               |                  |             |  |

| <u>Doctor Name</u>   | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
| Advisories:<br>****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**<br>**NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS****<br>**MLP Requires Cosign**   |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sevelamer Carbonate Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sevelamer Carbonate 800 MG Tab (Renvela)                               | Tab                | 52800070050340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Sevelamer Carbonate 800 MG Tab UD                                      | Tab                | 52800070050340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|  | Sevoflurane Inhalation Solution  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sevoflurane Inhalation Solution (Ultane)                               | Sol                | 70200070002000  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes         |
|  | Silver Sulfadiazine Cream 1%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)                       | Cm                 | 90450030003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)                        | Cm                 | 90450030003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)                       | Cm                 | 90450030003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)                       | Cm                 | 90450030003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)                      | Cm                 | 90450030003710  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Simethicone Chewable Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Simethicone 80 MG Chew Tab (Mytab)                                     | Tab Chew           | 52200020000510  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Simethicone 80 MG Chew Tab UD (Mytab)                                  | Tab Chew           | 52200020000510  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|  | Simethicone 125 MG Chewable Tab  | Tab Chew           | 52200020000530  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Simethicone 80 MG Chew (OTC) 100 count                                 | Tab Chew           | 52200020000510  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|  | Simethicone 80 MG Chew (OTC) 24 count                                  | Tab Chew           | 52200020000510  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes         |
| Advisories:<br>**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.** |  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sincalide Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sincalide Inj 5 MCG (Kinevac)  | Sol Recon          | 94200085002105  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|  | Sodium Acetate IV Solution   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|  | Sodium Acetate Inj 2MEQ/ML, 50 ML                                      | Sol                | 79050010002005  | No              | 0                 | No            | Yes        | Yes         | No                  | 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                  | 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                  | No                 | N/A                | No               | Yes         |
|  | Sodium Bicarbonate Inj 4%, 5 ML (Neut)                                 | Sol                | 79050020002005  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|  | Sodium Bicarbonate IV Soln 7.5% PFS 50ml                               | Sol                | 79050020002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Sodium Bicarbonate Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)                            | Tab                | 48200010000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate)                            | Tab                | 48200010000325  | No              | 0                 | No            | 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                  | 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                  | 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                  | No                 | N/A                | Yes              | Yes         |
|                    | Sodium Chloride Inhalation Neb Soln 0.9% 15ML  | Nebulization       | 43400010002520  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Chloride 2% Opth Solution   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Chloride Opth 2% Soln (15 ML) (Muro 128 2% Opth)                              | Sol                | 86804030102003  | No              | 0                 | No            | Yes        | No          | 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                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 3% Inhalation Nebul Soln 4 ML  | Nebulization       | 43400010002530  | No              | 0                 | No            | Yes        | No          | 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                  | 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                  | No                 | N/A                | Yes              | Yes         |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **Caution -This is a concentrated Solution.**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Chloride Bacteriostatic Inj Soln 0.9 %  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Chloride Bacteriostatic Inj Soln0.9% 30ML                                     | Sol                | 98401040002010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Chloride Flush  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium CHLORIDE 0.9% Flush Syringe, 10 ML (Flush Sodium Chloride)                    | Sol                | 79750010002020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Chloride Flush Intravenous Soln 0.9% 10ml                                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Chloride Flush Intravenous Soln 0.9% 10ml (normal saline)                     | Sol                | 79750010102024  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Chloride Injection 0.45%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium CHLORIDE 0.45% Inj 250ML  | Sol                | 79750010002010  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)                  | Sol                | 79750010002010  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium Chloride Injection 0.9%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sodium Chloride 0.9 % Inj 100 ml (Mini-Bag)  | Sol                | 79750010002021  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.9% Flush Syringe, 3 ML   | Sol                | 79750010002020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Sodium CHLORIDE 0.9% Inj 10 ML SDV (Sodium Chloride 0.9%)                            | Sol                | 79750010002020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.9% Inj 20 ML SDV (Sodium Chloride Injection)                       | Sol                | 79750010002020  | No              | 0                 | No            | Yes        | Yes         | No                  | 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                  | 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                  | 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                  | 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                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.9% Inj 150 ML  | Sol                | 79750010002021  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant  | Sol                | 79750010002021  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | Sodium CHLORIDE 0.9% INJ 50 ML (ADVantage)   | Sol                | 79750010002021  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | Non<br>Sub. | DEA<br>Schd. | Cosign | MLP | Bulk | Pill<br>Ln<br>Only | Crush.<br>Req. | Loc. | Active<br>Dose | Unit | Fmlly |
|--------------------|---|--------------------|-----------------|-------------|--------------|--------|-----|------|--------------------|----------------|------|----------------|------|-------|
|                    | Sodium Chloride 0.9% Inj 50 ml (Mini Bag)   | Sol                | 79750010002021  | No          | 0            | No     | Yes | 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 50ML SDV   | Sol                | 79750010002020  | No          | 0            | No     | No  | 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:<br>****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:<br>****Must be diluted prior to administration***<br>**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:<br>****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 | No   | No                 | N/A            | No   | Yes            |      |       |
|                    | Sodium CHLORIDE 0.9% Irrigation 500 ML  | Sol                | 56700060002010  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes            |      |       |
|                    | Sodium CHLORIDE 0.9% Irrigation Bottle 250 ml (Sodium Chloride Irrigation)  | Sol                | 56700060002010  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes            |      |       |
|                    | Sodium Chloride Nebulization Solution 10 %  |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | Sodium CHLORIDE 10% Inhalation Solution 15ML  | Nebulization       | 43400010002540  | No          | 0            | No     | Yes | No   | No                 | N/A            | Yes  | Yes            |      |       |
|                    | Advisories:<br>**Caution -This is a concentrated Solution.**<br>**Medical Referral Center (MRC) Use Only**          |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | 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 CHLORIDE Ophth Soln 5% (30 ML) (Muro)  | Sol                | 86804030102005  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes            |      |       |
|                    | Sodium Citrate/Citric Acid Sol  |                    |                 |             |              |        |     |      |                    |                |      |                |      |       |
|                    | Oracit Oral Solution 490-640 MG/5ML 500ML (Oracit Oral)   | Sol                | 56202020002020  | No          | 0            | No     | Yes | No   | No                 | N/A            | No   | Yes            |      |       |

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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Formulary Restrictions:<br>****RESTRICTED TO CHRONIC RENAL DISEASE****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sodium CITRATE/Citric Acid Sol<br>Sodium CITRATE/Citric Acid Sol 15ml UD (Cytra-2)  | Sol                | 56202020002010  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****RESTRICTED TO CHRONIC RENAL DISEASE****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sodium Citrate/Citric Acid Sol<br>Sodium Citrate/Citric Acid Sol, 480ML (Shohls Solution)   | Sol                | 56202020002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****RESTRICTED TO CHRONIC RENAL DISEASE****  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sodium Phosphate & Biphosphate Enema<br>Sodium Phosphate & Biphosphate Enema 133 ml (Fleet Enema)   | Enema              | 46109902105100  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Phosphate & Biphosphate Enema 59ML   | Enema              | 46109902105100  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Phosphate & Biphosphate Oral Solution<br>Sodium Phosphate & Biphosphate Oral Sol, 100ML (Fleet Phospho-Soda)                               | Sol                | 46109902102000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)  | Sol                | 46109902102000  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Advisories:<br>*****Warning - be alert to preventing and recognizing acute phosphate nephropathy*****   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sodium Phosphates Intravenous Soln 15 MMOLE/5ML<br>Sodium Phosphates Intravenous Soln 15 MMOLE/5ML  | Sol                | 79600020102020  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Phosphates Intravenous Soln 45 MMOLE/15ML  | Sol                | 79600020102030  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Polystyrene Sulfonate Susp 15 GM/60 ML<br>Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)  | Susp               | 99450010001840  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Polystyrene Sulfonate Susp 15 GM/60 ML UD (Kayexalate)   | Susp               | 99450010001840  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sodium Polystyrene Sulfonate Susp15GM/60ML 473ml (Kionex Oral)  | Susp               | 99450010001840  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sodium Thiosulfate 25%<br>Sodium Thiosulfate 25% Inj 250MG/ML (50ML)  | Sol                | 93000075002025  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Formulary Restrictions:<br>****MRC USE ONLY**<br>***Oncology Use Only*****<br>**Medical Referral Center (MRC) Use Only**                          |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sorafenib Tosylate Tablet<br>Sorafenib Tosylate 200 MG Tab (NexAVAR)  | Tab                | 21533060400320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sorafenib Tosylate 200 MG Tab UD (NexAVAR)  | Tab                | 21533060400320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Formulary Restrictions:<br>***"Limit to 14 days dispensing if cost is > \$25 per tablet/capsule"***<br>**Medical Referral Center (MRC) Use Only** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sorbitol Oral Solution 70%<br>Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol)   | Sol                | 46600070002040  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sorbitol Oral Solution 70%, 480 ML (Sorbitol)   | Sol                | 46600070002040  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |

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|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Sorbitol Solution 70 %<br>Sorbitol Solution 70 % , 480 ML (Sorbitol)                                | Sol                | 98402040002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Sotalol AF Tablet<br>Sotalol HCl (AF) Oral Tablet 160 MG  | Tab                | 33100045120320  | 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              |              |
|                    | Sotalol HCl AF 120 MG Tab (Betapace AF)   | Tab                | 33100045120315  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>****CARDIOLOGIST INITIATED THERAPY ONLY****                              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sotalol Tablet<br>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              |              |
|                    | 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 240 MG Tab (Betapace)   | Tab                | 33100045100330  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>****CARDIOLOGIST INITIATED THERAPY ONLY****                              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Spiroinolactone Oral Tablet<br>Spiroinolactone 12.5 MG ( 1/2 tab) re-pack                           | Tab                | 37500020000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Spiroinolactone 25 MG Tab UD (Aldactone)  | Tab                | 37500020000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Spiroinolactone 25 MG Tab (Aldactone)   | Tab                | 37500020000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Spiroinolactone 50 MG Tab (Aldactone)   | Tab                | 37500020000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Spiroinolactone 50 MG Tab UD (Aldactone)  | Tab                | 37500020000310  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Spiroinolactone 100 MG Tab (Aldactone)  | Tab                | 37500020000315  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Spiroinolactone 100 MG Tab UD (Aldactone)   | Tab                | 37500020000315  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes                | Yes              |              |
|                    | Spiroinolactone Oral Suspension 25 MG/5ML (CaroSpir)  | Susp               | 37500020001820  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Sterile Water for Injection<br>Sterile Water for Injection 1000 ML                                  | 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 Injection Soln 100 ml   | Sol                | 98401010002000  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Sterile Water for Injection, 20 ML  | Sol                | 98401010002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Sterile Water for Irrigation USP<br>Sterile Water for Irrigation USP (Sterile Water for Irrigation) | Sol                | 99750005002000  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Streptomycin Sulfate IM Injection<br>Streptomycin Sulfate IM Inj 1GM                                | Sol Recon          | 07000060102105  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |



| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Streptozocin IV Solution  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Streptozocin IV Sol Reconstituted 1 GM (Zanosar)                  | Sol Recon          | 21102030002105  | No              | 0                 | No            | 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         | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Sucralfate Suspension 100 MG/ML, 420ML (Carafate)                 | Susp               | 49300010001820  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sucralfate Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sucralfate Tablet 1 GM (Carafate)                                 | Tab                | 49300010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sucralfate Tablet 1 GM UD (Carafate)                              | Tab                | 49300010000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sulfacetamide Sod ophth Solution 10%                              |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)                   | Sol                | 86102010102010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)                   | Sol                | 86102010102010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | sulfADIAZINE Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | sulfADIAZINE 500 MG Tab (SulfaDIAZINE)                            | Tab                | 08000020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | sulfADIAZINE 500 MG Tab UD  | Tab                | 08000020000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sulfamethoxazole/Trimeth 400-80 Mg Tablet                         |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)              | Tab                | 16990002300310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)               | Tab                | 16990002300310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sulfamethoxazole/Trimeth 800mg /160mg tab (Bactrim DS)            | Tab                | 16990002300320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Sulfamethoxazole/Trimeth 800mg /160mg UD (Bactrim DS)             | Tab                | 16990002300320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Sulfamethoxazole/Trimeth Injection                                |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)          | Sol                | 16990002302010  | No              | 0                 | No            | Yes        | Yes         | No                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | sulfaSALazine (DR) Enteric Coated Tablet                          |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | sulfaSALazine DR, 500 MG Tab EC (Azulfidine EC)                   | Tab DR             | 52500060000610  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | sulfaSALazine DR, 500 MG Tab EC UD (Azulfidine EC)                | Tab DR             | 52500060000610  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | sulfaSALazine Oral Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | sulfaSALazine 500 MG Tab (Azulfidine)                             | Tab                | 52500060000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | SulfaSALazine 500 MG Tab UD (Azulfidine)                          | Tab                | 52500060000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | Sulindac Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sulindac 150 MG Tab (Clinoril)   | Tab                | 66100080000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sulindac 150 MG Tab UD (Clinoril)                                      | Tab                | 66100080000305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Sulindac 200 MG Tab (Clinoril)   | Tab                | 66100080000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sulindac 200 MG Tab UD (Clinoril)                                      | Tab                | 66100080000310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | SUMatriptan Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | SUMatriptan 6 MG/0.5 ML Inj (Imitrex)                                  | Sol                | 67406070102010  | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | SUMatriptan 6 MG/0.5ML Subcu Prefilled Syringe (Imitrex prefilled)     | Sol Prefilled      | 6740607010E52   | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    |  |                    | 0               |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | SUMatriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)                   | Sol Auto-          | 6740607010D52   | No              | 0                 | Yes           | Yes        | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    |  |                    | 0               |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | ****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sunitinib Malate Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Sunitinib Malate 12.5 MG Cap (Sutent)                                  | Cap                | 21533070300120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sunitinib Malate 12.5 MG Cap UD (Sutent)                               | Cap                | 21533070300120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Sunitinib Malate 25 MG Cap (Sutent)                                    | Cap                | 21533070300130  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sunitinib Malate 25 MG Cap UD (Sutent)                                 | Cap                | 21533070300130  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Sunitinib Malate 37.5 MG Cap (Sutent)                                  | Cap                | 21533070300135  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sunitinib Malate 50 MG Cap (Sutent)                                    | Cap                | 21533070300140  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Sunitinib Malate 50 MG Cap UD (Sutent)                                 | Cap                | 21533070300140  | No              | 0                 | No            | 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 0.5 MG Cap (Prograf)  | Cap                | 99404080000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Tacrolimus 0.5 MG Cap UD (Prograf)                                     | Cap                | 99404080000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Tacrolimus 1 MG Cap (Prograf)  | Cap                | 99404080000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Tacrolimus 1 MG Cap UD (Prograf)                                       | Cap                | 99404080000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Tacrolimus 5 MG Cap (Prograf)  | Cap                | 99404080000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Tacrolimus 5 MG Cap UD (Prograf)                                       | Cap                | 99404080000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Formulary Restrictions:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | **** FOR ORGAN REJECTION PROPHYLAXIS****                               |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Tamoxifen Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Tamoxifen 10 MG Tab (Nolvadex)   | Tab                | 21402680100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Tamoxifen 10 MG Tab UD (Nolvadex)                                      | Tab                | 21402680100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Tamoxifen 20 MG Tab (Nolvadex)   | Tab                | 21402680100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |

| <u>Doctor Name</u>  | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u>    | <u>Non<br/>Sub.</u> | <u>DEA<br/>Schd.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill<br/>Ln<br/>Only</u> | <u>Req.<br/>Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit<br/>Dose</u> | <u>Fmlly</u> |
|---|---|--------------------|--------------------|---------------------|----------------------|---------------|------------|-------------|-----------------------------|------------------------|-------------|---------------|----------------------|--------------|
|   | Tamsulosin Capsule  |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tamsulosin HCl 0.4 MG Cap (Flomax)                                      | Cap                | 56852070100110     | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | No            | Yes                  |              |
|   | Tamsulosin HCl 0.4 MG Cap UD (Flomax)                                   | Cap                | 56852070100110     | No                  | 0                    | No            | No         | No          | No                          | No                     | N/A         | Yes           | Yes                  |              |
|   | Tbo-Filgrastim Subcu prefilled Syringe                                  |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tbo-Filgrastim Subcu Syringe 300 MCG/0.5ML (Granix)                     | Sol Prefilled      | 8240152070E53<br>0 | No                  | 0                    | Yes           | Yes        | Yes         | No                          | N/A                    | No          | Yes           |                      |              |
|   | Tbo-Filgrastim Subcu Syringe 480 MCG/0.8ML (Granix)                     | Sol Prefilled      | 8240152070E54<br>0 | No                  | 0                    | Yes           | Yes        | Yes         | No                          | N/A                    | No          | Yes           |                      |              |
| Advisories:   |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
| ***Oncologist/Hematologist Use Only***  |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
| 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 tbo-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/mm <sup>3</sup> ; or   |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
| ii. ANC < 500mm <sup>3</sup> 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.**  |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
| **Medical Referral Center (MRC) Use Only**  |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
| **MLP Requires Cosign**   |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tears, Artificial Ophth Soln 1.4%(polyvinyl)                            |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tears, Artificial (Polyvinyl Alcohol 1.4 %) 15ML (Teargen)              | Sol                | 86200050002030     | No                  | 0                    | No            | Yes        | 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.** |   |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD)                       |                    |                    |                     |                      |               |            |             |                             |                        |             |               |                      |              |
|   | Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD (Refresh Classic)      | Sol                | 86209902502022     | No                  | 0                    | No            | Yes        | No          | No                          | N/A                    | Yes         | Yes           |                      |              |
|   | Tears, Ophth Sol, 30 ml (Refresh Classic) UD (Refresh Classic Solution) | Sol                | 86209902502022     | No                  | 0                    | No            | Yes        | No          | No                          | N/A                    | No          | Yes           |                      |              |

| Doctor Name | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active | Dose Unit | Fmly |  |
|-------------|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|--------|-----------|------|--|
|             | 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    |           | Yes  |  |
|             | Tears, Lubricant -Petrolatum, White Ophth Oint  |             |                |          |            |        |     |      |              |             |      |        |           |      |  |
|             | Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)   | Oint        | 86202000004200 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)   | Oint        | 86202000004200 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Tears, Ophth Oint 3.5 GM 2-15-83 % (AKWA reform)  | Oint        | 86202000004200 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | Yes    |           | 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    |           | Yes  |  |
|             | Tears, Refresh Lacri-Lube Ophth Ointment 7 GM (Refresh)   | Oint        | 86202000004200 | No       | 0          | No     | Yes | No   | No           | N/A         | No   | 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.** |             |                |          |            |        |     |      |              |             |      |        |           |      |  |
|             | Temozolomide Capsule  |             |                |          |            |        |     |      |              |             |      |        |           |      |  |
|             | Temozolomide 5 MG Cap (Temodar)   | Cap         | 21104070000110 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Temozolomide 5 MG Cap UD (Temodar)  | Cap         | 21104070000110 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Temozolomide 20 MG Cap (Temodar)  | Cap         | 21104070000120 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Temozolomide 20 MG Cap UD (Temodar)   | Cap         | 21104070000120 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Temozolomide 100 MG Cap (Temodar)   | Cap         | 21104070000140 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Temozolomide 100 MG Cap UD (Temodar)  | Cap         | 21104070000140 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Temozolomide 140 MG Capsule (Temodar)   | Cap         | 21104070000143 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Temozolomide 180 MG Cap (Temodar)   | Cap         | 21104070000147 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Temozolomide 250 MG Cap (Temodar)   | Cap         | 21104070000150 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | 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) 150 MG Tab (Viread)   | Tab         | 12108570100305 | No       | 0          | Yes    | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Tenofovir (TDF) 300 MG Tab (Viread)   | Tab         | 12108570100320 | No       | 0          | Yes    | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Tenofovir (TDF) 300 MG Tab UD (Viread)  | Tab         | 12108570100320 | No       | 0          | Yes    | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | **MLP Requires Cosign**   |             |                |          |            |        |     |      |              |             |      |        |           |      |  |
|             | Terazosin Capsule   |             |                |          |            |        |     |      |              |             |      |        |           |      |  |
|             | Terazosin HCl 1 MG Cap (Hytrin)   | Cap         | 36202040100105 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Terazosin HCl 1 MG Cap UD (Hytrin)  | Cap         | 36202040100105 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Terazosin HCl 2 MG Cap (Hytrin)   | Cap         | 36202040100110 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Terazosin HCl 2 MG Cap UD (Hytrin)  | Cap         | 36202040100110 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Terazosin HCl 5 MG Cap (Hytrin)   | Cap         | 36202040100115 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Terazosin HCl 5 MG Cap UD (Hytrin)  | Cap         | 36202040100115 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |
|             | Terazosin HCl 10 MG Cap (Hytrin)  | Cap         | 36202040100120 | No       | 0          | No     | No  | No   | No           | N/A         | No   | Yes    |           | Yes  |  |
|             | Terazosin HCl 10 MG Cap UD (Hytrin)   | Cap         | 36202040100120 | No       | 0          | No     | No  | No   | No           | N/A         | Yes  | Yes    |           | Yes  |  |

| <u>Doctor Name</u>                    | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|---------------------------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
| 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-Diphtheria Toxoids            | Tetanus-Diphtheria(Td)Toxoids IM 5-2 LFU 0.5ml vl (Tenivac)                           | Injectable         | 18990002202210  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetanus-Diphtheria (Td) Toxoids 0.5 ML Tbx (Tetanus & Diphtheria Toxoids Prefilled S) | Injectable         | 18990002202210  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetanus-Diphtheria (Td)Toxoids Susp 2-2 LF/0.5ML (Decavac (Td))                       | Susp               | 18990002201805  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetanus-Diphtheria(Td) Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)            | Injectable         | 18990002202210  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
| Tetanus/Diph/Pertus (Adacel) Tdap     | Tetanus/Diph/Pertus (Tdap) Toxoid IM 5-2-15.5 (Adacel Intramuscular Suspension)       | Susp               | 18990003221815  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetanus/Diph/Pertus(Tdap) 5-2-15.5 0.5 syringe (Adacel)                               | Susp               | 18990003221815  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetanus/Diph/Pertus(Tdap) IM 5-2.5-18.5(Boostr) (Boostrix Intramuscular Suspension)   | Susp               | 18990003221820  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             |              |
| Tetanus/Diph/Pertus (Daptacel)        | Daptacel (DTaP) IM Suspension 15-23-5 LF-MCG/0.5 (Daptacel)                           | Susp               | 18990003201830  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             |              |
|                                       | Infanrix Intramuscular Suspension 25-58-10  | Susp               | 18990003201840  | 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                |             |              |
|                                       | Tetracaine Ophthalmic Solution 0.5% 5ml   | Sol                | 86750030102005  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             |              |
| Tetracycline HCL Capsule              | Tetracycline 250 MG Cap (Achromycin V)  | Cap                | 04000060100105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             |              |
|                                       | Tetracycline 250 MG Cap UD (Tetracycline HCL)   | Cap                | 04000060100105  | No              | 0                 | No            | No         | No          | No                  | N/A                | Yes         | 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                |             |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|---------------|------------------|--------------|
|                    | Advisories:<br>**This item is temporarily unavailable commercially on the National level until late 2013 !!!**   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Thalidomide Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Thalidomide Cap 50 MG (Thalomid)   | Cap                | 99392070000120  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A         | No            | Yes              |              |
|                    | Thalidomide Cap 100 MG (Thalomid)  | Cap                | 99392070000130  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A         | No            | Yes              |              |
|                    | Thalidomide Cap 150 MG (Thalomid)  | Cap                | 99392070000135  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A         | No            | Yes              |              |
|                    | Thalidomide Cap 200 MG (Thalomid)  | Cap                | 99392070000140  | No              | 0                 | No            | No         | No          | Yes                 | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>***** Must be registered in the STEPS program *****<br>Formulary Restrictions:<br>****RESTRICTED TO ONCOLOGY USE ONLY****<br>**Medical Referral Center (MRC) Use Only** |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Theophylline 24 Hour ER Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Theo-24 Oral Caps ER 24 Hour 100 MG  | Cap ER 24          | 44300040007020  | No              | 0                 | No            | 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                  | No                 | N/A         | No            | Yes              |              |
|                    | Theophylline 24 Hour ER 200 MG Cap   | Cap ER 24          | 44300040007030  | No              | 0                 | No            | 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                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>****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                  | No                 | N/A         | No            | Yes              |              |
|                    | Theophylline 24 Hour ER 400 MG Tab UD  | Tab ER 24          | 44300040007540  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Theophylline 24 Hour ER 600 MG Tab   | Tab ER 24          | 44300040007560  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Theophylline 24 Hour ER 600 MG Tab UD (repack)   | Tab ER 24          | 44300040007560  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Advisories:<br>****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Theophylline ER 12 Hour Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Theophylline 12 Hour ER 100 MG Tab (Theochron)   | Tab ER 12          | 44300040007420  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Theophylline 12 Hour ER 200 MG Tab (Theochron)   | Tab ER 12          | 44300040007430  | No              | 0                 | No            | 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                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Theophylline 12 Hour ER 300 MG Tab (Theochron)   | Tab ER 12          | 44300040007440  | No              | 0                 | No            | 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                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Theophylline 12 Hour ER 450 MG Tab (Theochron)   | Tab ER 12          | 44300040007455  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Advisories:<br>****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***   |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Thiamine HCL Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |             |               |                  |              |
|                    | Thiamine HCl 50 MG Tab (Vitamin B-1 Tablet)  | Tab                | 77101010100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Thiamine HCl 50 MG Tab UD (Vitamin B-1 Oral Tablet)  | Tab                | 77101010100320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes           | Yes              |              |
|                    | Thiamine HCl (Vitamin B-1) 100 MG Tab (vitamin B)  | Tab                | 77101010100330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No            | Yes              |              |
|                    | Thiamine HCl 100 MG Tab (Vitamin B-1)  | Tab                | 77101010100330  | No              | 0                 | No            | 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                  | No                 | N/A         | Yes           | Yes              |              |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | 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              |              |
|                    | Thiamine HCl 100 MG/ML, 2 ML Inj  | Sol                | 77101010102005  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Thioguanine Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Thioguanine 40 MG Tab (Tablet)  | Tab                | 21300060000305  | No              | 0                 | No            | No         | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Thiotepa Injection  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Thiotepa Inj 15 MG (Thiotepa)   | Sol Recon          | 21100040002105  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Thrombin (Recothrom) Ext Solution 20000 UNIT  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Thrombin External Solution 20000 UNIT (Recothrom)   | Sol Recon          | 84200050102130  | 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              |              |
|                    | 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            | Yes        | 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% (5 ML) (Timoptic)   | 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% (15 ML) (Timoptic 0.5% soln)                                      | 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              |              |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Tobramy/Dexameth Ophth Susp 0.3-0.1%   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Tobramycin-Dexameth Ophth Susp 2.5 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              |              |
|                    | Tobramycin/Dexameth Oph Susp 5 ML 0.3%/0.1% (Tobradex)   | Susp               | 86309902801820  | No              | 0                 | Yes           | Yes        | No          | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****<br>**MLP Requires Cosign** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Tobramycin Inhalation Sol 300 MG/5MI   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 Inj Solution 1.2 GM   | Sol Recon          | 07000070102105  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Tobramycin Sulfate Injection Solution 10 MG/ML   | Sol                | 07000070102020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Tobramycin Sulfate Injection Solution 80 MG/2ML  | Sol                | 07000070102034  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Formulary Restrictions:<br>****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              |              |
|                    | 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              |              |
|                    | Topotecan HCl Intravenous Solution 4 MG/4ML (Hycamtin)   | Sol                | 21550080102020  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | **Medical Referral Center (MRC) Use Only**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | TPN Electrolytes Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | TPN Electrolytes Intravenous Solution  | Sol                | 79992000001300  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | Trace Elements Inj   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | 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 4-400-100-1000 MCG/ML (Multitrace)  | Sol                | 79909904102025  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | **Medical Referral Center (MRC) Use Only**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trace Elements Inj.  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trace Elements(M.T.E.)1ML, 10-1000-500-60 MCG/ML (MTE-5)   | Sol                | 79909905202020  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No                 | Yes              |              |
|                    | **Medical Referral Center (MRC) Use Only**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trastuzumab Intravenous  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trastuzumab 440 MG Inj (Herceptin)   | Sol Recon          | 21353070002120  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No                 | Yes              |              |



| <u>Doctor Name</u>  | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|---|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
| <b>**Medical Referral Center (MRC) Use Only**</b>   |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
| traZODone Tablet  |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|   | traZODone 50 MG Tab (Desyrel)                             | Tab                | 58120080100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | traZODone 50 MG Tab UD (Desyrel)                          | Tab                | 58120080100305  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                |             | Yes          |
|   | traZODone 75 MG Tab ( 1/2 tab) (Desyrel)                  | Tab                | 58120080100315  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | traZODone 100 MG Tab (Desyrel)                            | Tab                | 58120080100310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | traZODone 100 MG Tab UD (Desyrel)                         | Tab                | 58120080100310  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | Yes                |             | Yes          |
|   | traZODone 150 MG Tab (Desyrel)                            | Tab                | 58120080100315  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | traZODone 150 MG Tab UD (Desyrel)                         | Tab                | 58120080100315  | No              | 0                 | Yes           | No         | Yes         | No                  | N/A                | Yes         | 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**   |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
| Triamcinolone 0.1% Cream  |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|   | Triamcinolone 0.1% 15 GM Cream                            | Cm                 | 90550085103710  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)     | Cm                 | 90550085103710  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)      | Cm                 | 90550085103710  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone 0.1% 454 GM Cream (Kenalog)                 | Cm                 | 90550085103710  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
| Triamcinolone 0.025% Lotion   |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|   | Triamcinolone 0.025% 60 ML Lotion (Aristocort Lotion)     | Lotion             | 90550085104105  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | 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                |             | Yes          |
|   | Triamcinolone 0.1% 30 GM Ointment                         | Oint               | 90550085104210  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone 0.1% 80 GM Ointment (Kenalog / Aristocort)  | Oint               | 90550085104210  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone 0.1% 454 GM Ointment (Kenalog / Aristocort) | Oint               | 90550085104210  | No              | 0                 | No            | Yes        | No          | No                  | N/A                | No          | Yes                |             | 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                |             | Yes          |
|   | Triamcinolone Acetonide 40 MG/ML Inj (Kenalog-40)         | Susp               | 22100050101810  | No              | 0                 | No            | Yes        | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone Acetonide 40 MG/ML, 5ML                     | Susp               | 22100050101810  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamcinolone Acetonide 40 MG/ML, 10ML (Kenalog)          | Susp               | 22100050101810  | No              | 0                 | No            | No         | Yes         | No                  | N/A                | No          | Yes                |             | 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                |             | Yes          |
| Triamterene Capsule   |   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|   | Triamterene 50 MG Cap (Dyrenium)                          | Cap                | 37500030000105  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             | Yes          |
|   | Triamterene 100 MG Cap (Dyrenium)                         | Cap                | 37500030000110  | No              | 0                 | No            | No         | No          | No                  | N/A                | No          | Yes                |             | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>   | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|--|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Triamterene/ HCTZ Capsule  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Triamterene/ HCTZ 37.5 MG/25 MG Cap (Dyazide)                          | Cap                | 37990002300105  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Triamterene/ HCTZ 50 MG/25 MG Cap (Maxzide)                            | Cap                | 37990002300110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Triamterene/ HCTZ Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)                          | Tab                | 37990002300315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Triamterene/ HCTZ 37.5 MG/25 MG Tab UD (Maxzide)                       | Tab                | 37990002300315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Triamterene/ HCTZ 75 MG/50 MG Tab (Maxzide)                            | Tab                | 37990002300330  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Trichloroacetic Acid External Liquid                                   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trichloroacetic Acid 80% ( 15ml) (Tri-Chlor Liquid)                    | Liq                | 90500050000980  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Trifluoperazine HCL Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trifluoperazine HCL 1 MG Tab (Stelazine)                               | Tab                | 59200085100305  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Trifluoperazine HCL 1 MG Tab UD (Stelazine)                            | Tab                | 59200085100305  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Trifluoperazine HCL 2 MG Tab (Stelazine)                               | Tab                | 59200085100310  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Trifluoperazine HCL 2 MG Tab UD (Stelazine)                            | Tab                | 59200085100310  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Trifluoperazine HCL 5 MG Tab (Stelazine)                               | Tab                | 59200085100315  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Trifluoperazine HCL 5 MG Tab UD (Stelazine)                            | Tab                | 59200085100315  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Trifluoperazine HCL 10 MG Tab (Stelazine)                              | Tab                | 59200085100320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Trifluoperazine HCL 10 MG Tab UD (Stelazine)                           | Tab                | 59200085100320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trifluridine Opth Solution 1%  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Trifluridine Opth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution) | Sol                | 86103020002005  | No              | 0                 | Yes           | Yes        | No          | 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                  | 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                  | No                 | N/A                | No               | Yes          |
|                    | Trihexyphenidyl 2 MG Tab UD (Artane)                                   | Tab                | 73100070100310  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Trihexyphenidyl 5 MG Tab (Artane)                                      | Tab                | 73100070100320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Trihexyphenidyl 5 MG Tab UD (Artane)                                   | Tab                | 73100070100320  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Crush. Req.</u> | <u>Loc.</u> | <u>Active Dose</u> | <u>Unit</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|-------------|--------------------|-------------|--------------|
|                    | Advisories:<br>****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****<br>**MLP Requires Cosign**   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Trimethobenzamide Capsule   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Trimethobenzamide 300 MG Cap (Tigan)  | Cap                | 50200070100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Trimethobenzamide HCl 300 MG Cap (repack) (Tigan)   | Cap                | 50200070100120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | 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                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Trimethobenzamide HCL 100 MG/ML Syringe (Tigan 100 MG / ML, 2 ML Syringe)   | Sol                | 50200070102005  | No              | 0                 | No            | Yes        | Yes         | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Tropicamide Ophth Solution 0.5%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Tropicamide Ophth Soln 0.5%, 15 ML - Mydracyl (Mydracyl 0.5% Ophth Soln)  | Sol                | 86350050002005  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Tropicamide Ophth Solution 1%   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Tropicamide Ophth Soln 1%, 15 ML (Mydracyl)   | Sol                | 86350050002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Tropicamide Ophth Soln 1%, 3 ML (Mydracyl 1 %, 3 ML Ophth Soln)   | Sol                | 86350050002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Tropicamide Ophthalmic Soln 1%, 2ml   | Sol                | 86350050002010  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Tyloxapol Ophth Solution 0.25%  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Tyloxapol Ophth Solution 0.25%, 15 ML (Enuclene Ophth Solution)   | Sol                | 86807035002010  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Advisories:<br>****NOTE: FOR ARTIFICIAL EYES****  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Valproate Sodium Injection 100 MG/ML  |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Valproate Sodium Inj 500MG/5ML (Depacon)  | Sol                | 72500020102020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Advisories:<br>****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 (Depakene)   | Cap                | 72500030000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Valproic Acid 250 MG Cap UD (Depakene)  | Cap                | 72500030000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes          |
|                    | Advisories:<br>****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                  | No                 | N/A         | Yes                | Yes         | Yes          |
|                    | Advisories:<br>****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   |                    |                 |                 |                   |               |            |             |                     |                    |             |                    |             |              |
|                    | Valproate Sodium Solution 250 MG/5ML ( 5ml UD)  | Sol                | 72500020102060  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | Yes                | Yes         | Yes          |
|                    | Valproic Acid Syrup 250 MG/5ML UD 10 ML   | Sol                | 72500020102060  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |
|                    | Valproic Acid Syrup 50 MG/ML, 480 ML (Depakene Syrup)   | Sol                | 72500020102060  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A         | No                 | Yes         | Yes          |

| Doctor Name   | Item Name   | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Req. Crush. | Active Loc. | Unit Dose | Fmlly |
|---|---|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|-------------|-----------|-------|
| Advisories:<br>****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 in NaCl IV Soln 1-0.9 GM/200ML-%       |             |                |          |            |        |     |      |              |             |             |           |       |
|   | Vancomycin HCl in NaCl IV Soln 1-0.9 GM/200ML-%       | Sol         | 16000060152040 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |       |
| 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 5 GM Inj (Vancocin)                    | Sol Recon   | 16000060102109 | No       | 0          | No     | Yes | 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 750 MG Inj vial (Vancocin)             | Sol Recon   | 16000060102107 | 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 Inj ADVantage 500 MG (Vancocin)        | Sol Recon   | 16000060102105 | 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 IV Soln 10 GM                          | Sol Recon   | 16000060102120 | 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 750 MG/150 ML Inj (Vancocin)        | Sol         | 16000060112030 | 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       |       |
| Vasopressin Injection   |   |             |                |          |            |        |     |      |              |             |             |           |       |
|   | Vasopressin 20 Units/ML Inj (Pitressin)               | Sol         | 30201030002010 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |       |
|   | Vasopressin Intravenous Soln 20 UNIT/ML (Vasostrict)  | Sol         | 30201030002015 | No       | 0          | No     | No  | Yes  | No           | N/A         | No          | Yes       |       |
| **Medical Referral Center (MRC) Use Only**  |   |             |                |          |            |        |     |      |              |             |             |           |       |
| Venlafaxine Oral 24 Hour Capsule (ER/XR)  |   |             |                |          |            |        |     |      |              |             |             |           |       |
|   | Venlafaxine ER/XR 24 Hour Cap 37.5 MG (Effexor XR)    | Cap ER 24   | 58180090107020 | No       | 0          | Yes    | No  | Yes  | No           | N/A         | No          | Yes       |       |
|   | Venlafaxine ER/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 ER/XR 24 Hour Cap 75 MG (Effexor XR)      | Cap ER 24   | 58180090107030 | No       | 0          | Yes    | No  | Yes  | No           | N/A         | No          | Yes       |       |
|   | Venlafaxine ER/XR 24 Hour Cap 75 MG UD (Effexor XR)   | Cap ER 24   | 58180090107030 | No       | 0          | Yes    | No  | Yes  | No           | N/A         | Yes         | Yes       |       |
|   | Venlafaxine ER/XR 24 Hour Cap 150 MG (Effexor XR)     | Cap ER 24   | 58180090107050 | No       | 0          | Yes    | No  | Yes  | No           | N/A         | No          | Yes       |       |
|   | Venlafaxine ER/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 100 MG 24 Hour Cap (Verlan PM)       | Cap ER 24   | 34000030107015 | 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 HCl ER 180 MG 24 Hour Cap                   | Cap ER 24   | 34000030107025 | 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 24 Hr 300 MG Cap                     | Cap ER 24   | 34000030107040 | 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       |       |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Verapamil ER Oral Tab                                     |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Verapamil HCl ER 120 MG Tab (Calan)                       | Tab ER             | 34000030100410  | No              | 0                 | No            | 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                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl ER 120 MG Tab UD (Calan SR)                 | Tab ER             | 34000030100410  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Verapamil HCl ER 180 MG Tab                               | Tab ER             | 34000030100415  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl ER 180 MG Tab (Calan) (Calan / Isoptin SR)  | Tab ER             | 34000030100415  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Verapamil HCl ER 240 MG Tab (Calan SR)                    | Tab ER             | 34000030100420  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl ER 240 MG Tab (Calan) (Calan SR)            | Tab ER             | 34000030100420  | No              | 0                 | No            | 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                  | 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                  | 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         | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)       | Sol                | 34000030102005  | No              | 0                 | No            | Yes        | Yes         | Yes                 | No                 | N/A                | No               | Yes          |
|                    | Verapamil Oral Tab  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Verapamil HCl 40 MG Tab (Calan / Isoptin)                 | Tab                | 34000030100303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl 80 MG Tab (Calan / Isoptin)                 | Tab                | 34000030100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl 80 MG Tab UD (Calan)                        | Tab                | 34000030100305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Verapamil HCl 120 MG Tab (Calan / Isoptin)                | Tab                | 34000030100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Verapamil HCl 120 MG Tab UD (Calan / Isoptin)             | Tab                | 34000030100310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Vials 9 dram (475/box)                                    |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 9 dram ( 475/box)                                   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 13 dram   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 13 dram   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | vials 16 dram ( 270/box)                                  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 16 dram ( 270/box)                                  |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 20 dram (box)                                       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 20 dram (vials)                                     |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 30 dram ( 140/box)                                  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 30 dram ( 140/box)                                  |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 40 dram ( 110 /box)                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vials 40 dram ( 110 /box)                                 |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | Vials 60 dram ( 70/box)   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 60 dram ( 70/box)   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 9 dram box  |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials child proof caps 9dram (250/bag)  |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials 9 dram Caps   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vial EZ-open Caps 9 dram (300/bag) (caps)   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials child proof caps 9dram (250/bag)  |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vial cap snap 12/20 Dram ( 200 box)   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials EZ-open 13/16 dram (200/bag)  |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials EZ-open cap 13/16 dram (200/bag) (caps)   |                    |                 | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | vials Non safety cap 30/40/60 (100/bag)   |                    |                 | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vials Non safety cap 30/40/60 (100/bag) (Non-safety)  |                    |                 | No              | 0                 | No            | Yes        | 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                  | No                 | N/A                | No               | Yes          |
|                    | VinBLAStine Sulfate IV Soln 1 MG/ML 10ML  | Sol                | 21500030102020  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | vinCRISStine Sulfate Inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | vinCRISStine Sulfate 1 MG/ML, 1ML Inj (Oncovin)   | Sol                | 21500020102005  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | vinCRISStine Sulfate 1 MG/ML, 2ML Inj (Oncovin)   | Sol                | 21500020102005  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Vinorelbine Tartrate  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vinorelbine Tartrate 10 MG/ML Inj (Navelbine)   | Sol                | 21500050802020  | No              | 0                 | No            | No         | Yes         | No                  | 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                  | No                 | N/A                | Yes              | Yes          |
|                    | Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)   | Oint               | 90650040004200  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vitamin A & D Ointment 113 GM   | Oint               | 90650040004200  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)  | Oint               | 90650040004200  | No              | 0                 | No            | Yes        | 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.** |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vitamin B Complex Tablet  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Vitamin B complex (Dialyvite) Tab (Dialyvite)   | Tab                | 78133000000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vitamin B complex (Dialyvite) Tab UD (Dialyvite)  | Tab                | 78133000000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Vitamin B with C 300 MG Tab (Total B with C)  | Tab                | 78133000000300  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Vitamin B with C Tab (Nephro-vite) (Nephro-Vite)  | Tab                | 78133000000325  | No              | 0                 | No            | 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                  | No                 | N/A                | Yes              | Yes          |

| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Active Loc.</u> | <u>Unit Dose</u> | <u>Fmly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|-------------|
|                    | 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**  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Vitamin D ( Cholecalciferol ) Tab/Cap   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Vitamin D (Cholecalci) 1000 UNIT Cap UD(re-pack) (Vit D3)   | Cap                | 77202032000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Vitamin D (Cholecalciferol) 400 UNIT Cap (Vitamin D)  | Cap                | 77202032000105  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D (Cholecalciferol) 1000 UNIT Cap (vitamin D)   | Cap                | 77202032000110  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D (Cholecalciferol) 1000 UNIT Tab   | Tab                | 77202032000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D (Cholecalciferol) 1000 UNIT Tab UD (cholecalciferol)  | Tab                | 77202032000330  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Vitamin D (Cholecalciferol) 400 Unit Tab UD (Vitamin D)   | Tab                | 77202032000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Vitamin D (Cholecalciferol) 400 Units Tab (Cholecalciferol)   | Tab                | 77202032000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D (Cholecalciferol) 50,000 UNIT Cap (vitamin D)   | Cap                | 77202032000180  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D (Cholecalciferol) 50,000 UNIT UDrepack  | Cap                | 77202032000180  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Vitamin D (Cholecalciferol) 5000 UNIT Cap (vitamin D)   | Cap                | 77202032000140  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D3 (Cholecalciferol) 2000 UNIT Tablet (vitamin d)   | Tab                | 77202032000340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D3 (Cholecalciferol) 10,000 UNIT Cap (vit d)  | Cap                | 77202032000160  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Vitamin D3 (Cholecalciferol) 5000 Unit Cap UD (Vitamin d)   | Cap                | 77202032000140  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Vitamin D3 (Cholecalciferol) Capsule 2000 UNIT (Vitamin D)  | Cap                | 77202032000120  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Voriconazole inj  |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Voriconazole 200 MG Inj (Vfend IV)  | Sol Recon          | 11407080002120  | No              | 0                 | No            | No         | Yes         | No                  | No                 | N/A                | No               | Yes         |
|                    | **Medical Referral Center (MRC) Initiation Only**   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Voriconazole Oral Tab   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Voriconazole 50 MG Tab (Vfend)  | Tab                | 11407080000320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Voriconazole 200 MG Tab (Vfend)   | Tab                | 11407080000340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Voriconazole 200 MG Tab Ud (repackage) (Vfend)  | Tab                | 11407080000340  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin Tablet   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |             |
|                    | Warfarin 1 MG Tab (Coumadin)  | Tab                | 83200030200303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 1 MG Tab UD (Coumadin)   | Tab                | 83200030200303  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 2 MG Tab (Coumadin)  | Tab                | 83200030200305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 2 MG Tab UD (Coumadin)   | Tab                | 83200030200305  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 2.5 MG Tab (Coumadin)  | Tab                | 83200030200310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 2.5 MG Tab UD (Coumadin)   | Tab                | 83200030200310  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 3 MG Tab (Coumadin)  | Tab                | 83200030200311  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 3 MG Tab UD (Coumadin)   | Tab                | 83200030200311  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 4 MG Tab (Coumadin)  | Tab                | 83200030200313  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 4 MG Tab UD (Coumadin)   | Tab                | 83200030200313  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 5 MG Tab (Coumadin)  | Tab                | 83200030200315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 5 MG Tab UD (Coumadin)   | Tab                | 83200030200315  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 6 MG Tab (Coumadin)  | Tab                | 83200030200317  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |
|                    | Warfarin 6 MG Tab UD (Coumadin)   | Tab                | 83200030200317  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | Yes              | Yes         |
|                    | Warfarin 7.5 MG Tab (Coumadin)  | Tab                | 83200030200320  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes         |

| Doctor Name | Item Name  | Dosage Form | GPI Code       | Non Sub. | DEA Sched. | Cosign | MLP | Bulk | Pill Ln Only | Crush. Req. | Loc. | Active Dose | Unit | Fmly | Yes |
|-------------|--|-------------|----------------|----------|------------|--------|-----|------|--------------|-------------|------|-------------|------|------|-----|
|             | Warfarin 7.5 MG Tab UD (Coumadin)  | Tab         | 83200030200320 | No       | 0          | No     | No  | No   | No           | No          | N/A  | Yes         | Yes  |      |     |
|             | Warfarin 10 MG Tab (Coumadin)  | Tab         | 83200030200325 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Warfarin 10 MG Tab UD (Coumadin)   | Tab         | 83200030200325 | No       | 0          | No     | 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           | No          | N/A  | Yes         | Yes  |      |     |
|             | Advisories:<br>****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           | No          | N/A  | No          | Yes  |      |     |
|             | Water for Irrigation, Sterile 2000ml (sterile water)   | Sol         | 99750005002000 | No       | 0          | No     | No  | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)   | Sol         | 99750005002000 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Water for Irrigation, Sterile 3000ML (sterile water)   | Sol         | 99750005002000 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)  | Sol         | 99750005002000 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Water, Sterile Injection   |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Sterile Water for Injection, 50 ML Vial (Water For Injection, Sterile)   | Sol         | 98401010002000 | No       | 0          | No     | Yes | Yes  | No           | No          | N/A  | No          | Yes  |      |     |
|             | Witch Hazel & Glycerin (Tucks)   |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Witch Hazel & Glycerin(Medi Pads) 50%/10% 40 pad (Tucks)   | Pad         | 90971040004300 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Advisories:<br>**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% (100 Pads) (Tucks)  | Pad         | 90970035004300 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Witch Hazel & Glycerin 50%/10% (40 Pads) (Tucks)   | Pad         | 90970035004300 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Advisories:<br>**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.** |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Xylocaine-MPF/Epinephrine  |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Xylocaine-MPF/Epinephrine Inj Soln 1 %-1:200000  | Sol         | 69991002402010 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Xylose Powder  |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Xylose Powder GM (D-XYLOSE)  | Pwdr        | 94200040002900 | No       | 0          | No     | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Zidovudine (ZDV) Capsule   |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Zidovudine (ZDV) 100 MG Cap (Retrovir)   | Cap         | 12108085000110 | No       | 0          | Yes    | No  | No   | No           | No          | N/A  | No          | Yes  |      |     |
|             | Zidovudine (ZDV) 100 MG Cap UD (Retrovir)  | Cap         | 12108085000110 | No       | 0          | Yes    | No  | No   | No           | No          | N/A  | Yes         | Yes  |      |     |
|             | **MLP Requires Cosign**  |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Zidovudine (ZDV) Oral Syrup 10 MG/ML   |             |                |          |            |        |     |      |              |             |      |             |      |      |     |
|             | Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir)   | Syrup       | 12108085001210 | No       | 0          | Yes    | Yes | No   | No           | No          | N/A  | No          | Yes  |      |     |



| <u>Doctor Name</u> | <u>Item Name</u>  | <u>Dosage Form</u> | <u>GPI Code</u> | <u>Non Sub.</u> | <u>DEA Sched.</u> | <u>Cosign</u> | <u>MLP</u> | <u>Bulk</u> | <u>Pill Ln Only</u> | <u>Req. Crush.</u> | <u>Loc. Active</u> | <u>Unit Dose</u> | <u>Fmlly</u> |
|--------------------|---|--------------------|-----------------|-----------------|-------------------|---------------|------------|-------------|---------------------|--------------------|--------------------|------------------|--------------|
|                    | **MLP Requires Cosign**                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zidovudine (ZDV) Tablet                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zidovudine (ZDV) 300 MG Tab (Retrovir)                  | Tab                | 12108085000330  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zidovudine (ZDV) 300 MG Tab UD (Retrovir)               | Tab                | 12108085000330  | No              | 0                 | Yes           | No         | No          | No                  | No                 | N/A                | Yes              | Yes          |
|                    | **MLP Requires Cosign**                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zinc Oxide Ointment 20%                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zinc Oxide Ointment 20%, 28.35 GM (Zinc Oxide Ointment) | Oint               | 90971020004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Oxide Ointment 20%, 454 GM (Dr Talbots)            | Oint               | 90971020004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Oxide Ointment 20%, 60 GM                          | Oint               | 90971020004210  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Oxide Ointment 40%                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zinc Oxide 40 % 113 GM (Desitin)                        | Paste              | 90971020004440  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Oxide Ointment 40% 57 GM (Zinc Oxide)              | Oint               | 90971020004240  | No              | 0                 | No            | Yes        | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Sulfate injec                                      |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Zinc Sulfate Intravenous Soln 1 MG/ML                   | Sol                | 79800010002005  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Zinc Sulfate Intravenous Solution 5 MG/ML               | Sol                | 79800010002015  | No              | 0                 | No            | No         | No          | No                  | No                 | N/A                | No               | Yes          |
|                    | Ziprasidone Oral Capsule                                |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | Ziprasidone 20 MG Cap (Geodon)                          | Cap                | 59400085100120  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ziprasidone 20 MG Cap UD (Geodon)                       | Cap                | 59400085100120  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ziprasidone 40 MG Cap (Geodon)                          | Cap                | 59400085100130  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ziprasidone 40 MG Cap UD (Geodon)                       | Cap                | 59400085100130  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ziprasidone 60 MG Cap (Geodon)                          | Cap                | 59400085100140  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ziprasidone 60 MG Cap UD (Geodon)                       | Cap                | 59400085100140  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Ziprasidone 80 MG Cap (Geodon)                          | Cap                | 59400085100150  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | No               | Yes          |
|                    | Ziprasidone 80 MG Cap UD (Geodon)                       | Cap                | 59400085100150  | No              | 0                 | Yes           | No         | Yes         | No                  | No                 | N/A                | Yes              | Yes          |
|                    | Advisories:   |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****       |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |
|                    | **MLP Requires Cosign**                                 |                    |                 |                 |                   |               |            |             |                     |                    |                    |                  |              |