Bureau of Prisons
Health Services
Winter 2026 Formulary, Part 2

IV Refrigeration: N/A
DEA Schedule: N/A
Medi-Span Rt: N/A
Dosage Forms: N/A
Changes Since: N/A

Part. GPI Cd: N/A
Project Group: N/A
IV Type: N/A
MLP Requires Cosign: No
Include Diagnosis: No

Item Type: N/A
Pill Line Only: No
Requires Crushing: No
Form./Non: Formulary
MRC Use Only: No

MRC Init. Only: No
Include Advisory: Yes
Include. Default Sig: No
Include Look/Sound: No
Non Substitutable: No
Hide From Ordering: No

Include NF Use Criteria: Yes
Include Restrictions: Yes
Unit Dose: No
Active Loc.: No
Active: No
Medguide: No
High Risk: No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Abacavir Oral Solution 20 MG/ML													
Abacavir Sulfate(ABC) Oral Soln 20 MG/ML 240ml (Ziagen)	Sol	12105005102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Abacavir Tablet													
Abacavir (ABC) 300 MG TAB (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Abacavir (ABC) 300 MG TAB UD (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Abacavir/Lamivudine Tablet													
Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	N/A	No	Yes	No	No
Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Abacavir/Lamivudine/Zidovudine Tablet													
Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	N/A	No	Yes	No	No
Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Abrysvo IM Solution 120 MCG/0.5ML													
Abrysvo Intramuscular Soln 120 MCG/0.5ML (Abrysvo)	Sol Recon	17100072202120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ace Aerosol Spacer													
Ace Spacer	Miscellaneous	97100000006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Intravenous Solution													
Acetaminophen IV Soln 10 MG/ML (Ofirmev)	Sol	64200010002070	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
for surgery use Only													
Medical Referral Center (MRC) Use Only													
Acetaminophen Oral Elixir													
Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)	Elixir	64200010001015	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Acetaminophen elixir 160mg/5ml - 473 ml (Tylenol)	Elixir	64200010001015	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
Acetaminophen Oral Liquid 160 MG/5ML													
Acetaminophen Soln 160 MG/5ML 480 ML (Tylenol)	Sol	64200010002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Soln UD 650 MG/20.3ML (Tylenol)	Sol	64200010002010	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Acetaminophen Liquid 160 MG/5ML 237 ML	Liq	64200010000912	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Susp UD 160 MG/5ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Acetaminophen Soln UD 160 MG/5ML	Sol	64200010002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Acetaminophen Soln 160 MG/5ML 120 ML (Pain & Fever)	Sol	64200010002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Soln UD 325 MG/10.15ML	Sol	64200010002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Acetaminophen Liquid 160 MG/5ML 473 ML	Liq	64200010000912	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Liquid 160 MG/5ML 120 ML	Liq	64200010000912	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Susp 160 MG/5ML 30 ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Susp 160 MG/5ML 60 ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetaminophen Susp 160 MG/5ML 118 ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
Acetaminophen Suppository 120 MG													
Acetaminophen Suppository 120 MG (Tylenol)	Supp	64200010005205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
Acetaminophen Suppository 325 MG													
Acetaminophen Suppository 325 MG (Acephen)	Supp	64200010005215	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
Acetaminophen Suppository 650 MG													
Acetaminophen Suppository 650 MG (Tylenol)	Supp	64200010005220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
Acetaminophen Tablet													
Acetaminophen 325 MG Tab UD (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Acetaminophen 325 MG Tab (OTC) 100 count	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Acetaminophen 325 MG Tab (OTC) 20 count (Tylenol)	Tab	64200010000310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic. 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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
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	No	No
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
MLP Requires Cosign													
Acetaminophen/Codeine 300/30 MG Tablets													
Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Acetaminophen/Codeine 300/30MG Tab UD (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**													
Acetaminophen/Codeine 300/60MG Tablet													
Acetaminophen/Codeine 300/60MG Tab UD (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Acetaminophen/Codeine 300/60MG Tab (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**													
Acetaminophen/Codeine Oral Soln 120-12 MG/5ML													
Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Acetaminophen/Codeine 120MG/12MG/5ML,12.5ML Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Acetaminophen/Codeine 120MG/12MG/5ML, 10ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Acetaminophen/Codeine 120MG/12 MG/5ML (5ML) Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Acetaminophen-Codeine Soln 120-12 MG/5ML 480ML	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Acetaminophen/Codeine 120MG/12MG/5ML (5ML)Sol UD	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**													
acetaZOLAMIDE ER Capsules													
acetaZOLAMIDE ER 500 MG 12 Hour Cap (Diamox SEQUELS)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	No	Yes	No	No
AcetaZOLAMIDE ER 500 MG 12 Hour Capsule UD (diamox)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	Yes	Yes	No	No
acetaZOLAMIDE Tablet													
acetaZOLAMIDE 125 MG Tab (Diamox)	Tab	37100010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
acetaZOLAMIDE 250 MG Tab UD (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
acetaZOLAMIDE 250 MG Tab (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
acetaZOLAMIDE 125 MG Tab UD	Tab	37100010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Acetic Acid Irrigation 0.25%													
Acetic Acid 0.25%,1000ML irrigation (Acetic Acid Irrigation)	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetic Acid Irrigation 500 ML Solution 0.25 %	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetic Acid Irrigation Solution 0.25 % 250 ML	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetic Acid Otic 2%													
Acetic Acid Otic (15 ML) 2% solution (Acetasol Otic)	Sol	87400010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetic Acid/Hydrocortisone Otic 2-1%													
Acetic Acid HC otic (10ML) 2-1% ML (Vosol HC Otic)	Sol	87300020102000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcholine Ophth 20 mg/2ml													
Acetylcholine Ophth 1:100 soln (Miochol-E Intraocular Solution Reconstituted 20 MG)	Sol Recon	86501010102110	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: ****FOR ANESTHESIA /SURGERY USE ONLY**** **Medical Referral Center (MRC) Use Only**													
Acetylcysteine Inhalation Solution 10%													
Acetylcysteine Inh Soln 10% 10 ML (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcysteine Inh Soln 10% 4 ML (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcysteine Inh Soln 10% 30 ML (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcysteine Inhalation Solution 20%													
Acetylcysteine Inh Soln 20% 4 ML (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcysteine Inh Soln 20% 30 ML (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acetylcysteine Inh Soln 20% 10 ML (Mucomyst)	Sol	43300010002005	No	0	No	No	No	No	N/A	No	Yes	No	No
Acetylcysteine IV Solution 200 MG/ML (20%)													
Acetylcysteine IV Soln 200 MG/ML (Acetadose)	Sol	93000007002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Acyclovir Suspension 200 MG/5ML													
Acyclovir Susp 200 MG/5ML 16 oz (Zovirax)	Susp	12405010001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Acyclovir Injection													
Acyclovir Sodium IV Solution 50 MG/ML 20ML	Sol	12405010102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Acyclovir Tablet/Capsule													
Acyclovir 200 MG Cap (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Acyclovir 200 MG Cap UD (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Acyclovir 400 MG Tab (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Acyclovir 800 MG TAB (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Acyclovir 800 MG TAB UD (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Acyclovir 400 MG Tab UD (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Adenosine Injection													
Adenosine Intravenous Solution 6 MG/2ML	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Adenosine Intravenous Solution 12 MG/4ML (Adenocard)	Sol	35500010002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Adenosine IV Solution 6 MG/2ML PFS	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: **Restricted for use in radionuclide myocardial perfusion testing or for placement in Medical Referral Center or Care Level 3 crash cart.** **Medical Referral Center (MRC) Use Only**													
Aerochamber Device													
Aerochamber EA (Aerochamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ace Spacer/Aero-Holding Chambers Device (ace spacer)	Device	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albumin Human IV Soln 25%													
Albumin Human IV Soln 25 % 50 ML (Albuminar-25)	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Albumin Human IV Soln 25 % 100 ML	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Albumin Human IV Soln 25 % 20 ML (Albutein)	Sol	85400010002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Albumin Human IV Soln 5%													
Albumin Human IV Soln 5% 500 ML (Albumin, Human)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Albumin Human IV Soln 5% 250 ML (Plasbumin)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Albumin Human IV Soln 5% 50 ML	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Albuterol Inhaler HFA 90 MCG/ACT													
Albuterol Inhaler HFA (6.7 GM) 90 MCG/ACT (Proair)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albuterol Inhaler HFA (18 GM) 90 MCG/ACT (Ventolin)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT (Proair)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albuterol Oral Syrup 2 MG/5ML													
Albuterol Syrup (480ml) 2mg/5ml (Proventil Syrup)	Syrup	44201010101205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albuterol Sulfate Neb Soln 0.083%													
Albuterol Sulfate Neb Soln 0.083% 3 ML (Proventil)	Nebulization	44201010102515	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Albuterol Sulfate Neb Soln 0.5% (Concentrated)													
Albuterol Sulfate Neb Soln 0.5% 20 ML Bottle (Ventolin)	Nebulization	44201010102520	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Albuterol Sulfate Neb Soln 0.5% 0.5 ML UD	Nebulization	44201010102520	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Albuterol Sulfate Tablet													
Albuterol Sulfate 2 mg tab (Proventil)	Tab	44201010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Albuterol Sulfate 2 mg UD tab (Albuterol)	Tab	44201010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Albuterol Sulfate 4 MG TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Albuterol Sulfate 4 MG UD TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Alendronate Tablet													
Alendronate 10 MG TAB UD (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alendronate 10 MG TAB (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Alendronate 5 MG Tab (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Alendronate 70 MG Tab (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	No	Yes	No	No
Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	No	Yes	No	No
Alendronate 70 MG Tab Unit of Use Blister Pack (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alendronate 5 MG Tab UD (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alendronate 35 MG TAB UD (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alendronate 70 MG Tab Unit Dose (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alendronate 35 MG TAB Unit of Use Blister Pack (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Alfuzosin ER Tablet													
Alfuzosin ER 10 MG Tab (Uroxatral)	Tab ER 24	56852010107530	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Documentation of significant symptomatic hypotension, orthostatic hypotension, or syncope while receiving terazosin or doxazosin													
2. Failure of doxazosin 8 mg dose and terazosin 20 mg daily dose for a minimum of 6 weeks.													
Allopurinol Injection													
Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Allopurinol Tablet													
Allopurinol 100 MG Tab UD (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Allopurinol 100 MG Tab (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Allopurinol 300 MG Tab UD (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Allopurinol 200 MG Tab (Zyloprim)	Tab	68000010000307	No	0	No	No	No	No	N/A	No	Yes	No	No
ALOH/MGOH (Maalox) 225-200 MG/5ML Susp													
Mag-Al Oral Liquid 200-200 MG/5ML 30 ML UD Cup	Liq	48990002101815	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
ALOH/MGOH/Simeth DS Susp 400-400-40 MG/5ML													
ALOH/MGOH/Simeth DS [OTC] 355 ML (Mylanta DS)	Susp	48991003101835	No	0	No	Yes	No	No	N/A	No	Yes	No	No
ALOH/MGOH/Simeth DS [OTC] 30 ML UD (Mylanta DS)	Liq	48991003101835	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
ALOH/MGOH/Simeth DS 480 ML (Mylanta DS)	Susp	48991003101835	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**												
ALOH/MGOH/Simeth(Mylanta) 200-200-20 MG/5ML Susp													
ALOH/MGOH/Simeth [OTC] 355 ML (Mylanta)	Susp	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
ALOH/MGOH/Simeth [OTC] 30 ML UD (Mylanta)	Liq	48991003101810	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**													
ALOH/MGOH/Simethicone Chew Tablet													
ALOH/MGOH/Simeth 200/200/25 Chew TAB (Mintox Plus tablets)	Tab Chew	48991003100515	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Alteplase Injection													
Alteplase 2 MG inj (Cathflo)	Sol Recon	85601010002102	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Alteplase, recomb Injection													
Alteplase, recomb 100MG inj (Activase)	Sol Recon	85601010002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Alteplase, recomb 50 MG inj (Activase)	Sol Recon	85601010002110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Aluminum Acetate packets													
Aluminum Acetate (Domeboro) External Packet 25 % (Domeboro)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Aluminum Acetate (Pedi-Boro Soak External Packet (Pedi-Boro Soak)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Amantadine Capsule/Tablet													
Amantadine HCl 100 MG CAP (Symmetrel)	Cap	73200010100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Amantadine HCl 100 MG CAP UD (Symmetrel UNIT DOSE)	Cap	73200010100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amantadine HCl 100 MG Tab	Tab	73200010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Amantadine HCl 100 MG Tab UD (repack) (Symmetrel)	Tab	73200010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amantadine HCl 100 MG Tab UD	Tab	73200010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Drug-induced extrapyramidal reactions not responsive to trihexyphenidyl or benztropine.**													
Amantadine Oral Syrup 50 MG/5ML													
Amantadine HCl Oral Solution 50 MG/5ML 480ML	Sol	73200010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amantadine HCl Oral Solution 50 MG/5ML 10 ml UD	Sol	73200010102005	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Drug-induced extrapyramidal reactions not responsive to trihexyphenidyl or benztropine.**													
Amino Acid 10% IV Soln													
Amino Acid 10% 1000 ML IV soln (Aminosyn)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Amino Acid 10% IV soln (Freamine)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Amino Acid 10 % IV Soln 500 ml (TrophAmine Intravenous)	Sol	80302010102040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
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	Yes	No
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	Yes	No
Amino Acid/Dextrose (4.25/5) IV Soln 1L (Clinimix E/dextrose)	Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dex/Elec 5/20 IV Soln 2L													
Amino Acid/Dex/Elec (5/20) IV Soln 2L (Clinimix E/Dextrose)	Sol	80302020702040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dex/Elec (5/20) IV Soln 1L (Clinimix E/Dextrose)	Sol	80302020702040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dex/Electrolyte (5/15)													
Amino Acid/Dex/Elec 5/15 2L IV Soln (Clinimix E 5/15 2 liter)	Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
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	Yes	No
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	Yes	No
Amino Acid/Dextrose 4.25/10 IV Soln													
Amino Acid/Dex 4.25/10 2L IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dex 4.25/10 1L IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Amino Acid/Dextrose 5/20 IV Sol													
Amino Acid/Dex 5/20 2L IV Soln (Clinimix)	Sol	80302010302040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dextrose/Elec 4.25/10 IV Soln													
Amino Acid/Dex/Elec 4.25/10 IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
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	No
Amino Acid/Dextrose/Elec 4.25/5 IV Soln													
Amino Acid/Dex/Elec 4.25/5 2L IV Soln (Clinimix E)	Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Dextrose/Elec 8/14 IV Soln													
Amino Acid/Dex/Elec 8/14 1L IV Soln (Clinimix E 8/14 1 Liter)	Sol	80302020632020	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Amino Acid/Glycerin w/Elec 3/3 IV Soln													
Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)	Sol	80302010152010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Aminocaproic Acid Injection													
Aminocaproic Acid 250 MG/ML inj (Amicar)	Sol	84100010002005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Aminocaproic Acid Tablet													
Aminocaproic Acid 500 MG TAB (Amicar)	Tab	84100010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Aminocaproic Acid 500 MG Tab UD	Tab	84100010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Aminocaproic Acid 1000 MG Tablet (Amicar)	Tab	84100010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Aminophylline Injection													
Aminophylline 25MG/ML, 20ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Aminophylline 25MG/ML,10ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Amiodarone Injection													
Amiodarone HCl IV Solution 150 MG/3ML	Sol	35400005002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Amiodarone HCl IV Solution 450 MG/9ML (Cordarone)	Sol	35400005002040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Amiodarone HCl IV Solution 900 MG/18ML	Sol	35400005002050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Formulary Restrictions:													
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****													
Medical Referral Center (MRC) Use Only													
Amiodarone Tablet													
Amiodarone HCl 200 MG Tab UD (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amiodarone HCl 200 MG Tab (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Amiodarone HCl 100 MG Tab (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Amiodarone HCl 100 MG Tab UD (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amiodarone HCl 400 MG Tab (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Amiodarone HCl 400 MG Tab UD (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 10 MG TAB UD (Elavil)	Tab	58200010100305	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Amitriptyline 100 MG Tab (Elavil)	Tab	58200010100325	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 100 MG Tab UD (Elavil)	Tab	58200010100325	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Amitriptyline 150 MG Tab (Elavil)	Tab	58200010100330	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 150 MG Tab UD (Elavil)	Tab	58200010100330	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Amitriptyline 25 MG Tab UD (Elavil)	Tab	58200010100310	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Amitriptyline 25 MG Tab (Elavil)	Tab	58200010100310	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 50 MG Tab (Elavil)	Tab	58200010100315	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 75 MG Tab (Elavil)	Tab	58200010100320	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Amitriptyline 75 MG Tab UD (Elavil)	Tab	58200010100320	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Amitriptyline 50 MG Tab UD (Elavil)	Tab	58200010100315	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
amLODIPine Tablet													
amLODIPine 10 MG Tab UD (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
amLODIPine 10 MG TAB (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	No	Yes	No	No
amLODIPine 2.5 MG TAB (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	No	Yes	No	No
amLODIPine 5 MG TAB UD (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
amLODIPine 5 MG TAB (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	No	Yes	No	No
amLODIPine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ammonia Aromatic Inhalation													
Ammonia Aromatic 0.33 AMP inhalation (Ammonia Aromatic)	Inhaler	99000015102400	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ammonia Aromatic Inhalation Spirit 60 ML	Spirit	99000015109200	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Amoxicillin Capsule													
Amoxicillin 250 MG Cap UD (Amoxil)	Cap	01200010100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin 500 MG Cap UD (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amoxicillin 250 MG Cap (Amoxil)	Cap	01200010100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin Chewable Tablet													
Amoxicillin 250 MG Chew Tab (Amoxil)	Tab Chew	01200010100510	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin 125 MG Chew Tab (Amoxil)	Tab Chew	01200010100505	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Amoxicillin Suspension													
Amoxicillin Oral Susp 400 MG/5ML 50 ML (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 125 MG/5ML 80 ML (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 250 MG/5ML 80 ML (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 200 MG/5ML 75 ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 200 MG/5ML 100ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 200 MG/5ML 50 ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 400 MG/5ML 75 ML (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 400 MG/5ML 100 ML (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 125 MG/5ML 150 ML (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 125 MG/5ML 100 ML (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 250 MG/5ML 150 ML (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Oral Susp 250 MG/5ML 100 ML (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin Tablet													
Amoxicillin 875 MG Tab (Amoxil)	Tab	01200010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin 500 MG Tab (Amoxil)	Tab	01200010100303	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav 250 MG/125MG Tablet													
Amoxicillin/Clav 250/125 MG Tab (Augmentin)	Tab	01990002200310	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav 500 MG/125MG Tablet													
Amoxicillin/Clav 500/125 MG Tab (Augmentin)	Tab	01990002200320	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav 500/125 MG Tab UD (Augmentin)	Tab	01990002200320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amoxicillin/Clav 875 MG/125MG Tablet													
Amoxicillin/Clav 875/125 MG Tab (Augmentin)	Tab	01990002200340	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav 875/125 MG Tab UD (Augmentin)	Tab	01990002200340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Amoxicillin/Clav Chewable Tablet													
Amoxicillin/Clav 200/28.5 MG Chew Tab (Augmentin)	Tab Chew	01990002200515	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav 400/57 MG Chew Tab (Augmentin)	Tab Chew	01990002200535	No	0	No	No	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Suspension													
Amoxicillin/Clav Susp 250-62.5 MG/5ML 150 ML (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 200-28.5 MG/5ML 100 ML (Augmentin)	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 400-57 MG/5ML 50 ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 600-42.9 MG/5ML 200 ML (Augmentin)	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 600-42.9 MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 250-62.5 MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 250-62.5 MG/5ML 100 ML (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 125-31.25 MG/5ML 150 ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 125-31.25 MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 125-31.25 MG/5ML 100 ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 600-42.9 MG/5ML 125 ML (Augmentin)	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 400-57 MG/5ML 100 ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 400-57 MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Amoxicillin/Clav Susp 200-28.5 MG/5ML 50 ML (Augmentin)	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amoxicillin/Clav Susp 200-28.5 MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Amphotericin B Injection													
Amphotericin B IV Solution 50 MG	Sol Recon	11000010002105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Amphotericin B Lipid Injection													
Amphotericin B Lipid Inj 5MG/ML (Abelcet)	Susp	11000010301820	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Amphotericin B Liposome Injection													
Amphotericin B Liposome Inj 50 MG (Ambisone)	Susp Recon	11000010401920	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin Injection													
Ampicillin Inj 1 GM Vial Advantage (Ampicillin)	Sol Recon	01200020302122	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 2 GM Vial Advantage (Ampicillin)	Sol Recon	01200020302127	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 1 GM Vial (Ampicillin)	Sol Recon	01200020302120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 2 GM Vial (Ampicillin)	Sol Recon	01200020302125	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 10 GM Vial	Sol Recon	01200020302132	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 250 MG Vial	Sol Recon	01200020302110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 500 MG Vial	Sol Recon	01200020302115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin Inj 125 MG Vial	Sol Recon	01200020302105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Injection													
Ampicillin/Sulbactam Inj 3 GM (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Inj 1.5 GM (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Inj 1.5 GM Advantage (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Inj Soln 1.5 GM (1-0.5) (Unasyn)	Sol Recon	01990002252110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Inj Soln 3 GM (2-1) (Unasyn)	Sol Recon	01990002252120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ampicillin/Sulbactam Inj 15 GM (Unasyn)	Sol Recon	01990002252152	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Anastrozole Tablet													
Anastrozole 1 MG TAB (Arimidex)	Tab	21402810000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Anastrozole 1 MG Tab UD (Arimidex)	Tab	21402810000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**													
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	No	No
Sodium Citrate 4 % 5ml (re-pack syringe) (anticoagulant)	Sol	83400080102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Apixaban Oral Tablet													
Apixaban 5 MG Tablet (Eliquis)	Tab	83370010000330	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Apixaban 2.5 MG Tablet (Eliquis)	Tab	83370010000320	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Apixaban 5 MG Tablet UD (Eliquis)	Tab	83370010000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Apixaban 2.5 MG Tablet UD (Eliquis)	Tab	83370010000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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	No	No
Apraclonidine HCl Ophthalmic Solution 0.5 % 10ML (Iopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****													
Apraclonidine 1% Ophthalmic Solution													
Apraclonidine ophth 1% (5 ML) soln (Iopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Apraclonidine Ophthalmic Solution 1% [0.1ml] (Iopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****													
Aprepitant Capsule													
Aprepitant 80 MG CAP (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Aprepitant 125 MG CAP (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	No	Yes	No	No
Aprepitant 125 MG Cap UD (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Aprepitant 80 MG Cap UD (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Aprepitant 40 MG Capsule UD (Emend)	Cap	50280020000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**													
Arexvy IM Susp Reconstituted 120 MCG/0.5ML													
Arexvy IM Susp Reconstituted 120 MCG/0.5ML (Arexvy)	Susp Recon	17100072101920	No	0	No	No	No	No	N/A	No	Yes	No	No
Aripiprazole Lauroxil [Aristada] IM Injection													
ARIPiprazole Lauroxil IM 662 MG/2.4ML Syringe (Aristada)	Prefilled	5925001520E430	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ARIPiprazole Lauroxil IM 882 MG/3.2ML Syringe (Aristada)	Prefilled	5925001520E440	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ARIPiprazole Lauroxil IM 441 MG/1.6ML Syringe (Aristada)	Prefilled	5925001520E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ARIPiprazole Lauroxil IM 1064 MG/3.9ML Syringe (Aristada)	Prefilled	5925001520E450	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ARIPiprazole Oral Solution 1 MG/ML													
ARIPiprazole Oral Soln 1 MG/ML, 150ML (Abilify)	Sol	59250015002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
ARIPiprazole Tablet													
ARIPiprazole 10 MG Tab (Abilify)	Tab	59250015000320	No	0	No	No	No	No	N/A	No	Yes	No	No
ARIPiprazole 10 MG Tab UD (Abilify)	Tab	59250015000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
ARIPiprazole 15 MG Tab (Abilify)	Tab	59250015000330	No	0	No	No	No	No	N/A	No	Yes	No	No
ARIPiprazole 15 MG Tab UD (Abilify)	Tab	59250015000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
ARIPiprazole 20 MG Tab (Abilify)	Tab	59250015000340	No	0	No	No	No	No	N/A	No	Yes	No	No
ARIPiprazole 30 MG Tab (Abilify)	Tab	59250015000350	No	0	No	No	No	No	N/A	No	Yes	No	No
ARIPiprazole 5 MG Tab (Abilify)	Tab	59250015000310	No	0	No	No	No	No	N/A	No	Yes	No	No
ARIPiprazole 20 MG Tab UD (Abilify)	Tab	59250015000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
ARIPiprazole 30 MG Tab UD (Abilify)	Tab	59250015000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
ARIPiprazole 5 MG Tab UD (Abilify)	Tab	59250015000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	ARIPiprazole 2 MG Tab (Abilify)	Tab	59250015000305	No	0	No	No	No	No	N/A	No	Yes	No	No
	ARIPiprazole 2 MG Tab UD (Abilify)	Tab	59250015000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Articaine-Epinephrine Inj Soln 4 %-1:100000														
	Articaine-EPINEPHrine Inj Soln 4 %-1:100000 (Articadent)	Sol Cartridge	6999100205E220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Formulary Restrictions: **Dental Clinic Use only**													
Articaine-Epinephrine Inj Soln 4%-1:200000														
	Articaine-EPINEPHrine Inj Soln 4 %-1:200000 (Articadent)	Sol Cartridge	6999100205E215	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Formulary Restrictions: **Dental Clinic Use only**													
Aspirin 325 MG Tablet														
	Aspirin 325 MG Tab UD (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Aspirin 325 MG Tab (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Aspirin 325 MG Tablet Enteric Coated														
	Aspirin, E.C. 325 MG Tab UD (Aspirin)	Tab DR	64100010000605	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Aspirin, E.C. 325 MG Tab (Ecotrin)	Tab DR	64100010000605	No	0	No	No	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Aspirin 81 MG Tablet														
	Aspirin 81 MG EC Tab UD (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Aspirin 81 MG Tab Chewable (Aspirin)	Tab Chew	64100010000510	No	0	No	No	No	No	N/A	No	Yes	No	No
	Aspirin 81 MG EC Tab (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	N/A	No	Yes	No	No
	Aspirin 81 MG Tab Chewable UD	Tab Chew	64100010000510	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Aspirin Suppository														
	Aspirin 300 MG Suppository (Aspirin)	Supp	64100010005218	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Atazanavir Sulfate Capsule													
Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	N/A	No	Yes	No	No
Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	N/A	No	Yes	No	No
Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	N/A	No	Yes	No	No
Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atazanavir Sulfate (ATV) 200 MG CAP UD (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atazanavir/Cobicistat Tablet													
Atazanavir/Cobicistat 300-150 MG Tab [Evotaz] (Evotaz)	Tab	12109902220330	No	0	No	No	No	No	N/A	No	Yes	No	No
Atenolol Tablet													
Atenolol 100 MG TAB (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Atenolol 100 MG UD (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atenolol 25 MG TAB (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Atenolol 25 MG TAB UD (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atenolol 50 MG TAB (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Atenolol 50 MG TAB UD (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atomoxetine Capsule													
Atomoxetine HCl 10 MG CAP (Strattera)	Cap	61354015100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 40 MG CAP UD (Strattera)	Cap	61354015100140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atomoxetine HCl 60 MG CAP (Strattera)	Cap	61354015100160	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 18 MG CAP (Strattera Oral Capsule)	Cap	61354015100118	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 25 MG CAP (Strattera)	Cap	61354015100125	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 80 MG CAP (Strattera)	Cap	61354015100170	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 100 MG CAP (Strattera)	Cap	61354015100180	No	0	No	No	No	No	N/A	No	Yes	No	No
Atomoxetine HCl 25 MG CAP UD (Strattera)	Cap	61354015100125	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atomoxetine HCl 40 MG CAP (Strattera)	Cap	61354015100140	No	0	No	No	No	No	N/A	No	Yes	No	No
Atorvastatin Tablet													
Atorvastatin 10 MG Tab (Lipitor)	Tab	39400010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Atorvastatin 20 MG TAB (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Atorvastatin 40 MG TAB (Lipitor)	Tab	39400010100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Atorvastatin 80 MG TAB (Lipitor)	Tab	39400010100350	No	0	No	No	No	No	N/A	No	Yes	No	No
Atorvastatin 20 MG TAB UD (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atorvastatin 40 MG TAB UD	Tab	39400010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atorvastatin 10 MG TAB UD	Tab	39400010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Atorvastatin 80 MG TAB UD	Tab	39400010100350	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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 sulfate 0.4MG/ML inj (Atropine)	Sol	49101010102021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Atropine Sulfate Inj 1MG/ML (Atropine)	Sol	49101010102031	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Atropine Sulfate Inj Prefilled Syringe 1 MG/10ML	Sol Prefilled	4910101010E510	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Atropine Sulfate Injection Solution 8 MG/20ML	Sol	49101010102070	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Atropine Sulfate Inj Prefill Syringe 0.5 MG/5ML	Sol Prefilled	4910101010E505	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Atropine Sulfate Inj Prefill Syringe 0.25 MG/5ML	Sol Prefilled	4910101010E503	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Medical Referral Center (MRC) Use Only													
Atropine Ophth Ointment														
	Atropine Ophth Oint 1% 3.5 GM	Oint	86350010104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Atropine Ophth Solution 1%														
	Atropine Ophth Soln 1% 15 ML (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Atropine Ophth Soln 1% 5 ML (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Atropine Ophth Soln 1% 2 ML (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Atropine Ophth Soln 1% 0.4 ML UD	Sol	86350010102010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
azaTHIOprine Tablet														
	azaTHIOprine 50 MG TAB (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	No	Yes	Yes	No
	azaTHIOprine 100 MG TAB (Imuran)	Tab	99406010000325	No	0	No	No	No	No	N/A	No	Yes	Yes	No
	azaTHIOprine 75 MG TAB (Imuran)	Tab	99406010000315	No	0	No	No	No	No	N/A	No	Yes	Yes	No
	azaTHIOprine 50 MG TAB UD (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Azithromycin Injection														
	Azithromycin Inj 500 MG (Zithromax)	Sol Recon	03400010002120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Azithromycin Tablet														
	Azithromycin 600 MG Tab (Zithromax)	Tab	03400010000340	No	0	No	No	No	No	N/A	No	Yes	No	No
	Azithromycin 250 MG Tab (Zithromax)	Tab	03400010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Azithromycin 250 MG Tab UD (Zithromax)	Tab	03400010000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Azithromycin 500 MG Tab (Tri-Pak) (Zithromax Tri-Pak)	Tab	03400010000334	No	0	No	No	No	No	N/A	No	Yes	No	No
	Azithromycin 250 MG Tab (Z-Pak) (Zithromax Z-Pak)	Tab	03400010000320	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Azithromycin 600 MG Tab UD (Zithromax)	Tab	03400010000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Azithromycin 500 MG Tab	Tab	03400010000334	No	0	No	No	No	No	N/A	No	Yes	No	No
	Azithromycin 500 MG Tab UD	Tab	03400010000334	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria:													
1. Acne: Treatment of moderate or severe acne													
2. Acne: Failure of at least 2 topical agents													
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	No	No
Advisories:													
Do Not Administer IV, SubQ, Intradermally													
Formulary Restrictions:													
*****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****													
Medical Referral Center (MRC) Use Only													
Bacitracin Ointment													
Bacitracin 500 UNIT/GM 0.8 GM UD Ointment	Oint	90100010004210	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Bacitracin 500 UNIT/GM 30 GM Ointment	Oint	90100010004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bacitracin 500 UNIT/GM 15 GM Ointment	Oint	90100010004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Bacitracin Zinc Ointment													
Bacitracin Zinc 500 UNIT/GM 15 GM Ointment (Bacitracin/Zinc)	Oint	90100010104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bacitracin Zinc 500 UNIT/GM 28.4 GM Ointment (Bacitracin)	Oint	90100010104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bacitracin Zinc 500 UNIT/GM 0.9 GM UD Ointment	Oint	90100010104210	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Bacitracin Zinc 500 UNIT/GM 14 GM Ointment	Oint	90100010104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
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	No	No
Bacitracin/Polymyxin B Ointment													
Bacitracin/Polymyxin B UD Packet ointment (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Bacitracin/Polymyxin B 28.35 GM ointment (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bacitracin/Polymyxin B 14.17 GM ointment (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Polysporin External Ointment 500-10000 UNIT/GM	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Bacteriostatic Water (Benz Alc) Inj Solution													
Bacteriostatic Water (Benz Alc) 30 ML	Sol	98401020102000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Barium Oral Susp Recon 96 % (E-Z Paque)													
Barium (E-Z-Paque) Oral Susp Recon 96 % (E-Z Paque)	Susp Recon	94401010101921	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Barium Oral Susp Recon 98% (E-Z-HD Oral)													
Barium (E-Z-HD) Oral Susp Recon 98% (E-Z HD Oral Susp)	Susp Recon	94401010101923	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Barium Oral Suspension 40 % (Tagitol V)													
Barium Oral Suspension 40 % [Tagitol V] (Tagitol V Oral Suspension 40 %)	Susp	94401010101834	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Barium Sulfate 2.1 % Suspension													
Readi-Cat 2 Oral Suspension 2 % 450 ml (Readi-cat 2)	Susp	94401010101825	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Beclomethasone RediHaler Inh Aerosol 40 MCG/ACT													
Beclomethasone RediHaler Inh 40 MCG/ACT 10.6GM (QVAR)	Aero Breath	44400010128120	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Beclomethasone RediHaler Inh Aerosol 80 MCG/ACT													
Beclomethasone RediHaler Inh 80 MCG/ACT 10.6GM (QVAR)	Aero Breath	44400010128140	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Belladonna and Opium Suppository													
Belladonna and opium 15A supp (B & O)	Supp	49109902155210	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Belladonna and opium 16A supp (B&O)	Supp	49109902155220	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
Inpatient use only; order may not exceed 4 days													
Medical Referral Center (MRC) Use Only													
MLP Requires Cosign													
Benzo/Butamben/Tetra													
Benzo/Butamben/Tetra 56GM Spray (Cetacaine)	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Cetacaine External Aerosol 2-2-14 % 20GM (Cetacaine)	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****Pill line or clinic Use only****													
Benzocaine Mouth/Throat Paste 20%													
Benzocaine Mouth/Throat Paste 20 % (Orabase-B)	Paste	88350010004420	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Benzoin Compound tincture													
Benzoin Compound Tincture 60 ML (Benzoin Compound)	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Benzoin Compound External Tincture 29ML	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
Clinic use only, not to be issued to inmate													
Benztropine Injection													
Benztropine 1MG/ML, 2ML inj (Ampule) (Cogentin)	Sol	73100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Benztropine Injection Soln 1 MG/ML (Vial)	Sol	73100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**													
REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**													
Benztropine Tablet													
Benztropine 0.5 MG Tab (Cogentin)	Tab	73100010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Benztropine 1 MG Tab (Cogentin)	Tab	73100010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Benztropine 1 MG Tab UD (Cogentin)	Tab	73100010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Benztropine 2 MG Tab (Cogentin)	Tab	73100010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Benztropine 2 MG Tab UD (Cogentin)	Tab	73100010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Benztropine 0.5 MG Tab UD (Cogentin)	Tab	73100010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****													
Betamethasone Dip Cream 0.05%													
Betamethasone Dip Cream 0.05% 15 GM (Diprosone cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betamethasone Dip Cream 0.05% 45 GM (Diprosone Cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betamethasone Dip Ointment 0.05%													
Betamethasone Dip Oint 0.05% 15 GM (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betamethasone Dip Oint 0.05% 45 GM (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol Ophth Solution 0.5%													
Betaxolol HCl Ophth 0.5%, 5 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol HCl Ophth 0.5 % 15 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol HCl Ophth 0.5 % 10 ml Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol Ophth Suspension 0.25%													
Betaxolol HCl Ophth 0.25%, 5 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol HCl Ophth 0.25%, 10 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Betaxolol HCL Ophthalmic Suspension 0.25 % 15 ML (Betoptic S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bethanechol Chloride Tablet													
Bethanechol 25 MG TAB (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Bethanechol 50 MG TAB (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Bethanechol 10 MG TAB (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Bethanechol 10 MG TAB UD (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bethanechol 25 MG TAB UD (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bethanechol 5 MG TAB (Urecholine)	Tab	54300010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Bethanechol 50 MG TAB UD (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Bevacizumab-awwb [Mvasi] IV Solution													
Bevacizumab-awwb (Mvasi) IV Solution 100 MG/4ML (Mvasi)	Sol	21335020202025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bevacizumab-awwb (Mvasi) IV Solution 400 MG/16ML (Mvasi)	Sol	21335020202030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bexsero Intramuscular Susp Prefilled Syr													
Bexsero Intramuscular Susp Prefilled Syr (Bexero)	Susp Prefilled	1720004015E620	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Bicalutamide Tablet													
Bicalutamide 50 MG TAB (Casodex)	Tab	21402420000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Bicalutamide 50 MG TAB UD (Casodex)	Tab	21402420000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**													
Bictegravir/Emtricitabine/Tenof 50-200-25MG Tab													
Bictegravir/Emtricitabine/Tenof 50-200-25MG Tab (Biktarvy)	Tab	12109903240330	No	0	No	No	No	No	N/A	No	Yes	No	No
Bictegravir/Emtricitabine/Tenof 50-200-25 MG UD (Biktarvy)	Tab	12109903240330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bictegravir/Emtricitabine/Tenof 30-120-15 MG Tab													
Bictegravir/Emtricitabine/Tenof 30-120-15 MG Tab (Biktarvy)	Tab	12109903240320	No	0	No	No	No	No	N/A	No	Yes	No	No
Bisacodyl Suppository													
Bisacodyl 10 MG supp (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	N/A	No	Yes	No	No
Bisacodyl 10 MG supp UD (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bisacodyl Tablet													
Bisacodyl E.C. 5 MG TAB UD (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bisacodyl E.C. 5 MG TAB (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	No	Yes	No	No
Bismuth Subsal Caplets													
Bismuth Subsal 262 MG Caplet (Pepto-Bismol)	Tab	47300010000307	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**													
Bismuth Subsal Suspension													
Bismuth Subsal Oral Susp 262 MG/15ML 236 ML (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bismuth Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bismuth Subsal Oral Susp 262 MG/15ML 118ML (Pepto bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bismuth Subsal Oral Susp 262 MG/15ML 473 ML (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bismuth Subsal Oral Susp 262 MG/15ML 354ML (Pepto-bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Bismuth Subsal Oral Susp 525 MG/15ML 237 ML	Susp	47300010001830	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Bismuth Subsal Tablet														
	Bismuth Subsal 262 MG Chew TAB (Pepto-Bismol)	Tab Chew	47300010000507	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bismuth Subsalicylate 262 MG Tab UD (Pepto bis)	Tab	47300010000307	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Bleomycin Injection														
	Bleomycin sulfate 3 U/ML (30 Units) inj (Blenoxane)	Sol Recon	21200010102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Bleomycin Sulfate 3 U/ML (15 Units) inj (Blenoxane)	Sol Recon	21200010102105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Brimonidine Ophth Solution 0.2%														
	Brimonidine Tartrate Ophth 0.2 % Sol [10ml] (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Brimonidine Tartrate Ophth 0.2 % sol [5ml] (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Brimonidine Tartrate Ophth 0.2% Soln [15ml] (Alphagan)	Sol	86602020102010	No	0	No	No	No	No	N/A	No	Yes	No	No
Bromocriptine Tab/Cap														
	Bromocriptine Mesylate 5 MG CAP (Parlodel)	Cap	73200020100105	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bromocriptine Mesylate 2.5 MG TAB (Parlodel)	Tab	73200020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bromocriptine Mesylate 2.5 MG TAB UD (Parlodel)	Tab	73200020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Budesonide DR 24 hr Capsule (Entocort EC)														
	Budesonide DR [Entocort] 3 MG Cap (Entocort)	Cap DR	22100012006720	No	0	No	No	No	No	N/A	No	Yes	No	No
	Budesonide DR [Entocort] 3 MG Cap UD (Entocort)	Cap DR	22100012006720	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Bumetanide Tablet														
	Bumetanide 2 MG TAB (Bumex)	Tab	37200010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bumetanide 0.5MG TAB (Bumex)	Tab	37200010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bumetanide 1 MG TAB (Bumex)	Tab	37200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
	Bumetanide 1 MG Tab UD (BUMEX)	Tab	37200010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Bumetanide 0.5 MG Tab UD (Bumex)	Tab	37200010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Bumetanide 2 MG Tab UD (Bumex)	Tab	37200010000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Bupivacaine HCl 0.25% Injection													
Bupivacaine HCl 0.25% ML Inj 50ML (Marcaine)	Sol	69100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Marcaine PF Injection Soln 0.25% 10 ML (Marcaine)	Sol	69100010102007	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Marcaine-MPF Inj Soln 0.25% 30 ML (Sensorcaine-MPF)	Sol	69100010102007	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Bupivacaine HCl 0.5% Injection													
Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Bupivacaine HCl (PF) Injection Soln 0.5% 10 ML (Marcaine)	Sol	69100010102012	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bupivacaine Injection Soln 0.5% 50ML (Sensorcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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	No	No
Bupivacaine HCl (PF) Injection Soln 0.75% 10 ML	Sol	69100010102018	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bupivacaine HCl (PF) Injection Soln 0.75% 30 ML	Sol	69100010102018	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Bupivacaine-Epinephrine(PF) Inj 0.25%-1:200000	Sol	69991002102012	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bupivacaine/EPINEPHrine Inj 0.25% -1:200000 50ML (Sensorcaine)	Sol	69991002102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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	No	No
Bupivacaine-MPF/Epinephrine Inj 0.5-1:200000% (Sensorcaine-MPF)	Sol	69991002102017	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Bupivacaine/EPINEPHrine Inj 0.5% -1:200000 50 ML (Sensorcaine/epi)	Sol	69991002102015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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	No	No
Buprenorphine/Naloxone Sublingual Film (non-OUD)													
Buprenorphine/Nalox 4-1 MG SL Film (non-OUD) (Suboxone)	Film	65200010208230	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Buprenorphine/Nalox 8-2 MG SL Film (non-OUD) (Suboxone)	Film	65200010208240	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Buprenorphine/Nalox 2-0.5 MG SL Film (non-OUD) (Suboxone Film non-OUD)	Film	65200010208220	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
MLP Requires Cosign													
Buprenorphine/Naloxone Sublingual Film (OUD)													
Buprenorphine/Nalox 8-2 MG SL Film (OUD) (Suboxone)	Film	65200010208240	No	3	No	No	Yes	No	N/A	No	Yes	No	No
Buprenorphine/Nalox 2-0.5 MG SL Film (OUD) (Suboxone sublingual film)	Film	65200010208220	No	3	No	No	Yes	No	N/A	No	Yes	No	No
Buprenorphine/Nalox 12-3 MG SL Film (OUD) (Suboxone)	Film	65200010208250	No	3	No	No	Yes	No	N/A	No	Yes	No	No
Buprenorphine/Nalox 4-1 MG SL Film (OUD) (Suboxone)	Film	65200010208230	No	3	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
Alternate day dosing is not authorized													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
busPIRone Tablet													
busPIRone 15 MG TAB UD (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
busPIRone 15 MG TAB (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	No	Yes	No	No
busPIRone 30 MG TAB (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	No	Yes	No	No
busPIRone 7.5 MG Tab (Buspar)	Tab	57200005100315	No	0	No	No	No	No	N/A	No	Yes	No	No
busPIRone 10 MG TAB (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	No	Yes	No	No
busPIRone 10 MG TAB UD (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
busPIRone 5 MG Tab (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	No	Yes	No	No
busPIRone 5 MG Tab UD (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
BusPIRone 30 MG TAB UD (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Busulfan Intravenous Solution													
Busulfan Intravenous Solution 6 MG/ML (Busulfex Intravenous Soln)	Sol	21100010002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Butorphanol Injection													
Butorphanol 2 MG/ML inj (Stadol)	Sol	65200020102010	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Butorphanol 1 MG/ML inj (Stadol)	Sol	65200020102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: ****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY***** **MLP Requires Cosign**													
Cadexomer Iodine Gel													
Cadexomer Iodine Gel 0.9% (40GM) GEL (Iodosorb)	Gel	92200003004020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calamine Lotion													
Calamine External Lotion 120 ML (Calamine)	Lotion	90971010004100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calamine External Lotion 177 ML [HUMCO]	Lotion	90971010004100	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories: **"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Calamine/Zinc Oxide 8-8% Lotion													
Calamine/Zinc Oxide External Lotion 8-8% 177 ML	Lotion	90979902204100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Calcipotriene Cream 0.005%													
Calcipotriene Cream 0.005% 60 GM (Dovonex)	Cm	90250025003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcipotriene Cream 0.005% 120 GM (Dovonex)	Cm	90250025003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcipotriene Cream 0.005% 30 GM (Dovonex)	Cm	90250025003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcipotriene Cream 0.005% 1 GM	Cm	90250025003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Calcipotriene Ext Solution 0.005%													
Calcipotriene Ext Solution 0.005% 60 ML (Dovonex)	Sol	90250025002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Calcipotriene Ointment 0.005%													
Calcipotriene Ointment 0.005% 60 GM (Dovonex)	Oint	90250025004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcipotriene Ointment 0.005% 120 GM	Oint	90250025004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcitonin Salmon Injection 200IU/ML													
Calcitonin Salmon, 2ML 200IU/ML Inj (Miacalcin)	Sol	30043020002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Calcitonin Salmon Intranasal 200 Unit/Act													
Calcitonin Salmon Intranasal 200IU/DOSE ML 3.7ML (Miacalcin)	Sol	30043020002080	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcitriol Capsule													
Calcitriol 0.5 MCG Cap (Rocaltrol)	Cap	30905030000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcitriol 0.25 MCG Cap (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcitriol 0.25 MCG Cap UD (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcitriol 0.5 MCG Cap UD	Cap	30905030000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcitriol Injection 1 MCG/ML													
Calcitriol 1 MCG/ML Inj (Calcijex)	Sol	30905030002005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Calcium Acetate Tablet/Capsule													
Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Acetate 667 MG Tab UD (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcium Acetate 667 MG Cap UD	Cap	52800020100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcium Carbonate Antacid Chew Tab													
Calcium Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)	Tab Chew	48300010000515	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Carbonate Chew Tab 500 MG (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Carbonate Chew Tab 750 MG (Tums EX)	Tab Chew	48300010000520	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Carbonate Chew Tab 500 MG UD (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcium Carbonate Chew Tab 1000 MG (Tums Ultra)	Tab Chew	48300010000545	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Carbonate Chew Tab 500 MG [OTC] 150 ct (Tums)	Tab Chew	48300010000510	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Calcium Carbonate/Vit D 500MG/200UNIT Chew Tab													
Calcium Carb/Vit D 500-100 MG-UNIT Chew tab	Tab Chew	79109902640520	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Carbonate/ Vit D 500-200 MG-UNIT Tablet (Oysco 500+D)	Tab	79109902640335	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Calcium Carbonate/Vit D 250-125 MG-UNIT tab														
	Calcium Carbonate-Vit D3 250-125 MG-UNIT Tab	Tab	79109902640320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Calcium Carb-Vit D3 250-125 MG-UNIT Tab UD	Tab	79109902640320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
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	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
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	N/A	Yes	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Calcium Carbonate/vit D3 600-200 MG-UNIT Tab														
	Calcium Carbonate/Vit D3 600-200 MG-UNIT Tab (calcium carb)	Tab	79109902640350	No	0	No	No	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Calcium Carbonate/Vit D3 600-400 MG-UNIT Tab														
	Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Tab	79109902640354	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Calcium Carbonate/Vit D 500MG/400 Unit Tab (SM Oyster Shell Calcium/Vit D Tab 500-400 MG-UNIT)	Tab	79109902640340	No	0	No	No	No	No	N/A	No	Yes	No	No
	Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab (Oyster Shell Calcium)	Tab	79109902640340	No	0	No	No	No	No	N/A	No	Yes	No	No
	Calcium 500/D Tablet Chewable 500-400 MG-UNIT	Tab Chew	79109902640525	No	0	No	No	No	No	N/A	No	Yes	No	No
	Calcium/Vitamin D 600-400 MG-UNIT Tablet	Tab	79109902640354	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Calcium CHLoride Injection													
Calcium CHLoride 1GM/10ML Inj (AMER)	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Calcium Chloride IV Soln 10% PFS 10 ml	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Calcium Citrate Tablet													
Calcium Citrate 200 MG Tab [950 MG] (Calcium Citrate)	Tab	79100015000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Citrate 250 MG Tablet	Tab	79100015000303	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Calcium Citrate/Vitamin D													
Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Ctirate-VitD)	Tab	79109902660330	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)	Tab	79109902660318	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Citrate/Vit D 315MG/250 Unit Tab	Tab	79109902660333	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Citrate/Vit D 200MG/250 Unit Tab UD	Tab	79109902660318	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcium Citrate/Vit D3 315M/250 UNIT Tab UD	Tab	79109902660333	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
calcium GLUConate Injection													
Calcium GLUConate 10% Inj	Sol	79100030002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Calcium GLUConate 0.465 Meq/ml IV Soln (Calcium Gluconate)	Sol	79100030002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Calcium Gluconate-NaCl IV Soln													
Calcium Gluconate IV 1 GM/0.675% NaCl 50 ML	Sol	79109902192005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Calcium Gluconate IV 2 GM/0.675% NaCl 100 ML	Sol	79109902192007	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Calcium Gluconate IV 1 GM/0.8% NaCl 100 ML	Sol	79109902192011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Calcium Polycarbophil Tablet													
Calcium Polycarbophil 625 MG Tab (Fiber-con)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)	Tab	46300020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Calcium Polycarbophil (OTC) 625 MG 60 Count (Fiberlax)	Tab	46300020100310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Calcium Polycarbophil 625 MG (90 count) (Fiber Lax)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Calcium Polycarbophil (OTC) 625 MG 36 Count	Tab	46300020100310	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Capecitabine Tablet													
Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	No	Yes	No	No
Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Capsaicin Cream 0.025%													
Capsaicin Cream 0.025% 60 GM	Cm	90850025003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Capsaicin Cream 0.075%													
Capsaicin Cream 0.075% 57 GM	Cm	90850025003730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Capsaicin Cream 0.1%													
Capsaicin Cream 0.1% 42.5 GM	Cm	90850025003735	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Capsaicin Cream 0.1% 56.6 GM	Cm	90850025003735	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Captopril Tablet													
Captopril 12.5 MG Tab (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Captopril 25 MG Tab (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Captopril 25 MG Tab UD (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Captopril 50 MG Tab (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Captopril 50 MG Tab UD (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Captopril 100 MG Tab (Capoten)	Tab	36100010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Captopril 12.5 MG Tab UD (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
carBAMazepine ER 12 Hour Tablet													
carBAMazepine ER 12 Hour 400 MG Tab (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine ER 12 Hour 100 MG Tab (Tegretol-XR)	Tab ER 12	72600020007410	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine ER 12 Hour 200 MG Tab (Tegretol-XR)	Tab ER 12	72600020007420	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine ER 12 Hour 200 MG Cap (Carbatrol)	Cap ER 12	72600020006920	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine ER 12 Hour 100 MG Tab UD UD (TEGretol)	Tab ER 12	72600020007410	No	0	No	No	No	No	N/A	Yes	Yes	No	No
carBAMazepine ER 12 Hour 200 MG Tab UD (Tegretol)	Tab ER 12	72600020007420	No	0	No	No	No	No	N/A	Yes	Yes	No	No
carBAMazepine ER 12 Hour 400 MG Tab UD (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Non-Formulary Use Criteria:													
1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics.													
2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.													
3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.													
carBAMazepine Suspension 100 MG/5ML													
carBAMazepine SUSP 100MG/5ML, 450 ML (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
carBAMazepine SUSP 200MG/10ML UD (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
carBAMazepine SUSP 100MG/5ML UD (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Non-Formulary Use Criteria:													
1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics.													
2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.													
3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.													
carBAMazepine Tablet													
carBAMazepine 100 MG Chew Tab (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine 100 MG Chew Tab UD (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	N/A	Yes	Yes	No	No
carBAMazepine 200 MG Tab (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine 200 MG Tab UD (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
carBAMazepine 200 MG Chew Tab (Tegretol)	Tab Chew	72600020000510	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****"**"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Non-Formulary Use Criteria:													
1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics.													
2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.													
3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.													
carBAMazepine XR 12 Hour Capsule													
carBAMazepine ER 12 Hour 300 MG Cap (Carbatrol)	Cap ER 12	72600020006930	No	0	No	No	No	No	N/A	No	Yes	No	No
carBAMazepine ER 12 Hour 100 MG Cap (Carbatrol)	Cap ER 12	72600020006910	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Non-Formulary Use Criteria:													
1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics.													
2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.													
3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.													
Carbamide Peroxide Otic 6.5%													
Carbamide Peroxide Otic 6.5% 15 ML (Debrox)	Sol	87400030002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent AND treatment is medically necessary. Orders are limited to 10 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Carbidopa/Levodopa ER Tablet (Sinemet CR)													
Carbidopa/Levodopa ER 25/100 MG Tab (Sinemet CR) (Sinemet CR)	Tab ER	73209902100410	No	0	No	No	No	No	N/A	No	Yes	No	No
Carbidopa/Levodopa ER 50/200 MG Tab (Sinemet CR) (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	No	Yes	No	No
Carbidopa/Levodopa ER 50/200 MG Tab UD (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carbidopa/Levodopa ER 25/100 MG Tab UD (Sinemet CR)	Tab ER	73209902100410	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carbidopa/Levodopa Tablet													
Carbidopa/Levodopa 10/100 MG Tab (Sinemet) (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carbidopa/Levodopa 25/100 MG Tab (Sinemet) (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carbidopa/Levodopa 25/250 MG Tab (Sinemet) (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
CARBOplatin Injection													
CARBOplatin Inj 450 MG/45ML (Paraplatin)	Sol	21100015002040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CARBOplatin Inj 50 MG/5ML (Paraplatin)	Sol	21100015002030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
CARBOplatin Inj 150 MG/15ML (Paraplatin)	Sol	21100015002035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CARBOplatin Inj 600 MG/60ML (Paraplatin)	Sol	21100015002045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Carmustine Injection													
Carmustine 100 MG Inj (BiCNU)	Sol Recon	21102010002105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Carvedilol Tablet													
Carvedilol 3.125 MG Tab (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Carvedilol 6.25 MG Tab (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Carvedilol 12.5 MG Tab (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Carvedilol 25 MG Tab (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Carvedilol 12.5 MG Tab UD (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carvedilol 25 MG Tab UD (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carvedilol 6.25 MG Tab UD (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Carvedilol 3.125 MG Tab UD (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Castor Oil													
Castor Oil 120 ML (Castor Oil)	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Castor Oil 480 ML	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Castor Oil 60 ML (Castor OIl)	Oil	96202007001700	No	0	No	No	No	No	N/A	No	Yes	No	No
ceFAZolin in Dextrose IV Premix													
ceFAZolin/Dextrose 4% 1 GM/50 ML (Ancef)	Sol Recon	02100015132120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin/Dextrose 3% 2 GM/50 ML (Ancef)	Sol Recon	02100015132130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CeFAZolin/Dextrose 4% 1 GM/50 ML Frozen (Ancef)	Sol	02100015132010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
ceFAZolin/Dextrose 4% 2 GM/100 ML (Ancef)	Sol	02100015132030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
ceFAZolin Injection													
ceFAZolin IV Soln 1 GM Vial (Ancef)	Sol Recon	02100015102117	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin Inj 10 GM Vial (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin Inj 1 GM Vial (Ancef)	Sol Recon	02100015102115	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin Inj 500 MG Vial (Ancef)	Sol Recon	02100015102110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin Inj 2 GM Vial (Ancef)	Sol Recon	02100015102118	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin IV Soln 2 GM Vial (Ancef)	Sol Recon	02100015102119	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin Inj 3 GM Vial (Ancef)	Sol Recon	02100015102122	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
ceFAZolin IV Soln 3 GM Vial (Ancef)	Sol Recon	02100015102121	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Cefepime in Dextrose IV Premix													
Cefepime/Dextrose 5% 2 GM/50ML Premix (Maxipime)	Sol Recon	02400040122120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cefepime/Dextrose 5% 1 GM/50ML Premix (Maxipime)	Sol Recon	02400040122110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Cefepime Injection													
Cefepime Inj 1 GM Vial (Maxipime)	Sol Recon	02400040102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cefepime IV Soln 1 GM/50ML (Maxipime)	Sol	02400040102022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cefepime IV Soln 2 GM/100ML (Maxipime)	Sol	02400040102024	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cefepime Inj 2 GM Vial (Maxipime)	Sol Recon	02400040102122	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
CefTAZidime in D5W IV Soln 1 GM/50ML													
CefTAZidime/Dextrose 1 GM/50ML (Fortaz)	Sol Recon	02300080142110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CefTAZidime/Dextrose 2 GM/50ML (Fortaz)	Sol Recon	02300080142120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CefTAZidime Injection													
CefTAZidime Inj 1 GM Vial (Fortaz)	Sol Recon	02300080002110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
CefTAZidime IV Soln 1 GM Vial (Fortaz)	Sol Recon	02300080002112	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CefTAZidime IV Soln 6 GM Vial (Fortaz)	Sol Recon	02300080002122	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CefTAZidime IV Soln 2 GM Vial (Fortaz)	Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
CefTAZidime Inj 6 GM Vial (Fortaz)	Sol Recon	02300080002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
CefTRIAXone in Dextrose Premix													
CefTRIAXone/Dextrose 1 GM/50ML Duplex	Sol Recon	02300090132120	No	0	No	Yes	No	No	N/A	No	Yes	No	No
CefTRIAXone/Dextrose 2 GM/50ML Duplex (Rocephin)	Sol Recon	02300090132130	No	0	No	Yes	No	No	N/A	No	Yes	No	No
cefTRIAXone Injection													
cefTRIAXone Inj 1 GM Vial (IM ENTRY) (Rocephin Inj)	Sol Recon	02300090102115	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 2 GM Vial (Rocephin Inj)	Sol Recon	02300090102120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 250 MG Vial (Rocephin Inj)	Sol Recon	02300090102105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 500 MG Vial (Rocephin Inj)	Sol Recon	02300090102110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 1 GM ADD-Vantage (Rocephin)	Sol Recon	02300090102117	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 2 GM ADD-Vantage (Rocephin)	Sol Recon	02300090102122	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Sodium IV Solution 2 GM/20ml	Sol Recon	02300090102122	No	0	No	No	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Sodium IV Soln 10 GM	Sol Recon	02300090102125	No	0	No	No	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Inj 1 GM Vial (IV ENTRY) (Rocephin)	Sol Recon	02300090102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Premix Injection													
cefTRIAXone Premix 1 GM / 50ML INJ (Rocephin)	Sol	02300090112015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
cefTRIAXone Premix 2 GM / 50ML INJ (Rocephin)	Sol	02300090112020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Cefuroxime Tablet													
Cefuroxime 500 MG Tab (Ceftin)	Tab	02200065050315	No	0	No	No	No	No	N/A	No	Yes	No	No
Cefuroxime 250 MG Tab (Ceftin)	Tab	02200065050310	No	0	No	No	No	No	N/A	No	Yes	No	No
Cefuroxime 250 MG Tab UD (Ceftin)	Tab	02200065050310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Celecoxib Capsule													
Celecoxib 100 MG Cap (Celebrex)	Cap	66100525000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Celecoxib 200 MG Cap (Celebrex)	Cap	66100525000130	No	0	No	No	No	No	N/A	No	Yes	No	No
Celecoxib 200 MG Cap UD (Celebrex)	Cap	66100525000130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Celecoxib 400 MG Capsule (Celebrex)	Cap	66100525000140	No	0	No	No	No	No	N/A	No	Yes	No	No
Celecoxib Oral Capsule 50 MG	Cap	66100525000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Celecoxib 100 MG Cap UD (Celebrex)	Cap	66100525000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Celecoxib 400 MG Capsule UD (Celebrex)	Cap	66100525000140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cephalexin Capsule/Tablet													
Cephalexin 250 MG Cap UD (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cephalexin 500 MG Cap (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Cephalexin 500 MG Cap UD (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cephalexin 250 MG Cap (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Cephalexin 750 MG Cap (Keflex)	Cap	02100020000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Cephalexin 500 MG Tab (Keflex)	Tab	02100020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Cephalexin 250 MG Tab (Keflex)	Tab	02100020000310	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Cetirizine HCl Oral Soln 1 MG/ML 120ML													
Cetirizine Soln 1 MG/ML 120 ML	Sol	41550020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No

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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Non-Formulary Use Criteria:

1. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)
2. Non-formulary use approved via Directly OBSERVED THERAPY ONLY for sedating antihistamines; diphenhydramine, hydroxyzine & cyproheptadine.
3. URTICARIA: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.
4. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.
5. 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)**
6. Failure of two antihistamines obtained through the commissary within the last 90 days.
7. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed.
8. Ordered or recommended by an ENT specialist

Cetirizine Oral Tablet													
Cetirizine 5 MG Tab (Zyrtec 5 MG Tab)	Tab	41550020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Cetirizine 10 MG Tab (Zyrtec 10 MG)	Tab	41550020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Cetirizine 10 MG Tab UD (zyrtec)	Tab	41550020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No

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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Non-Formulary Use Criteria:

1. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)
2. Non-formulary use approved via Directly OBSERVED THERAPY ONLY for sedating antihistamines; diphenhydramine, hydroxyzine & cyproheptadine.
3. URTICARIA: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.
4. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.
5. 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)**
6. Failure of two antihistamines obtained through the commissary within the last 90 days.
7. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed
8. Ordered or recommended by an ENT specialist

Cetirizine Oral Syrup 1 MG/ML													
Cetirizine Soln 1 MG/ML 5 ML UD (Zyrtec syrup)	Sol	41550020102010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.													
Non-Formulary Use Criteria:													
1. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)													
2. Non-formulary use approved via Directly OBSERVED THERAPY ONLY for sedating antihistamines; diphenhydramine, hydroxyzine & cyproheptadine.													
3. URTICARIA: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.													
4. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.													
5. 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)**													
6. Failure of two antihistamines obtained through the commissary within the last 90 days.													
7. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed													
8. Ordered or recommended by an ENT specialist													
Cetuximab 2MG/ML Injection													
Cetuximab 2MG/ML (Erbitux)	Sol	21360015002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cetuximab Intravenous Soln 200 MG/100ML (Erbitux)	Sol	21360015002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Charcoal Activated Oral Liquid 25 GM/120ML													
Charcoal Activated 25 GM/120ML (Actidose)	Susp	93000010101825	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Charcoal Activated 50 GM/240ML (Kerr Insta-Char Oral)	Susp	93000010101825	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Charcoal Activated W/SORBITOL suspension													
Charcoal Activated w/ Sorbitol 25 GM/120ML (Actidose w/Sorbitol)	Susp	93000010201825	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Charcoal Activated w/ Sorbitol 50 GM/240ML (Kerr Insta-char)	Susp	93000010201825	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorambucil Tablet													
Chlorambucil 2 MG Tab (Leukeran)	Tab	21101010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol)													
Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol) (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhex Gluc Oral Sol 0.12%(non-alcohol) 15mlUD (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****DENTAL USE ONLY** Alcohol free only*****													
Chlorhexidine Gluconate Soln External 4%													
Chlorhexidine Gluconate Solution 4% [118 ML] (Hibiclens Liquid)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate Solution 4 % [237 ml]	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate Ext Liquid 4 % 473 ml (Betasept)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate EXT Liquid 4% [946ml] (Betasept)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate Solution 4% [15 ML] (Hibiclens Liquid)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate EXT Liquid 4% [3790 ml] (Betasept)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Chlorhexidine Gluconate Ext Soln 4% Skin Clean (Hibiclens)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Formulary Restrictions: **for pre-op use only** **Medical Referral Center (MRC) Use Only**													
chlorproMAZINE Tablet													
chlorproMAZINE HCl 10 MG Tab (Thorazine)	Tab	59200015100305	No	0	No	No	No	No	N/A	No	Yes	No	No
chlorproMAZINE HCl 100 MG Tab (Thorazine 100 MG)	Tab	59200015100320	No	0	No	No	No	No	N/A	No	Yes	No	No
chlorproMAZINE HCl 100 MG Tab UD (Thorazine 100 MG UNIT DOSE)	Tab	59200015100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
chlorproMAZINE HCl 200 MG Tab (Thorazine 200 MG)	Tab	59200015100325	No	0	No	No	No	No	N/A	No	Yes	No	No
chlorproMAZINE HCl 200 MG Tab UD (Thorazine 200 MG UNIT DOSE)	Tab	59200015100325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
chlorproMAZINE HCl 25 MG Tab (Thorazine 25 MG)	Tab	59200015100310	No	0	No	No	No	No	N/A	No	Yes	No	No
chlorproMAZINE HCl 50 MG Tab (Thorazine 50 MG)	Tab	59200015100315	No	0	No	No	No	No	N/A	No	Yes	No	No
chlorproMAZINE HCl 50 MG Tab UD (Thorazine)	Tab	59200015100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
chlorproMAZINE HCl 25 MG Tab UD (Thorazine)	Tab	59200015100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
chlorproMAZINE HCl 10 MG Tab UD	Tab	59200015100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Chlorthalidone Tablet													
Chlorthalidone 25 MG Tab (Hygroton)	Tab	37600025000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Chlorthalidone 50 MG Tab (Hygroton)	Tab	37600025000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Chlorthalidone 25 MG Tab UD	Tab	37600025000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Chlorthalidone 15 MG Tab (Thalitone)	Tab	37600025000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Chlorthalidone 12.5 MG Tab (Hemiclor)	Tab	37600025000304	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol Capsule/Tablet													
Cholecalciferol 400 UNIT (10 MCG) Tab (Vitamin D3)	Tab	77202032000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 400 UNIT (10 MCG) Cap (Vitamin D3)	Cap	77202032000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 5000 UNIT (125 MCG) Cap (Vitamin D3)	Cap	77202032000140	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 1000 UNIT (25 MCG) Cap (Vitamin D3)	Cap	77202032000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 400 UNIT (10 MCG) Tab UD (Vitamin D3)	Tab	77202032000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 1000 UNIT (25 MCG) Tab (Vitamin D3)	Tab	77202032000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 2000 UNIT (50 MCG) Tab (Vitamin D3)	Tab	77202032000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 50000 UNIT (1.25 MG) Cap (Vitamin D3)	Cap	77202032000180	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 1000 UNIT (25 MCG) Tab UD (Vitamin D3)	Tab	77202032000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 5000 UNIT (125 MCG) Cap UD (Vitamin D3)	Cap	77202032000140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 50000 UNIT (1.25 MG) Cap UD (Vitamin D3)	Cap	77202032000180	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 10000 UNIT (250 MCG) Cap (Vitamin D3)	Cap	77202032000160	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 2000 UNIT (50 MCG) Cap (Vitamin D3)	Cap	77202032000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 5000 UNIT (125 MCG) Tab (Vitamin D3)	Tab	77202032000350	No	0	No	No	No	No	N/A	No	Yes	No	No
Cholecalciferol 2000 UNIT (50 MCG) Tab UD (Vitamin D3)	Tab	77202032000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 5000 UNIT (125 MCG) Tab UD (Vitamin D3)	Tab	77202032000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cholecalciferol 2000 UNIT (50 MCG) Cap UD (Vitamin D3)	Cap	77202032000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Cholestyramine Resin Light													
Cholestyramine Resin Light 4 GM / 5.5GM UD (Questran Light)	Packet	39100010103005	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Prevalite Oral Powder 4 GM/DOSE 231 GM (Prevalite)	Pwdr	39100010102905	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cholestyramine Resin Oral Packet													
Cholestyramine Resin 4 GM / 9 GM UD (Questran)	Packet	39100010003005	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Cholestyramine Powder 4 GM/Scoop (Questran)	Pwdr	39100010002905	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cilostazol Tablet													
Cilostazol 100 MG Tab (Pletal)	Tab	85155516000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Cilostazol 50 MG Tab (Pletal)	Tab	85155516000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Cilostazol 50 MG Tab UD (Pletal)	Tab	85155516000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cilostazol 100 MG Tab UD	Tab	85155516000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cinacalcet HCL Tablet													
Cinacalcet HCL 30 MG Tab (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Cinacalcet HCL 60 MG Tab (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Cinacalcet HCL 90 MG Tab (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Cinacalcet HCl 30 MG Tab UD (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cinacalcet HCl 60 MG Tab UD (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cinacalcet HCl 90 MG Tab UD (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, https://www.va.gov/formularyadvisor/DOC_PDF/Calcimimetic_Cinacalcet_Etelcalcetide.pdf**													
Formulary Restrictions: **RESTRICTED TO DIALYSIS Patients ONLY**													
Ciprofloxacin Tablet													
Ciprofloxacin 250 MG Tab UD (Cipro 250 MG)	Tab	05000020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ciprofloxacin 250 MG Tab (Cipro 250 MG)	Tab	05000020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Ciprofloxacin 500 MG Tab UD (Cipro 500 MG)	Tab	05000020100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ciprofloxacin 500 MG Tab (Cipro 500 MG)	Tab	05000020100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Ciprofloxacin 750 MG Tab UD (Cipro 750 MG)	Tab	05000020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ciprofloxacin 750 MG Tab (Cipro 750 MG)	Tab	05000020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Ciprofloxacin HCl 100 MG Tab (cipro)	Tab	05000020100305	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria:													
	1a. UTI: (a) complicated (e.g., obstruction, reflux, azotemia, transplant) or catheter associated OR													
	1b. UTI (b) For acute cystitis: first-line therapy with sulfamethoxazole/trimethoprim and nitrofurantoin have failed or are contraindicated.													
	2a Pneumonia: (a) Patient has risk factors for pseudomonas or MRSA. Comorbidities are present (chronic heart, lung, liver, or renal disease; diabetes; alcohol use disorder; neoplastic disease, asplenia) OR													
	2b Pneumonia (b) Antibiotic use within the past 3 months.													
	3a COPD exacerbation: Patient has risk factors for poor outcome (age greater than 65 years, FEV1 < 50%, recent hospitalization or antibiotic use, history of pseudomonas infection, more than 1 exacerbation in past 12 months). OR													
	3b. 3a COPD exacerbation: Patient has contraindications to azithromycin or cefdinir													
	4. Acute sinusitis: (a) clinical failure after 3 days of empiric antibiotic treatment (persistent sinus pain, nasal congestion, purulent nasal discharge, and/or fever despite recommended therapy).													
	5a. Otitis media: Patient has had antibiotics in the previous month AND has documented penicillin allergy. OR													
	5b. Otitis media: Patient has clinical failure after 3 days of empiric antibiotic treatment (no change in ear pain, fever, bulging tympanic membrane, or otorrhea) AND has a documented penicillin allergy.													
	6a. H. pylori: Patient has failed both first-line treatment options (per current guidelines). OR													
	7. Biopsy/procedure: Please indicate if use for biopsy/procedure, if recommended by specialist, and date of procedure (if known).													
	8. For use based on available culture and sensitivity results: Susceptible to fluoroquinolone and intermediate or fully resistant to all other formulary options.													
	Formulary Restrictions:													
	****Do Not Use for MRSA****													
Ciprofloxacin IV Premix														
	Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro IV)	Sol	05000020112024	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)	Sol	05000020112028	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****Do Not Use for MRSA****													
Ciprofloxacin Ophth Ointment 0.3%														
	Ciprofloxacin Ophth Ointment 0.3% [3.5GM] (Ciprofloxacin Ophth Ointment)	Oint	86101023104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ciprofloxacin Ophth Solution 0.3%														
	Ciprofloxacin HCl Ophth Soln 0.3% [5ML] (Ciloxan Ophth Solution)	Sol	86101023102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Ciprofloxacin HCl Ophth Soln 0.3% [2.5ML] (Ciloxan)	Sol	86101023102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Ciprofloxacin HCl Ophth Soln 0.3 % [10 ML]	Sol	86101023102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ciprofloxacin/Dexameth Otic 0.3-0.1%														
	Ciprofloxacin/Dexameta Otic 0.3%/0.1% [7.5ML] (Ciprodex Otic Suspension)	Susp	87991002361820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cisatracurium Besylate Inj 2 mg/ml														
	Cisatracurium Besylate IV Soln 10 MG/5ML (Nimbex)	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Cisatracurium Besylate (PF) IV Soln 200 MG/20ML (Nimbex)	Sol	74200013102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Cisatracurium Besylate IV Solution 20 MG/10ML (Nimbex)	Sol	74200013102016	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Cisatracurium Besylate IV Soln 10 MG/ML 20 ML	Sol	74200013102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Cisatracurium Besylate IV Soln 2 MG/ML 5 ML	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
CISplatin Injection													
CISplatin IV Solution 100 MG/100ML (Platinol)	Sol	21100020002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CISplatin IV Solution 200 MG/200ML (Platinol)	Sol	21100020002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
CISplatin IV Solution 50 MG/50ML	Sol	21100020002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Citalopram Oral Solution													
Citalopram 10MG/5ML Oral solution (Celexa)	Sol	58160020102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Citalopram 20MG/10ML Oral Soln - 10 ML UD (Celexa)	Sol	58160020102020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
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**													
Citalopram Tablet													
Citalopram 20 MG Tab (Celexa)	Tab	58160020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Citalopram 40 MG Tab (Celexa)	Tab	58160020100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Citalopram 40 MG Tab UD (Celexa)	Tab	58160020100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Citalopram 10 MG Tab (Celexa)	Tab	58160020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Citalopram 10 MG Tab UD (Celexa)	Tab	58160020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Citalopram 20 MG Tab UD (Celexa)	Tab	58160020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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**													
Clarithromycin Tablet													
Clarithromycin 250 MG Tab UD (Biaxin)	Tab	03500010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clarithromycin 250 MG Tab (Biaxin)	Tab	03500010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Clarithromycin 500 MG Tab UD (Biaxin)	Tab	03500010000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clarithromycin 500 MG Tab (Biaxin)	Tab	03500010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****SECOND LINE THERAPY FOR MOST INDICATIONS****													
Clindamycin Capsule													
Clindamycin HCl 150 MG Cap (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Clindamycin HCl 150 MG Cap UD (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clindamycin HCl 300 MG Cap (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Clindamycin HCl 300 MG Cap UD (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clindamycin HCl 75 MG Capsule (Cleocin)	Cap	16220020100105	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria:													
1. Acne: Treatment of moderate or severe acne													
2. Acne: Failure of at least 2 topical agents													
Clindamycin Injection													
Clindamycin Phosphate Inj Soln 900 MG/6ML (Cleocin)	Sol	16220020302033	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate Inj Soln 300 MG/2ML (Cleocin)	Sol	16220020302031	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate Inj Soln 600 MG/4ML	Sol	16220020302032	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate 9 GM/60ML Inj Soln (Cleocin)	Sol	16220020302034	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate in D5W													
Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clindamycin Premix 900MG/50MLin D5 Inj (Cleocin Phosphate)	Sol	16220020312040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate in NaCl IV Soln													
Clindamycin Phosphate/NaCl IV 300-0.9 MG/50ML%	Sol	16220020322010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate/NaCl IV 600-0.9 MG/50ML	Sol	16220020322015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clindamycin Phosphate/NaCl IV 900-0.9 MG/50ML	Sol	16220020322020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clinolipid Intravenous Emulsion 20 %													
Clinolipid Intravenous Emulsion 20 % 100 mL	Emul	80200010601620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clinolipid Intravenous Emulsion 20 % 250 ml	Emul	80200010601620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Clinolipid Intravenous Emulsion 20 % 500 ML	Emul	80200010601620	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.025%													
Clobetasol Prop Cream 0.025% 100 GM (Impoyz)	Cm	90550025103703	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.025% 60 GM (Impoyz)	Cm	90550025103703	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.05%													
Clobetasol Prop Cream 0.05% [30 GM] (Temovate)	Cm	90550025103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.05% [45 GM] (Temovate)	Cm	90550025103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.05% [15 GM] (Temovate)	Cm	90550025103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Cream 0.05% [60 GM] (Temovate)	Cm	90550025103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks*****													
Clobetasol Prop Ointment 0.05%													
Clobetasol Prop Ointment 0.05% 30 GM (Temovate)	Oint	90550025104205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Ointment 0.05% 15 GM (Temovate)	Oint	90550025104205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Ointment 0.05% 45 GM (Temovate)	Oint	90550025104205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clobetasol Prop Ointment 0.05% 60 GM (Temovate)	Oint	90550025104205	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks*****													
clonazePAM Tablet													
clonazePAM 0.5 MG Tab (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
clonazePAM 0.5 MG Tab UD (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
clonazePAM 1 MG Tab (Klonopin)	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
clonazePAM 1 MG Tab UD (Klonopin)	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
clonazePAM 2 MG Tab UD (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
clonazePAM 0.25 mg Tab (1/2 tab) (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
clonazePAM 2 MG Tab (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
01. Control of severe agitation in psychiatric patients													
02. When lack of sleep causes an exacerbation of psychiatric illness													
03. Part of a prolonged taper schedule													
04. Detoxification for substance abuse													
05. Failure of standard modalities for seizure disorders (4th line therapy)													
06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)													
07. Adjunct to neuroleptic therapy to stabilize psychosis													
08. Second line therapy for anti-mania													
09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)													
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent													
Formulary Restrictions:													
Formulary for 30 days only. Is this order for less than 31 days?													
MLP Requires Cosign													
cloNIDine ER Transdermal Patch													
cloNIDine Transdermal Patch 0.1 MG/24Hr (Catapres-TTS-1)	Patch Weekly	36201010008810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
cloNIDine Transdermal Patch 0.3 MG/24Hr (Catapres-TTS-3)	Patch Weekly	36201010008830	No	0	No	Yes	No	No	N/A	No	Yes	No	No
cloNIDine Transdermal Patch 0.2 MG/24HR (Catapres TTS)	Patch Weekly	36201010008820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. 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.													
2. 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.													
3. Use in Tourette's syndrome.													
4. Not to be used in hypertensive urgencies/ emergencies. See Hypertensive clinical practice guidelines and 2006 National P&T Minutes, page 103.													
5. ADHD: Patient has documented diagnosis of ADHD.													
6. ADHD: Patient has documented failure of (at a therapeutic dose and for a therapeutic duration) preferred agents (atomoxetine and guanfacine) or justification as to why alternatives cannot be utilized is explained in the comments above.													
7. Patient does not have conditions that would predispose them to the negative cardiac outcomes that have been associated with clonidine (e.g., hypotension, heart block, bradycardia, etc.)													
8. Patient's renal function is deemed acceptable for use.													
Formulary Restrictions:													
Maximum formulary limit of seven days													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
cloNIDine Tablet													
cloNIDine 0.1 MG Tab (Catapres 0.1 MG)	Tab	36201010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
cloNIDine 0.1 MG Tab UD (Catapres 0.1 MG Unit Dose)	Tab	36201010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
cloNIDine 0.2 MG Tab (Catapres)	Tab	36201010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
cloNIDine 0.2 MG Tab UD (Catapres 0.2 MG Unit Dose)	Tab	36201010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
cloNIDine 0.3 MG Tab (Catapres 0.3 MG)	Tab	36201010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
cloNIDine 0.3 MG Tab UD (Catapres 0.3 MG Unit Dose)	Tab	36201010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria:													
1. Refer to BOP Clinical Guidance for Medically Supervised Withdrawal for Inmates with Substance Use Disorders for use and dosing in appropriate conditions (e.g., opioid withdrawal, alcohol withdrawal).													
2. Not to be used in hypertensive urgencies and emergencies. Refer to BOP Clinical Guidance for Hypertensive Crisis.													
3. Clozapine induced hypersalivation (CIH): Documented failure of, contraindication to, or inability to utilize benztropine, amitriptyline, and alpha blocker, including combination therapy with benztropine and an alpha blocker, for 12 weeks.													
4. Use in Tourette's syndrome.													
5. ADHD: Documented failure of, contraindication to, or inability to utilize therapeutic doses and for a therapeutic duration of preferred agents (atomoxetine and guanfacine).													
Formulary Restrictions:													
Maximum formulary limit of fourteen days													
Clopidogrel Tablet													
Clopidogrel Bisulfate 75 MG Tab UD (Plavix)	Tab	85158020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clopidogrel Bisulfate 75 MG Tab (Plavix)	Tab	85158020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Clopidogrel Bisulfate 300 MG Tab [Loading Dose] (Plavix)	Tab	85158020100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clopidogrel Bisulfate 300 MG Tab[LoadingDose] UD (Plavix)	Tab	85158020100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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)													
Clotrimazole Cream 1%													
Clotrimazole Cream 1% [OTC] 15 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clotrimazole Cream 1% [OTC] 30 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clotrimazole Cream 1% [OTC] 45 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Clotrimazole Cream 1% [OTC] 28.35 GM	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Advisories:													
	****60 Day Formulary Restriction**													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
	Non-Formulary Use Criteria:													
	1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolnaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Clotrimazole Solution 1%														
	Clotrimazole Solution 1% 30 ML (Lotrimin)	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Clotrimazole Solution 1% 10 ML	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	****30 day formulary Restriction**													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Clotrimazole Troche														
	Clotrimazole Troche 10 MG (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	No	Yes	No	No
	Clotrimazole Troche 10 MG UD (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Clotrimazole Vaginal Cream 1%														
	Clotrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal)	Cm	55104020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Clotrimazole Vaginal Cream 2%														
	Clotrimazole Vaginal Cream 2 % 21 GM (3 day vaginal Cream 2%)	Cm	55104020003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
CloZAPine Tablet														
	CloZAPine 100 MG Tab (Clozaril 100 MG)	Tab	59152020000330	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	CloZAPine 25 MG Tab UD (Clozaril 25 MG)	Tab	59152020000320	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	CloZAPine 25 MG Tab (ClozarilL)	Tab	59152020000320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	CloZAPine 50 MG Tab (Clozaril)	Tab	59152020000325	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	CloZAPine 200 MG Tab (Clozaril)	Tab	59152020000340	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	CloZAPine 100 MG Tab UD (Clozaril)	Tab	59152020000330	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	CloZAPine 200 MG Tab UD	Tab	59152020000340	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	CloZAPine 50 MG Tab UD (Clozaril)	Tab	59152020000325	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: ***PSYCHIATRIST USE ONLY* ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS*** **Medical Referral Center (MRC) Initiation Only**													
CoaguChek XS PT Test InVitro Strip													
CoaguChek XS PT Test InVitro Strip	Strip	94100052006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Colchicine Capsule/Tablet													
Colchicine Tablet 0.6 MG (Colcrys)	Tab	68000020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Colchicine Tablet 0.6 MG UD (Colcrys)	Tab	68000020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Colchicine 0.6 MG Capsule (Mitigare)	Cap	68000020000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Colchicine 0.6 MG Capsule UD (Mitigare)	Cap	68000020000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: **Use recommended only for acute gout or acute gout flare in patients intolerant of NSAIDs or for those who have used colchicine with success in the past. Other agents recommended for prophylaxis. Use of low dose colchicine for 3 to 6 months when initiating allopurinol therapy will require an approved non-formulary request.**													
Colchicine-Probenecid Oral Tablet 0.5-500 MG													
Colchicine-Probenecid Oral Tablet 0.5-500 MG	Tab	68990002100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Colestipol Powder													
Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	No	0	No	No	No	No	N/A	No	Yes	No	No
Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	No	0	No	No	No	No	N/A	No	Yes	No	No
Colestipol Tablet													
Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Collagenase Ointment													
Collagenase Ointment 250 Units/GM [30GM] (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Collagenase Ointment 250 Units/GM [15GM] (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Collagenase Ointment 250 UNIT/GM [90GM] (Santyl)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Contact- RGP Lens Cleaner/Conditioning Solution													
Contact- Boston Conditioning Solution (Boston Conditioning Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Boston Simplus Multi Action Soln 105 ml	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Contact- RGP Lens Rewetting Solution Sol													
Contact- B & L Renu Rewetting Drops 15ml (Renu Rewetting Drops)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Contact- Soft Lens Hydrogen Peroxide Clean Soln													
Contact- Clear Care Solution 355ml (Clear Care soln)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- B & L PeroxiClear Solution 90 ML (Peroxiclear)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Clear Care Plus/HydraGlyde Soln 360ML (Clear Care Plus)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Clear Care Plus/HydraGlyde Soln 90 ml (Clear Care Plus)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Contact- Soft Lens Multi-Purpose Soln													
Contact- Opti-Free Replenish Solution 300 ml (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- SM Multi-Purpose Soln 355 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Opti-Free RepleniSH Solution 120 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact - HM Multi-Purpose No Rub Solution 355ML (HM multi-Purpose)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- Opti-Free RepleniSH Solution (60 ML) (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Contact- Soft Rewetting Solution													
Contact- Opti-Free Express Rewetting Sol, 10 ML (Opti-Free Rewetting Drops)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact- B &L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Contact - Opti-Free RepleniSH Rewetting Soln10ML (Opti -free replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****													
Cosyntropin													
Cosyntropin Inj Reconstituted 0.25 MG Inj (Cortrosyn)	Sol Recon	94200037002105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
COVID-19 Vaccine mRNA (Pfizer)													
Covid-19 Vaccine mRNA (Pfizer) (Comirnaty)	Susp Prefilled	1710000240E620	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
COVID-19 Vaccine mRNA (Spikevax)													
Covid-19 Vaccine mRNA (Spikevax) Prefilled syrin (Spikevax)			No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
COVID-19 Vaccine Subunit (Novavax)													
COVID-19 Vaccine Subunit (Novavax) (Novavax)	Susp	17100002601820	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
COVID-19 Vaccine Subunit (Novavax) Prefill Syr (Novavax)	Susp Prefilled	1710000260E630	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Cromolyn Ophth Soln 4%													
Cromolyn OPHTH Solution 4%, 10ML (Crolom Ophthalmic Solution)	Sol	86802010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cromolyn Sodium nebulization soln 20MG/2ML													
Cromolyn Sodium 20MG/2ML AMP (Intal)	Nebulization	44150010102505	No	0	No	Yes	Yes	No	N/A	Yes	Yes	No	No
Cyanacobolamin (Vit B-12) Tablet													
Cyanocobalamin (Vit B-12) 1000 MCG Tablet			No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments**													
Cyanocobalamin injection													
Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 1 ml (Vitamin B-12 Injection)	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 30ml	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 10ml	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyanocobalamin Tablet													
Cyanocobalamin (Vit B-12) 100 MCG Tab (Vitamin B-12)	Tab	82100010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 1000 MCG Tab (Vitamin B-12)	Tab	82100010000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 500 MCG Tab	Tab	82100010000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 500 MCG Tab UD	Tab	82100010000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cyanocobalamin (Vit B-12) 250 MCG Tab (vitamin B-12)	Tab	82100010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Cyanocobalamin (Vit B-12) 100 MCG Tab UD (vitamin b 12)	Tab	82100010000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cyanocobalamin (Vit B-12) 1000 MCG Tablet UD (vit b12)	Tab	82100010000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cyanocobalamin (Vit B-12) 250 MCG Tab UD (Vitamin B-12)	Tab	82100010000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Cyanocobalamin (Vit B-12) 2000 MCG Tablet (vit b-12)	Tab	82100010000335	No	0	No	No	No	No	N/A	No	Yes	No	No
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	No	No
Cyclopentolate HCl Opth 1%													
Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cyclopentolate HCl Opth 1% (5ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Cyclopentolate HCl Opth 2%													
Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cyclopentolate HCl Opth 2% (2ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cyclopentolate HCl Ophthalmic Soln 2% 15ML	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Cyclophosphamide Capsule													
Cyclophosphamide 25 MG Capsule (Cytoxan)	Cap	21101020000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Cyclophosphamide 50 MG Capsule (Cytoxan)	Cap	21101020000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**													
Cyclophosphamide Injection													
Cyclophosphamide Injection Soln 1 GM (Cytoxan)	Sol Recon	21101020002125	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyclophosphamide Injection Soln 500 MG (Cytoxan)	Sol Recon	21101020002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyclophosphamide Injectio Sol Reconstituted 2 GM (Cytoxan)	Sol Recon	21101020002130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyclophosphamide Intravenous Solution 1 GM/5ML	Sol	21101020002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyclophosphamide Intravenous Soln 500 MG/2.5ML	Sol	21101020002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cyclophosphamide Intravenous Solution 2 GM/10ML	Sol	21101020002049	No	0	No	No	Yes	No	N/A	No	Yes	No	No
cycloSPORINE (Neoral) Capsule													
cycloSPORINE Modified (Neoral) 25 MG Cap (Neoral)	Cap	99402020300120	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE Modified (Neoral) 100 MG CAP (NEORAL 100MG)	Cap	99402020300150	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE Modified(Gengraf/Neoral)Cap 25MG UD (Gengraf)	Cap	99402020300120	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE Modified(Gengraf/Neoral)Cap100MG UD (Gengraf)	Cap	99402020300150	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE Modified (Neoral) 50 MG Capsule (Neoral)	Cap	99402020300130	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE Modified Oral Soln 100 MG/ML 50 ML (Neoral)	Sol	99402020302020	No	0	No	Yes	No	No	N/A	No	Yes	Yes	No
cycloSPORINE (Sandimmune) Capsule													
cycloSPORINE (Sandimmune) 100 MG Cap UD (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE (Sandimmune) 25 MG Cap UD (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
cycloSPORINE 25 MG Cap [gen Sandimmune] (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	No	Yes	Yes	No
cycloSPORINE (Sandimmune) 100 MG Cap (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	N/A	No	Yes	Yes	No
cycloSPORINE Injection 50 MG/ML													
cycloSPORINE Inj 50 MG/ML 5 ML (Sandimmune)	Sol	99402020002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
cycloSPORINE Oral Soln 100 ML/ML													
cycloSPORINE (Sandimmune) Oral Soln 100 MG/ML (Sandimmune Oral Solution)	Sol	99402020002010	No	0	No	Yes	No	No	N/A	No	Yes	Yes	No
Cytarabine Injection													
Cytarabine Inj 20MG/ML (Cytosar)	Sol	21300010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cytarabine (PF) Injection Solution 20 MG/ML	Sol	21300010002011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Cytarabine (PF) Injection Solution 100 MG/ML	Sol	21300010002040	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Dacarbazine Injection													
Dacarbazine 10 MG/ML 20 ML Inj [200 MG] (DTIC-Dome)	Sol Recon	21700020002110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dacarbazine 10 MG/ML 10 ML inj Soln [100 MG]	Sol Recon	21700020002105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DACTINomycin Injection													
DACTINomycin 0.5 MG INJ (Cosmegen)	Sol Recon	21200020002105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin Injection													
Dalteparin Sod 95000 UNIT/3.8ML Subcu Soln (Fragmin)	Sol	83101010102080	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 7500 UNIT/0.3ML Prefill Syringe (Fragmin)	Sol Prefilled	8310101010E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 5000 UNIT/0.2ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E515	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 15000 UNIT/0.6ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E540	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 12500 UNIT/0.5ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E535	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 10000 UNIT/ML Prefilled Syringe (Framin)	Sol Prefilled	8310101010E530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 18000 UNT/0.72ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E550	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 2500 UNIT/0.2ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E505	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dalteparin 2500 UNIT/ML Inj VIAL 4 ML (Fragmin)	Sol	83101010102017	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Danazol Capsule													
Danazol 100 MG Cap (Danocrine)	Cap	23100005000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Danazol 200 MG Cap (Danocrine)	Cap	23100005000115	No	0	No	No	No	No	N/A	No	Yes	No	No
Danazol 50 MG Cap (Danocrine)	Cap	23100005000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Dapsone Tablet													
Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Dapsone 25 MG Tab UD	Tab	16300010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Daratumumab (Darzalex) IV Solution													
Daratumumab Intravenous Solution 100 MG/5ML (Darzalex)	Sol	21354027002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Daratumumab Intravenous Solution 400 MG/20ML (Darzalex)	Sol	21354027002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	From Ordering	Hide
	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) Injection															
	Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln)	Sol Prefilled	8240101510E588	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E582	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)	Sol Prefilled	8240101510E552	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E543	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)	Sol	82401015102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)	Sol	82401015102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)	Sol	82401015102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)	Sol	82401015102060	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 500 MCG/ML syrin (Aranesp)	Sol Prefilled	8240101510E590	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)	Sol	82401015102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa Prefill Syringe 100 MCG/0.5ML (Aranesp)	Sol Prefilled	8240101510E560	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa(Alb Free) 150 MCG/0.3ML Syringe (Aranesp)	Sol Prefilled	8240101510E575	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa(Alb Free) 10 MCG/0.4ML Syringe (Aranesp)	Sol Prefilled	8240101510E510	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	
	Darbepoetin Alfa(Alb Free) 25 MCG/0.42ML Syringe (Aranesp)	Sol Prefilled	8240101510E528	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	

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

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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:													
	Epoetin alfa-epbx (Retacrit®) is the preferred formulary alternative.													
	Formulary Restrictions:													
	****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**													
	USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**													
	Medical Referral Center (MRC) Use Only													
Darunavir Ethanolate Suspension														
	Darunavir Oral Suspension 100 MG/ML (200 ML) (Prezista)	Susp	12104520001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Darunavir Ethanolate Tablet														
	Darunavir Ethanolate (DRV) 150 MG Tab (Prezista)	Tab	12104520000310	No	0	No	No	No	No	N/A	No	Yes	No	No
	Darunavir Ethanolate (DRV) 75 MG Tab (Prezista)	Tab	12104520000305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)	Tab	12104520000325	No	0	No	No	No	No	N/A	No	Yes	No	No
	Darunavir Ethanolate (DRV) 600 MG Tab UD	Tab	12104520000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)	Tab	12104520000350	No	0	No	No	No	No	N/A	No	Yes	No	No
	Darunavir Ethanolate (DRV) 800 MG Tab UD (Prezista)	Tab	12104520000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Darunavir/Cobicistat Tablet														
	Darunavir/Cobicistat 800-150 MG Tab (Prezcobix)	Tab	12109902270320	No	0	No	No	No	No	N/A	No	Yes	No	No
DAUNOrubicin HCL Inj														
	DAUNOrubicin 5MG/ML [4ml] (Cerubidine)	Sol	21200030102025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	DAUNOrubicin HCl IV Soln 50 MG/10ML	Sol	21200030102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Deferoxamine Mesylate Injection														
	Deferoxamine Mesylate 500 MG Inj (Desferal)	Sol Recon	93000020102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)	Sol Recon	93000020102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
***** If dosing IV - manually check dose/volume as product is entered for IM dosing concentration*****													
Demeclocycline HCl Tablet													
Demeclocycline HCL 150 MG Tab (Declomycin)	Tab	04000010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Demeclocycline HCL 300 MG Tab (Declomycin)	Tab	04000010100310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Demeclocycline HCL 150 MG Tab UD (Declomycin)	Tab	04000010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Demeclocycline HCl 300 MG Tab UD (Declomycin)	Tab	04000010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Desipramine Tablet													
Desipramine 10 MG Tab (Norpramin)	Tab	58200030100305	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 100 MG Tab (Norpramin)	Tab	58200030100325	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 150 MG Tab (Norpramin)	Tab	58200030100330	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 25 MG Tab (Norpramin)	Tab	58200030100310	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 50 MG Tab (Norpramin)	Tab	58200030100315	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 75 MG Tab (Norpramin)	Tab	58200030100320	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Desipramine 10 MG Tab UD (Norpramin)	Tab	58200030100305	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Desipramine 25 MG Tab UD (Norpramin)	Tab	58200030100310	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Desipramine 50 MG Tab UD (Norpramin)	Tab	58200030100315	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Desipramine 75 MG Tab UD (Norpramin)	Tab	58200030100320	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Desmopressin Ace Nasal Solution 0.01%													
Desmopressin Acetate 0.01 MG/INH ML (DDAVP Nasal Spray)	Sol	30201010132010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Desmopressin Acetate Injection													
Desmopressin Acetate 4MCG/ML Inj	Sol	30201010102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Desmopressin Acetate PF 4 MCG/ML 1 ML Ampoules	Sol	30201010102031	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Desmopressin Acetate Tablet													
Desmopressin Acetate 0.2 Mg Tab (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Desmopressin Acetate 0.1 MG Tab (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Desmopressin Acetate 0.2 MG Tab UD (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Desmopressin Acetate 0.1 MG Tab UD (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Desonide Cream 0.05%													
Desonide Cream 0.05% [60GM] (Desowen)	Cm	90550035003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Desonide Cream 0.05% [15GM]	Cm	90550035003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Desonide Ointment 0.05%													
Desonide Ointment 0.05% [60 GM] (Diprosone Oint)	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Desonide Ointment 0.05% [15GM]	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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	No	No
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	No	No
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	No	No
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	No	No
Dex 5% 1/2 NS W/ 10 MEQ KCL 500 ML INJ	Sol	79993003102025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dex 5% NS W/ 40 MEQ KCL													
Dex 5% NS W/ 40 MEQ KCL 1000 ML	Sol	79993003102055	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Injection													
Dexamethasone Sod Phos Inj 10MG/ML (Decadron)	Sol	22100020202010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phos Inj 4 MG/ML (Decadron)	Sol	22100020202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phos Inj Soln 100 MG/10ML MDV	Sol	22100020202060	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phos Injec Soln 20 MG/5ML	Sol	22100020202040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phosphate PF Inj Soln 10 MG/ML	Sol	22100020202011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sodium Phosphate 120 MG/30ML Inj	Sol	22100020202045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phosphate PF Syringe 10 MG/ML	Sol Prefilled	2210002020E515	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Sod Phos Inj PreFill Syr 4 MG/ML (Decadron)	Sol Prefilled	2210002020E512	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dexamethasone Ophth Solution 0.1%													
Dexamethasone Ophth Soln 0.1%, 5ML (Dexamethasone Ophth)	Sol	86300010102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY*** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****													
Dexamethasone Ophth Suspension 0.1%													
Dexamethasone Ophth Susp 0.1%, 5ML (Maxidex)	Susp	86300010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY*** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED****													
Dexamethasone Oral Concentrate 1 MG/ML													
Dexamethasone Oral Concentrate 1 MG/ML 30 ML (intensol)	Concentrate	22100020001320	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Dexamethasone Oral Elixir 0.1 MG/ML													
Dexamethasone Oral Elixir 0.5MG/5ML, 273ML (Decadron Elixir)	Elixir	22100020001005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dexamethasone Oral Solution 0.1 MG/ML													
Dexamethasone Oral Solution 0.5 MG/5ML 30ml	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone Oral Solution 0.5 MG/5ML 500ML	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone Oral Solution 0.5 MG/5ML 240 ml	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone Tablet													
Dexamethasone 0.5 MG Tab (Decadron)	Tab	22100020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 0.75 MG Tab (Decadron)	Tab	22100020000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 0.75 MG UD Tab (Decadron)	Tab	22100020000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 1 MG Tab (Decadron)	Tab	22100020000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 1 MG Tab UD (Decadron)	Tab	22100020000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 1.5 MG Tab (Decadron)	Tab	22100020000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 2 MG Tab (Decadron)	Tab	22100020000335	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 4 MG Tab (Decadron)	Tab	22100020000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 4 MG Tab UD (Decadron)	Tab	22100020000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 6 MG Tab (Decadron)	Tab	22100020000345	No	0	No	No	No	No	N/A	No	Yes	No	No
Dexamethasone 2 MG Tab UD (Decadron)	Tab	22100020000335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 0.5 MG Tab UD (Decadron)	Tab	22100020000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 1.5 MG Tablet (21) Therapy Pack (DexPak 6 day)	Tab Therapy	2210002000B720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tablet (35) Therapy Pack (DexPak 10 day)	Tab Therapy	2210002000B725	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tablet (51) Therapy Pack (DexPak 13 day)	Tab Therapy	2210002000B730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tablet (39) Therapy Pack (Dxevo 11 Day)	Tab Therapy	2210002000B726	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tablet (49) Therapy pack (TaperDex 12 -day)	Tab Therapy	2210002000B729	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tablet (27) Therapy Pack (TaperDex 7 day)	Tab Therapy	2210002000B722	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dexamethasone 1.5 MG Tab UD (Decadron)	Tab	22100020000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dexamethasone 20 MG Tab (Hemady)	Tab	22100020000360	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Dextrose 10% IV Solution													
Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 10% IV Solution 250ML	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 10% IV Solution 500ML	Sol	80100020002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 2.5% Intraperitoneal Solution													
Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)	Sol	99700000002038	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 20% IV Solution													
Dextrose 20% Inj 500 ML (Dextrose 20% Injection)	Sol	80100020002025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 25% Intravenous Solution													
Dextrose 25% IV Solution 250 MG/ML 10 ml PFS	Sol	80100020002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 4.25% Intraperitoneal Solution													
Dextrose 4.25% Intraperitoneal Soln 483 MOSM/L (Delflex-LC)	Sol	99700000002070	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Dextrose 5% in Lactated Ringers IV Soln 500ML	Sol	79993002302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Dextrose 5%/Sod CHLoride 0.225% 1000ml Soln	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 5%/NaCl IV Solution 0.225 % 250 ML	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 5%/NaCl IV Solution 0.225 % 500ML	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Dextrose-NaCl Intravenous Solution 5-0.9 % 500ML	Sol	79993002202035	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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	No	No
Dextrose 5%/Sod CHLoride 0.45% 500 ML IV Soln	Sol	79993002202030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 5%/Sod CHLoride 0.45% 250 ML	Sol	79993002202030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj													
Dextrose 5% Inj 1000 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 500 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 250 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 50 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 100 ML (Dextrose 5% in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 25 ML	Sol	80100020002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dextrose 5% Inj 150 ML	Sol	80100020002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Dextrose 50% Inj													
Dextrose 50% Inj 1000 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 50% Inj 500 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 50% Inj 50 ML PFS (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 50% Inj 50ML 0.5GM/ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Dextrose 70%													
Dextrose 70% Inj (Dextrose 70%)	Sol	80100020002060	No	0	No	No	No	No	N/A	No	Yes	No	No
Diabetic Supply - Control Solution (Glucocard)													
Diabetic Supply - Control Solution (glucocard) (Diabetic Supply- Control Solution)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Control Solution (Various Mfr)													
Diabetic Supply - Control Soln (Various MFG)	Liq	97202007100900	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic - Glucocard 01 Control Soln Normal (Glucocard)	Sol	97202007100920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Bayer Contour In Vitro Liquid Low (Bayer)	Liq	97202007100930	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Bayer Contour In Vitro Liquid High (Bayer)	Liq	97202007100910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Dexcom G6 Receiver Device													
Diabetic Supply - Dexcom G6 Receiver Device (Dexcom G6 Receiver)	Device	97202012026200	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Diabetic Supply - Dexcom G6 Sensor Misc													
Diabetic Supply - Dexcom G6 Sensor Misc (Dexcom G6 Sensor)	Miscellaneous	97202012046300	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Diabetic Supply - Dexcom G6 Transmitter Misc													
Diabetic Supply - Dexcom G6 Transmitter Misc (Dexcom G6 Transmitter)	Miscellaneous	97202012066300	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Diabetic Supply - Easy Touch Meter													
Diabetic Supply - Easy Touch Meter			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - FreeStyle Lancets Misc													
Diabetic Supply - Lancets (FreeStyle) (FreeStyle)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - FreeStyle Libre 2 Device													
Diabetic Supply - FreeStyle Libre 2 Device (Freestyle Libre 2)	Device	97202012026200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - FreeStyle Libre 3 Device													
Diabetic Supply - FreeStyle Libre 3 Device (FreeStyle Libre 3)	Device	97202012026200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Glucometer													
Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets													
Diabetic Supply - Lancets (Lancets)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Accu-chek T Pro UNO Lancets (Accu-check T Pro)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets (Abbott SF)			No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Diabetic Supply - Lancets (Unistik 2) - OLD													
Diabetic SupplyAccu-Chek Softclix Lancet Dev Kit	Kit	97202030006400	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets (Various Brands)													
Diabetic Supp- Accu-Chek Safe-T Pro Lancets Misc	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets (Unistik 2 Normal) (Unistik)	Miscellaneous	97202025006300	No	0	No	No	No	No	N/A	No	Yes	No	No
Diabetic -Accu-Chek Softclix Lancets Misc (Accu-check Softclix)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Assure Lance Lancets Miscellaneous	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets (TRUEplus) 28G (TRUEplus lancets)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic-Unistik Pro Safety Lancet Miscellaneous (Unistik)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Lancet - various suppliers	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Lancets (TRUEplus) (misc)	Miscellaneous	97202025006300	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories: **Accu-check safe t, assure and TRUEplus**													
Diabetic Supply - Precision Xtra Device													
Diabetic -Precision Xtra Device	Device	97202010006200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic supply-True Metrix Meter Kit w/Device	Kit	97202010006410	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Diabetic Supply - Reader Device													
Diabetic Supply - Reader Device			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Sharps Container													
Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Sharps Container Miscellaneous													
Diabetic -Sharps Container Home Miscellaneous	Miscellaneous	97058050006300	No	0	No	No	No	No	N/A	No	Yes	No	No
Diabetic Supply - Test Strips (Formulary choice)													
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	No	No
Diabetic Supply - Test Strips (Glucocard Expr) (Glucocard expression)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Glucocard Shine Test In Vitro Strip	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supp-AccuChek Aviva Plus In Vitro Strip (Accu-check Aviva)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic-True Metrix BG Test Strip (True Metrix)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Easy Touch Test In Vitro Strip (50) (easy touch)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic -Contour Next Test In Vitro Strip (Contour Next test)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Test Strips (Various Brands)													
Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diabetic Supply - Test strips (Freestyle) (Freestyle)			No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Dialyte/1.5% Dextrose													
Dianeal2/1.5% Dex Intraperitoneal Sol 346 MOSM/L (Dianeal PD)	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dialyte/2.5% Dextrose													
Dianeal2/2.5% Dex Intraperitoneal Sol 396 MOSM/L (Dianeal PD)	Sol	99700000002042	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Dialyte/4.25% Dextrose													
Dianeal2/4.25% Dex Intraperitoneal Sol 485MOSM/L (Dianeal PD-2/4.25%)	Sol	99700000002073	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Diclofenac Sodium External Gel 1%													
Diclofenac Sodium Gel 1% 100 GM (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diclofenac Sodium Gel 1% 150 GM (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diclofenac Sodium Gel 1% 50 GM (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Diclofenac Sodium Ophth Soln 0.1%													
Diclofenac Sodium Ophth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Diclofenac Sodium Ophth Soln 0.1 % [2.5 ML] (Voltaren)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dicloxacillin Capsule													
Dicloxacillin Sodium 250 MG Cap (Dynapen)	Cap	01300020100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Dicloxacillin Sodium 500 MG Cap (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	No	Yes	No	No
Dicloxacillin Sodium 500 MG Cap UD (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dicloxacillin Sodium 250 MG Cap UD (repack)	Cap	01300020100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Digoxin Injection													
Digoxin 250 MCG/ML, 2M Inj (Lanoxin Injection)	Sol	31200010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Digoxin Tablet													
Digoxin 125 MCG Tablet (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Digoxin 250 MCG Tablet (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Digoxin 250 MCG Tablet UD (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Digoxin 125 MCG Tablet UD (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Digoxin 62.5 MCG Tablet (Lanoxin)	Tab	31200010000303	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
DilTIAZem ER 24 hour Capsule													
DilTIAZem ER 24 hour 120 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 120 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem ER 24 hour 180 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 240 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 300 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 300 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem ER 24 hour 240 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
DilTIAZem ER 24 hour 180 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem ER 24 hour 360 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127060	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													
dilTIAZem HCl (LA) ER 24 HR Tablet													
dilTIAZem HCl (LA) ER 24 hour 420 MG Tab (Cardizem LA)	Tab ER 24	34000010107570	No	0	No	No	No	No	N/A	No	Yes	No	No
dilTIAZem HCl (LA) ER 24 Hour 180 MG Tab (Cardizem LA)	Tab ER 24	34000010107530	No	0	No	No	No	No	N/A	No	Yes	No	No
dilTIAZem HCl (LA) ER 24 Hour 120 MG Tab (Cardizem LA)	Tab ER 24	34000010107525	No	0	No	No	No	No	N/A	No	Yes	No	No
dilTIAZem HCl (LA) ER 24 Hour 240 MG Tab (Matzim LA)	Tab ER 24	34000010107540	No	0	No	No	No	No	N/A	No	Yes	No	No
dilTIAZem HCl (LA) ER 24 Hour 300 MG Tab (Matzim LA)	Tab ER 24	34000010107550	No	0	No	No	No	No	N/A	No	Yes	No	No
dilTIAZem HCl (LA) ER 24 Hour 360 MG Tab (Cardizem LA)	Tab ER 24	34000010107560	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem HCL ER Tiazac													
DilTIAZem ER 24 hour 180 MG Cap UD [Tiazac] (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem ER 24 hour 240 MG Cap UD [Tiazac] (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem ER 24 hour 360 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117060	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 240 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 180 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 120 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117020	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem ER 24 hour 300 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117050	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem HCl ER 24 Hour 420 MG Cap (Tiazac)	Cap ER 24	34000010117070	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													
DilTIAZem HCL Tablet													
DilTIAZem 120 MG Tab (Cardizem)	Tab	34000010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem 30 MG Tab UD (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem 30 MG Tab (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem 60 MG Tab (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem 60 MG Tab UD (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DilTIAZem 90 MG Tab (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem 90 MG Tab UD (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****CARDIZEM SR NOT APPROVED*****													
DilTIAZem Injection													
DilTIAZem HCl Intravenous Solution 25 MG/5ML	Sol	34000010102025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DilTIAZem HCl Intravenous Solution 50 MG/10ML	Sol	34000010102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DilTIAZem HCl Intravenous Solution 125 MG/25ML	Sol	34000010102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
dilTIAZem HCl Intravenous Solution 100 MG	Sol Recon	34000010102140	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
DilTIAZem XR 24 hour Capsule													
DilTIAZem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)	Cap ER 24	34000010107040	No	0	No	No	No	No	N/A	No	Yes	No	No
Dilt-XR 24 Hour 120 MG ER Cap	Cap ER 24	34000010107020	No	0	No	No	No	No	N/A	No	Yes	No	No
DilTIAZem XR 24 hour 240 MG Cap(Dilacor XR) UD	Cap ER 24	34000010107040	No	0	No	No	No	No	N/A	Yes	Yes	No	No
dilTIAZem HCl ER 24 Hour 180 MG Cap UD	Cap ER 24	34000010107030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
dilTIAZem HCl ER 24 Hour 180 MG Cap	Cap ER 24	34000010107030	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													
Dimethyl Fumerate Delayed Release Capsule													
Dimethyl Fumerate 120 MG Delayed Release Capsule (Tecfidera)	Cap DR	62405525006520	No	0	No	No	No	No	N/A	No	Yes	No	No
Dimethyl Fumerate 240 MG Delayed Release Cap (Tecfidera)	Cap DR	62405525006540	No	0	No	No	No	No	N/A	No	Yes	No	No
Dimethyl Fumerate 120 & 240 MG Capsule Pack (Tecfidera)	Cap DR	6240552500B320	No	0	No	No	No	No	N/A	No	Yes	No	No
Dimethylsulfoxide-RMSO													
Dimethylsulfoxide-RMSO ML (Rimso-50)	Sol	56500010002010	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
*****MRC USE ONLY**													
Oncology Use Only**													
Medical Referral Center (MRC) Use Only													
diphenhydrAMINE Capsule/Tablet													
diphenhydrAMINE 25 MG Cap (Benadryl)	Cap	41200030100105	No	0	No	No	No	No	N/A	No	Yes	No	No
diphenhydrAMINE 25 MG Cap UD (Benadryl)	Cap	41200030100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
diphenhydrAMINE 50 MG Cap (Benadryl)	Cap	41200030100110	No	0	No	No	No	No	N/A	No	Yes	No	No
diphenhydrAMINE 50 MG Cap UD (Benadryl)	Cap	41200030100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
diphenhydrAMINE 25 MG Tab (Benadryl)	Tab	41200030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
diphenhydrAMINE 25 MG Tab UD (Benadryl)	Tab	41200030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
diphenhydrAMINE 50 MG Tab	Tab	41200030100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****RESTRICTED TO INJECTABLE FORMULATION ONLY*** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****													
Non-Formulary Use Criteria:													
1. Formulary - MRC use only, restricted to dialysis													
2. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl (diphenhydrmne and hydroxyzine only).													
3. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only)													
4. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)													
5. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only)													
6. Non-formulary use approved via DIRECTLY OBSERVED THERAPY ONLY for cyproheptadine.													
7. URTICARIA: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled													
8. Urticaria: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.													
9. Urticaria: Documented failure (ensuring compliance) of steroid pulse therapy (e.g., prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder).**													
Medical Referral Center (MRC) Use Only													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
diphenhydrAMINE Injection														
diphenhydrAMINE HCl 50 MG/ML 2 ML Inj (Benadryl Inj)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
diphenhydrAMINE HCl 50 MG/ML 1 ML Inj/Vial (Benadryl INJ)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DiphenhydrAMINE HCl 50 MG/ML 10ml Inj	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DiphenhydrAMINE HCl Inj 50 MG/ML syringe (Benadryl)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
Formulary Restrictions: ****RESTRICTED TO INJECTABLE FORMULATION ONLY*** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****														
Dipyridamole Tablet														
Dipyridamole 25 MG Tab (Persantine)	Tab	85150030000310	No	0	No	No	No	No	N/A	No	Yes	No	No	
Dipyridamole 25 MG Tab UD (Persantine 25 MG)	Tab	85150030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Dipyridamole 50 MG Tab UD (Persantine 50 MG)	Tab	85150030000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	No	Yes	No	No	
Dipyridamole 75 MG Tab UD (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Dipyridamole 50 MG Tab (Persantine)	Tab	85150030000320	No	0	No	No	No	No	N/A	No	Yes	No	No	
Disopyramide														
Disopyramide 150 MG Cap UD (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Disopyramide 150 MG Cap (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	No	Yes	No	No	
Disopyramide Phosphate 100 MG Cap (Norpace)	Cap	35100010100105	No	0	No	No	No	No	N/A	No	Yes	No	No	
Disopyramide Phosphate CR														
Disopyramide Phosphate CR 100 MG CAP (Norpace CR)	Cap ER 12	35100010106910	No	0	No	No	No	No	N/A	No	Yes	No	No	
Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)	Cap ER 12	35100010106915	No	0	No	No	No	No	N/A	No	Yes	No	No	
Distilled Water 1 gallon (Hinckley/Mckesson)														
Distilled Water 1 gallon [Hinckley/Mckesson] (distilled)			No	0	No	Yes	No	No	N/A	No	Yes	No	No	
Distilled Water Oral Liquid														
Distilled Water Oral Liquid	Liq	98402024000900	No	0	No	No	No	No	N/A	No	Yes	No	No	
Distilled Water for CPAP - 1 Gallon (water)	Liq	98402024000900	No	0	No	Yes	No	No	N/A	No	Yes	No	No	
Advisories: ***For compounding purposes only***														
Divalproex ER 24 Hour Tablet														
Divalproex ER 24 Hour 500 MG Tab (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	No	Yes	No	No	
Divalproex ER 24 Hour 250 MG Tab (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	No	Yes	No	No	
Divalproex ER 24 Hour 500 MG Tab UD (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Divalproex ER 24 Hour 250 MG Tab UD (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	Yes	Yes	No	No	

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:														
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."														
DOBUTamine 12.5 MG/ML Inj														
DOBUTamine 250 MG/20ML Inj (Dobutrex)	Sol	31350015102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOBUTamine 12.5 MG/ML Inj (Dobutrex Inj)	Sol	31350015102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Injection														
DOCEtaxel Intravenous Concentrate 20 MG/ML (Taxotere)	Concentrate	21500005001310	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Intravenous Concentrate 160 MG/8ML	Concentrate	21500005001317	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Intravenous Concentrate 80 MG/4ML	Concentrate	21500005001315	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Intravenous Solution 20 MG/2ML	Sol	21500005002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Intravenous Solution 80 MG/8ML	Sol	21500005002040	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
DOCEtaxel Intravenous Solution 160 MG/16ML	Sol	21500005002050	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
Medical Referral Center (MRC) Use Only														
Docusate Sodium Capsule														
Docusate Sodium 100 MG Cap (Colace)	Cap	46500010300110	No	0	No	No	No	No	N/A	No	Yes	No	No	
Docusate Sodium 100 MG Cap UD (Colace)	Cap	46500010300110	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Docusate Sodium 250 MG Cap (Colace)	Cap	46500010300120	No	0	No	No	No	No	N/A	No	Yes	No	No	
Docusate Sodium Tablet 100 MG (DOK)	Tab	46500010300305	No	0	No	No	No	No	N/A	No	Yes	No	No	
Docusate Sodium 100 MG Cap [OTC] 100 Count (Colace)	Cap	46500010300110	No	0	No	Yes	No	No	N/A	No	Yes	No	No	
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."														
Non-Formulary Use Criteria:														
1. Short-term orders should be obtained through the commissary.														
2. Chronic management of hypo-motility disorders OR														
3. Chronic use of iron or opioids OR														
4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.														
Docusate Sodium Solution 50 MG/5 ML														
Docusate Sodium Solution 100 MG/10 ML UD (Colace)	Liq	46500010300910	No	0	No	No	No	No	N/A	Yes	Yes	No	No	
Docusate Sodium Solution 50 MG/5 ML, 473 ML (Colace)	Liq	46500010300910	No	0	No	Yes	No	No	N/A	No	Yes	No	No	
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."														
Non-Formulary Use Criteria:														
1. Short-term orders should be obtained through the commissary.														
2. Chronic management of hypo-motility disorders OR														
3. Chronic use of iron or opioids OR														
4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.														
Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.														

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Docusate Sodium Syrup 60 MG/15ML													
Docusate Sodium Oral Syrup 60 MG/15 ML (Colace Syrup)	Syrup	46500010301220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. Short-term orders should be obtained through the commissary.** **2. Chronic management of hypo-motility disorders OR** **3. Chronic use of iron or opioids OR** **4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.**													
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Dolutegravir(DTG) Tablet													
Dolutegravir Sodium (DTG) 50 MG Tablet (Tivicay)	Tab	12103015100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Dolutegravir Sodium (DTG) 50 MG UD (repack) (Tivicay)	Tab	12103015100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Dolutegravir Sodium (DTG) 25 MG Tablet (Tivicay)	Tab	12103015100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Dolutegravir Sodium (DTG) 10 MG Tablet (Tivicay)	Tab	12103015100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Dolutegravir Sodium (DTG) 5 MG soluble Tablet (Tivicay PD)	Tab Soluble	12103015107320	No	0	No	No	No	No	N/A	No	Yes	No	No
Donepezil Tablet													
Donepezil HCL 5 MG Tab (Aricept)	Tab	62051025100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Donepezil HCL 10 MG Tab (Aricept)	Tab	62051025100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Donepezil HCL 10 MG Tab UD (Aricept)	Tab	62051025100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Donepezil HCL 5 MG Tab UD (Aricept)	Tab	62051025100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Donepezil HCl 23 MG Tab (Aricept)	Tab	62051025100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Donepezil HCl 23 MG Tab UD (Aricept)	Tab	62051025100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
DOPamine 200 MG/5 ML													
DOPamine 200 MG/5 ML	Sol	31350020102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DOPamine in D5W IV Soln premix													
DOPamine in D5W 400 MG/250 ML	Sol	31350020112020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DOPamine in D5W Iv Soln 3.2-5 MG/ML-% 250ML	Sol	31350020112030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DOPamine in D5W IV Soln 0.8-5 MG/ML-% 250 ML	Sol	31350020112010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
DOPamine in D5W Iv Solution 1.6-5 MG/ML-% 500ML	Sol	31350020112020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Dorzolamide Ophth Solution 2%													
Dorzolamide HCL Ophth 2%, 5 ML Soln (Trusopt)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Dorzolamide HCL Ophth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories:													
****OPHTHALMOLOGIST INITIATION ONLY*****													
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	No	No
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	No	No
Advisories:													
****OPHTHALMOLOGIST INITIATION ONLY*****													
Doxapram HCL Injection													
Doxapram HCL Injection 20MG/ML,20ML (Dopram)	Sol	61300020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Doxazosin Tablet													
Doxazosin 1 MG Tab UD (Cardura)	Tab	36202005100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxazosin 2 MG Tab UD (Cardura)	Tab	36202005100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxazosin 4 MG Tab UD (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxazosin 8 MG Tab (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxazosin 8 MG Tab UD (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxepin Capsule													
Doxepin 10 MG Cap (Sinequan)	Cap	58200040100105	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 10 MG Cap UD (Sinequan)	Cap	58200040100105	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Doxepin 100 MG Cap (Sinequan)	Cap	58200040100125	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 100 MG Cap UD (Sinequan)	Cap	58200040100125	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Doxepin 150 MG Cap (Sinequan)	Cap	58200040100130	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 25 MG Cap (Sinequan)	Cap	58200040100110	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 25 MG Cap UD (Sinequan)	Cap	58200040100110	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Doxepin 50 MG Cap (Sinequan)	Cap	58200040100115	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 50 MG Cap UD (Sinequan)	Cap	58200040100115	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Doxepin 75 MG Cap (Sinequan)	Cap	58200040100120	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Doxepin 75 MG Cap UD (Sinequan)	Cap	58200040100120	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Doxepin Solution 10MG/ML													
Doxepin Solution 10 MG/ML, 120 ML (Sinequan)	Concentrate	58200040101305	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Doxepin Solution 50 MG/5ML, UD (Sinequan)	Concentrate	58200040101305	No	0	No	Yes	Yes	No	N/A	Yes	Yes	No	No
Doxercalciferol Capsule													
Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxercalciferol 0.5 MCG Cap (Hectorol)	Cap	30905040000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxercalciferol 1 MCG Cap (Hectoral)	Cap	30905040000110	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
****ORAL ROUTE PREFERRED****													
Doxercalciferol Injection													
Doxercalciferol Inj 4 MCG/2ML (Hectorol)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****ORAL ROUTE PREFERRED****													
DOXOrubicin Injection													
DOXOrubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
DOXOrubicin Injection 10 MG [2 MG/ML] (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
DOXOrubicin HCL 2MG/ML, 5ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
DOXOrubicin Injection 50 MG [2mg/ml] (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Adriamycin IV Solution Reconstituted 10 MG	Sol Recon	21200040102105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Adriamycin IV Solution Reconstituted 50 MG	Sol Recon	21200040102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Doxycycline Hyclate Capsule/Tablet													
Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Hyclate 100 MG Tablet (Vibratabs)	Tab	04000020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate Oral Tablet 20 MG (Periostat)	Tab	04000020100302	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate 150 MG Tablet	Tab	04000020100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate 75 MG Tablet	Tab	04000020100307	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Hyclate 50 MG Tab	Tab	04000020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Acne: Treatment of moderate or severe acne													
2. Acne: Failure of at least 2 topical agents													
Doxycycline Injection													
Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)	Sol Recon	04000020102105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Doxycycline Monohydrate Oral Capsule/Tablet													
Doxycycline Monohydrate 100 MG Capsule	Cap	04000020000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 50 MG Cap	Cap	04000020000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 100 MG Tablet	Tab	04000020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 50 MG Tablet	Tab	04000020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 100 MG Cap UD	Cap	04000020000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Monohydrate 100 MG Tab UD	Tab	04000020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Monohydrate 50 MG Tab UD	Tab	04000020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Doxycycline Monohydrate 75 MG Cap	Cap	04000020000107	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 150 MG Tablet	Tab	04000020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 75 MG Tablet	Tab	04000020000307	No	0	No	No	No	No	N/A	No	Yes	No	No
Doxycycline Monohydrate 150 MG Capsule	Cap	04000020000115	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
Doxycycline Oral Solution														
	Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)	Susp Recon	04000020001905	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
Drospiren/Ethinyl Estradiol 3/0.03M Tab (Yasmin)														
	Drospirenone/EE 3 MG/30 MCG Tab	Tab	25990002150320	No	0	No	No	No	No	N/A	No	Yes	No	No
Drospirenone/Ethinyl Estradiol Tablet (Yaz)														
	Drospirenone/EE 3 MG/20 MCG Tab	Tab	25990002150316	No	0	No	No	No	No	N/A	No	Yes	No	No
DULoxetine Delayed Release Capsule														
	DULoxetine HCl Delayed Rel 20 MG Cap (Cymbalta)	Cap DR	58180025106720	No	0	No	No	No	No	N/A	No	Yes	No	No
	DULoxetine HCl Delayed Rel 60 MG Cap (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	No	Yes	No	No
	DULoxetine HCl Delayed Rel 30 MG Cap UD (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	DULoxetine HCl Delayed Rel 30 MG Cap (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	No	Yes	No	No
	DULoxetine HCl Delayed Rel 60 MG Cap UD (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	DULoxetine HCl Delayed Rel 20 MG Cap UD (cymbalta)	Cap DR	58180025106720	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	DULoxetine HCl Delayed Rel 40 MG Cap (Cymbalta)	Cap DR	58180025106740	No	0	No	No	No	No	N/A	No	Yes	No	No
DuoDERM Hydroactive External														
	Flexible Hydroactive External Dressing granules (DuoDERM Hydroactive External Miscellaneous)	Miscellaneous	90944050006300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	DuoDERM Hydroactive External Gel 15gm (DuoDERM)	Gel	90944050004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	DuoDERM Hydroactive External Gel 30 GM	Gel	90944050004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Echothiophate Iodide Ophth Soln 0.125%														
	Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthlamic)	Sol Recon	86502020102115	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Elvitegravir/Cobi/Emtricitabine/Tenof (stribild)														
	EVG-COBI-FTC-TDF(Stribild) 150-150-200-300MG Tab (Stribild)	Tab	12109904300320	No	0	No	No	No	No	N/A	No	Yes	No	No
	EVG-COBI-FTC-TDF(Stribild) 150-150-200-300 MG UD (Stribild)	Tab	12109904300320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Empagliflozin Oral Tablet														
	Empagliflozin 10 MG Tablet (Jardiance)	Tab	27700050000310	No	0	No	No	No	No	N/A	No	Yes	No	No
	Empagliflozin 25 MG Tablet (Jardiance)	Tab	27700050000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Empagliflozin 25 MG Tablet UD (Jardiance)	Tab	27700050000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Empagliflozin 10 MG Tablet UD (Jardiance)	Tab	27700050000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria:													
1. Preferred agent is empagliflozin (Jardiance®)													
2. Not approved for Type 1 DM.													
Emtricitabine Capsule													
Emtricitabine (FTC) 200 MG Cap (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine (FTC) 200 MG Cap UD (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
Emtricitabine/Rilpivirine/Tenof Tab [Complera]													
Emtricitabine/Rilpiv/TDF 200/25/300 MG Tab (Complera)	Tab	12109903400320	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine/Rilpiv/TDF 200/25/300 MG Tab UD (Complera)	Tab	12109903400320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
"Not a preferred regimen for treatment-naive patients"													
Emtricitabine/Rilpivirine/Tenof Tab [Odefsey]													
Emtricitabine/Rilpiv/TAF 200/25/25 MG Tab (Odefsey)	Tab	12109903390320	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
****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/Tenofovir Tablet [Descovy]													
Emtricitabine/Tenof [Descovy] 200/25 MG Tab (Descovy)	Tab	12109902290320	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine/Tenof [Descovy] 200/25 MG Tab UD (Descovy)	Tab	12109902290320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria:													
1. Does the patient have a CrCl < 60ml/min? (Yes/No)													
2. Does the patient have osteoporosis or is at high risk for osteoporosis? (Yes/No)													
3. If no to 1 and 2, Truvada is the preferred PreP medication.													
Emtricitabine/Tenofovir Tablet [Truvada]													
Emtricitabine/Tenof [Truvada] 200/300 MG Tab (Truvada)	Tab	12109902300320	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine/Tenof [Truvada] 200/300 MG Tab UD (Truvada)	Tab	12109902300320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Emtricitabine/Tenof [Truvada] 167/250 MG Tab (Truvada)	Tab	12109902300316	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine/Tenof [Truvada] 133/200 MG Tab (Truvada)	Tab	12109902300312	No	0	No	No	No	No	N/A	No	Yes	No	No
Emtricitabine/Tenof [Truvada] 100/150 MG Tab (Truvada)	Tab	12109902300308	No	0	No	No	No	No	N/A	No	Yes	No	No
Enoxaparin Injection													
Enoxaparin Injection 30 MG/0.3 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 40 MG/0.4 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E525	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 60 MG/0.6 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 80 MG/0.8 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E535	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 100 MG/1 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E540	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 120 MG/0.8 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E560	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Enoxaparin Injection 150 MG/1 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E565	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Enoxaparin Injection 300 MG/3ML Vial (Lovenox)	Sol	83101020102050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
EPINEPHrine Auto-Injector 0.3 MG/0.3ML													
EPINEPHrine 0.3 MG/0.3ML Auto-Injector (EpiPen)	Sol Auto-	3890004000D540	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
EPINEPHrine 0.3 MG/0.3ML Syringe (Symjepi)	Sol Prefilled	3890004000E520	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Advisories:													
****This medication requires daily integrity inspection at DOT line when issued as self-carry. See National Formulary Part 1 for detailed requirements****													
EPINEPHrine Injection 0.1 MG/ML													
EPINEPHrine PF Inj 0.1MG/ML 10 ML Syringe	Sol Prefilled	3800003200E520	No	0	No	No	Yes	No	N/A	No	Yes	No	No
EPINEPHrine Inj 1 MG/10ML Syringe	Sol Prefilled	3800003200E519	No	0	No	No	Yes	No	N/A	No	Yes	No	No
EPINEPHrine Injection 1 MG/ML													
EPINEPHrine Inj 1 MG/ML 1 ML Vial (Adrenalin)	Sol	38000032002040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
EPINEPHrine Inj 1 MG/ML 30 ML Vial (Adrenalin)	Sol	38000032002040	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
EPINEPHrine PF Inj 1 MG/ML 10 ML Vial	Sol	38000032002042	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Epirubicin Solution													
epiRUBicin HCl Intravenous Solution 50 MG/25ML (Ellence)	Sol	21200042102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
epiRUBicin HCl Intravenous Solution 200 MG/100ML (Ellence)	Sol	21200042102045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
***Vesicant* Cumulative Toxic Dose 550mg/meters squared**													
Medical Referral Center (MRC) Use Only													
Epoetin alpha-epbx (Retacrit) Inj Soln UNIT/ML													
Epoetin Alfa-epbx (Retacrit) 2000 UNIT/ML, 1ml (Retacrit)	Sol	82401020042010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Epoetin Alfa-epbx (Retacrit) 3000 UNIT/ML Inj (Retacrit)	Sol	82401020042015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Epoetin Alfa-epbx (Retacrit) 40000 UNIT/ML, 1 ml (Retacrit)	Sol	82401020042060	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Epoetin Alfa-epbx (Retacrit) 4000 UNIT/ML 1 ML (Retacrit)	Sol	82401020042020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Epoetin Alfa-epbx (Retacrit) 10000 UNIT/ML 1 ML (Retacrit)	Sol	82401020042040	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Epoetin Alfa-epbx (Retacrit) 20000 UNIT/ML, 1 ML (Retacrit)	Sol	82401020042050	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Advisories:

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

ESA USE IN CANCER PATIENTS:

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

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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. Epoetin alfa-epbx (Retacrit®) is the preferred formulary alternative. If requesting for patients with hepatitis C therapy:** **2. Patient is receiving hepatitis C therapy AND** **3. 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** **4. Patient underwent evaluation for other causes of anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND** **5. 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** **6. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.** Formulary Restrictions: ****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS** **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**** **Medical Referral Center (MRC) Use Only**													
Erlotinib HCl Tablet														
	Erlotinib HCl 25 MG Tab (Tarceva)	Tab	21360025100320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Erlotinib HCl 100 MG Tab (Tarceva)	Tab	21360025100330	No	0	No	No	No	No	N/A	No	Yes	No	No
	Erlotinib HCl 150 MG Tab (Tarceva Tablet)	Tab	21360025100360	No	0	No	No	No	No	N/A	No	Yes	No	No
	Erlotinib HCl 150 MG Tablet UD (Tarceva)	Tab	21360025100360	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Erlotinib HCl 25 MG Tab UD (Tarceva)	Tab	21360025100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Erlotinib HCl 100 MG Tab UD (Tarceva)	Tab	21360025100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"** **Medical Referral Center (MRC) Use Only**													
Ertapenem Injection														
	Ertapenem 1 GM Vial (IV Entry) (Invanz)	Sol Recon	16150030102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Ertapenem 1 GM Vial (IM Entry) (Invanz)	Sol Recon	16150030102130	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Erythromycin BASE Tablet													
Erythromycin BASE 250 MG Tab (Erythromycin)	Tab	03100005000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin BASE 500 MG Tab (Erythromycin)	Tab	03100005000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin BASE 250 MG Tab UD	Tab	03100005000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Erythromycin Delayed Release Capsule													
Erythromycin DELAYED REL 250 MG Cap	Cap DR	03100005006720	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin Delayed Release Tablet													
Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin Delayed REL 333 MG Tab (ERY-TAB)	Tab DR	03100005000610	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin DELAYED REL 500 MG Tab (ERY-TAB)	Tab DR	03100005000615	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin DELAYED REL 250 MG Tab UD (ery-tab)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Erythromycin Ethyl Succ Suspension 200 MG/5ML													
Erythromycin Ethyl Succ SUSP 200MG/5ML, 100ML (EryPed)	Susp Recon	03100030301910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Erythromycin Ethyl Succ Suspension 400MG/5ML													
Erythromycin Ethyl Succ 400 MG/5ML susp (EES)	Susp Recon	03100030301915	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Erythromycin Ethyl Succ Tablet													
Erythromycin Ethyl Succ 400 MG Tab (E.E.S. 400 MG Tablet)	Tab	03100030300305	No	0	No	No	No	No	N/A	No	Yes	No	No
Erythromycin Ethylsucc Susp 200 MG/5ML 200ML (EES)	Susp Recon	03100030301910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Erythromycin Lactobionate Injection													
Erythromycin Lactobionate 500 MG Inj (Erythrocin LACT.I.V.)	Sol Recon	03100050502105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Erythromycin Ophthalmic Ointment 5MG/GM													
Erythromycin Ophth Oint 3.5 GM 5mg/gm	Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Erythromycin Ophth Oint 1 GM 5 MG/GM	Oint	86101025004210	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Escitalopram Oxalate Tablet													
Escitalopram Oxalate 10 MG Tab (Lexapro)	Tab	58160034100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Escitalopram Oxalate 20 MG Tab (Lexapro)	Tab	58160034100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Escitalopram Oxalate 5 MG Tab (Lexapro)	Tab	58160034100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Escitalopram Oxalate 10 MG Tab UD (Lexapro)	Tab	58160034100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Escitalopram Oxalate 20 MG Tab UD (Lexapro)	Tab	58160034100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Esmolol HCl-Sodium Chloride IV Soln													
Esmolol HCl-Sodium Cl IV Soln 2000 MG/100ML (Brevibloc in NaCl)	Sol	33200025112030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Esmolol HCl-Sodium Cl IV Soln 2500 MG/250ML (Brevibloc)	Sol	33200025112020	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Esmolol Hydrochloride Inj													
Esmolol HCL 10 MG/ML Inj (Brevibloc)	Sol	33200025102015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Esmolol HCl IV Solution 2500 MG/250ML	Sol	33200025102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Esmolol HCl IV Solution 2000 MG/100ML	Sol	33200025102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Estradiol Cypionate Injection													
Estradiol Cypionate 5MG/ML Inj (Depo) 5ML (Depo -Estradiol)	Oil	24000035101710	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Estradiol Patch Biweekly													
Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)	Patch Twice	24000035008730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.1 MG/24HR Patch Bi-Weekly	Patch Twice	24000035008750	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.0375 MG/24HR Patch Biweekly[Vivelle] (Vivelle-Dot Transderm Patch Biweekly)	Patch Twice	24000035008710	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 0.075 MG/24HR Patch Biweekly[Vivelle] (Vivelle-Dot patch)	Patch Twice	24000035008730	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 0.05 MG/24HR Patch (Alora) Biweekly (Alora)	Patch Twice	24000035008720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.025 MG/24HR Patch Biweekly[alora] (Alora)	Patch Twice	24000035008705	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol Patch Weekly													
Estradiol 0.05 MG/24HR Patch [Once-weekly] (Climara)	Patch Weekly	24000035008820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.025 MG/24H Patch [Once-weekly] (Climara)	Patch Weekly	24000035008810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.0375 MG/24HR Patch [Once-weekly] (Climara)	Patch Weekly	24000035008815	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.06 MG/24HR Patch [Once-weekly] (Climara Patch)	Patch Weekly	24000035008824	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.1 MG/24HR Patch [Once-weekly] (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008840	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol 0.025 MG/24HR Patch Biweekly [Vivelle] (Vivelle-Dot Transderm Patch Biweekly)	Patch Twice	24000035008705	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 0.075 MG/24HR Patch [Once-weekly] (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008830	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 14 MCG/24HR Weekly Transdermal Patch (Menostar)	Patch Weekly	24000035008805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol Tablet													
Estradiol 1 MG Tab (Estrace)	Tab	24000035000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 2 MG Tab (Estrace)	Tab	24000035000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 0.5 MG Tab (Estrace)	Tab	24000035000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Estradiol 2 MG Tab UD (Estrace)	Tab	24000035000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Estradiol Vaginal Cream													
Estradiol Vaginal Cream 0.01% 42.5 GM (Estrace)	Cm	55350020003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Estradiol Valerate Injection													
Estradiol Valerate 40 MG/ML IM Inj (5ml) (Delestrogen)	Oil	24000035201715	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Estradiol Valerate 20 MG/ML IM inj (5ml) (Delestrogen)	Oil	24000035201710	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Estradiol Valerate 10 MG/ML IM Inj (5ml) (Delestrogen)	Oil	24000035201705	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Estrogens Esterified Tablet													
Estrogens Esterified 0.3 MG Tab (Menest)	Tab	24000030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Estrogens Esterified 0.625 MG Tab (Menest)	Tab	24000030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Estrogens Esterified 1.25 MG Tab (Menest)	Tab	24000030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Ethambutol Tablet													
Ethambutol HCL 100 MG Tab (Myambutol)	Tab	09000040100305	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ethambutol HCL 400 MG Tab (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ethambutol HCL 400 MG Tab UD (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Ethambutol HCL 100 MG Tab UD (Myambutol)	Tab	09000040100305	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Ethyl Chloride Spray													
Ethyl Chloride Spray 100% ML (Ethyl Chloride Spray)	Aero	90851005003200	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: ****FOR CLINIC USE ONLY****													
Etoposide Inj													
Etoposide (VePesid) 100MG/5ML Inj (VePesid Inj)	Sol	21500010002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Sol	21500010002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Etoposide Intravenous Solution 1 GM/50ML (Toposar)	Sol	21500010002040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Etoposide Oral													
Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Etoposide 50 MG Cap UD	Cap	21500010000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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) 150-150-200-10MG Tab (Genvoya)	Tab	12109904290315	No	0	No	No	No	No	N/A	No	Yes	No	No
EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10 MG UD (Genvoya)	Tab	12109904290315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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******													
Eye Wash													
Eye Wash 120 ML	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Famotidine Injection													
Famotidine Inj 20 MG/2ML Vial (Pepcid)	Sol	49200030002017	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Famotidine Inj 40 MG/4ML Vial	Sol	49200030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Famotidine Inj 200 MG/20ML Vial (Pepcid)	Sol	49200030002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Famotidine Inj 40 MG/10ML Vial (Pepcid)	Sol	49200030002023	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Famotidine IV Solution Premixed													
Famotidine/NaCl 0.9% Premix 20 MG/50ML	Sol	49200030112020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Famotidine Oral Suspension 40 MG/5ML													
Famotidine Oral Susp 40 MG/5ML 50 ML (Pepcid)	Susp Recon	49200030001920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Famotidine Tablet													
Famotidine 20 MG Tab (Pepcid)	Tab	49200030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Famotidine 40 MG Tab (Pepcid)	Tab	49200030000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Famotidine 20 MG Tab UD	Tab	49200030000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Famotidine 40 MG Tab UD	Tab	49200030000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Famotidine 10 MG Tab (Pepcid)	Tab	49200030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Famotidine 10 MG Tab UD (Pepcid)	Tab	49200030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Fat Emulsion 20% Inj [Intralipid]													
Fat Emulsion 20% 250ML Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Fat Emulsion 20% 500 ML INJ [Liposyn III] (Liposyn III 20%)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Fat Emulsion 20% 100 ML Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Fat Emulsion 20% 1000 ML, Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Fat Emulsion 20% 500ML Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	No
Fat Emulsion 30% (Intralipid) IV Emulsion 500 ml													
Fat Emulsion 30% (Intralipid) IV Emulsion 500 ml	Emul	80200010501630	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Fenofibrate Choline Capsule Delayed Release													
Fenofibrate Choline 135 MG Delayed Release Cap (Trilipix)	Cap DR	39200006006540	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Choline 45 MG Delayed Release Cap (Trilipix)	Cap DR	39200006006520	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Failure of gemfibrozil used for at least 6 months													
2. Treatment of hyperglycemic patients. HbA1c should be < 8													
3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above.													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Fenofibrate Micronized Capsule													
Fenofibrate Micronized 130 MG Cap	Cap	39200025100114	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Micronized 200 MG Cap	Cap	39200025100130	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Micronized 67 MG Cap	Cap	39200025100107	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Micronized 134 MG Cap	Cap	39200025100115	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Micronized 43 MG Cap	Cap	39200025100104	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate Micronized 134 MG Cap UD	Cap	39200025100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fenofibrate Micronized 200 MG Cap UD	Cap	39200025100130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Failure of gemfibrozil used for at least 6 months** **2. Treatment of hyperglycemic patients. HbA1c should be < 8** **3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above.**													
Fenofibrate Tablet													
Fenofibrate 54 MG Tab	Tab	39200025000312	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 160 MG Tab	Tab	39200025000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 48 MG Tab	Tab	39200025000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 145 MG Tab	Tab	39200025000323	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 145 MG Tab UD	Tab	39200025000323	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fenofibrate 160 MG Tab UD	Tab	39200025000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fenofibrate 54 MG Tab UD	Tab	39200025000312	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fenofibrate 40 MG Tab	Tab	39200025000308	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 120 MG Tab	Tab	39200025000322	No	0	No	No	No	No	N/A	No	Yes	No	No
Fenofibrate 48 MG Tab UD	Tab	39200025000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
fentaNYL Injection													
fentaNYL Citrate (PF) 250 MCG/5ML Inj Soln [5ml]	Sol	65100025102022	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Citrate (PF) 100 MCG/2ML Inj Soln [2ml]	Sol	65100025102012	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Citrate (PF) 500 MCG/10ML inj [10ml]	Sol	65100025102032	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Citrate (PF) Inj Soln 2500 MCG/50ML	Sol	65100025102042	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Citrate (PF) Inj Soln 1000 MCG/20ML	Sol	65100025102037	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Citrate (PF) Injection Soln 50 MCG/ML	Sol	65100025102007	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Cit PF Soln Prefilled Syr 50 MCG/ML	Sol Prefilled	6510002510E51 1	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
fentaNYL Cit PF Soln Prefilled Syr 25 MCG/0.5ML	Sol Prefilled	6510002510E51 3	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
MLP Requires Cosign													
fentaNYL Patch													
fentaNYL Patch 100 MCG/HR (Duragesic)	Patch 72 Hour	65100025008650	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Patch 25 MCG/HR (Duragesic)	Patch 72 Hour	65100025008620	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Patch 50 MCG/HR (Duragesic)	Patch 72 Hour	65100025008630	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Patch 75 MCG/HR (Duragesic)	Patch 72 Hour	65100025008640	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
fentaNYL Patch 12 MCG/HR (Duragesic)	Patch 72 Hour	65100025008610	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
FentaNYL Transdermal Patch 72 Hour 37.5 MCG/HR	Patch 72 Hour	65100025008626	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
FentaNYL Transdermal Patch 72 Hour 62.5 MCG/HR	Patch 72 Hour	65100025008635	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
FentaNYL Transdermal Patch 72 Hour 87.5 MCG/HR	Patch 72 Hour	65100025008645	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**													
PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**													
Medical Referral Center (MRC) Use Only													
MLP Requires Cosign													
Ferric Gluconate Injection													
Ferric Gluconate 62.5MG/5ML INJ (Ferrlecit)	Sol	82300085102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ferrous Gluconate Tablet													
Ferrous Gluconate 324 MG Tab (Iron)	Tab	82300020000319	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferrous Gluconate 324 MG Tab UD (Iron)	Tab	82300020000319	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ferrous Gluconate 324 (37.5 Fe) MG Tab (Iron)	Tab	82300020000318	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferate Oral Tablet 240 (27 Fe) MG	Tab	82300020000308	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferrous Gluconate 324 (37.5 Fe) MG Tab UD (Iron)	Tab	82300020000318	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ferrous SULFATE Tablet													
Ferrous SULFATE 325MG Tab (Iron)	Tab	82300010000332	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferrous Sulfate ER Tablet 140 (45 Fe) MG (Iron)	Tab ER	82300010000453	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferrous Sulfate DR Tablet 325 (65 Fe) MG (Iron)	Tab DR	82300010000630	No	0	No	No	No	No	N/A	No	Yes	No	No
Ferrous SULFATE 325MG Tab UD (Iron)	Tab	82300010000332	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML													
Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML (Iron)	Sol	82300010002030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
*****Approved for use in NPO patients only*****													
Medical Referral Center (MRC) Use Only													
Ferrous Sulfate soln 300(60 Fe) MG/5ML													
Ferrous Sulfate Oral Solution 300 MG/5ML cup (Ferrous Sulfate 300 mg/ 5 ml)	Sol	82300010002041	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
*****MRC Use Only**													
Approved for use in NPO patients only**													
Medical Referral Center (MRC) Use Only													
Ferrous Sulfate Solution 220 MG/5ML													
Ferrous SULFATE Solution (480 ML) 220 MG/ 5 ML (Iron)	Sol	82300010002030	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
*****Approved for use in NPO patients only*****													
Medical Referral Center (MRC) Use Only													
Finasteride Tablet													
Finasteride 5 MG TAB UD (Proscar)	Tab	56851030000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Finasteride 5 MG TAB (Proscar)	Tab	56851030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Fingolimod Capsule													
Fingolimod 0.5 MG Cap (Gilenya)	Cap	62407025100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Fluad IM Suspension Prefilled Syringe 0.5 ML													
Influenza (Fluad) Triv IM Syringe 0.5 ML (Fluad)	Susp Prefilled	1710002046E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fluconazole injection													
Fluconazole in Sod Cl IV Soln 400-0.9 MG/200ML-% (Diflucan IV 400 MG)	Sol	11407015012020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Fluconazole in Sod Cl IV Soln 200-0.9 MG/100ML-% (Diflucan IV 200 MG)	Sol	11407015012010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Fluconazole in Sod Cl IV Soln 100-0.9 MG/50ML-% (Diflucan)	Sol	11407015012005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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, OR													
2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR													
3. Patient is immunocompromised.													
4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.													
Formulary Restrictions:													
****NOT APPROVED FOR ONYCHOMYCOSIS****													
Fluconazole Tablet													
Fluconazole 150 MG Tab (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Fluconazole 100 MG Tab (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Fluconazole 100 MG Tab UD (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fluconazole 200 MG Tab (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Fluconazole 200 MG Tab UD (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fluconazole 50 MG Tab (Diflucan)	Tab	11407015000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Fluconazole 150 MG Tab UD (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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, OR													
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR													
	3. Patient is immunocompromised.													
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.													
	5. Tinea/Superficial Mycosis: Failure of at least 4-weeks trial of topical antifungals.													
	Formulary Restrictions:													
	****NOT APPROVED FOR ONYCHOMYCOSIS****													
Fludarabine Phosphate														
	Fludarabine Phosphate 50 MG INJ (Fludara Injection)	Sol Recon	21300025102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Fludarabine Phosphate IV Solution 50 MG/2ML	Sol	21300025102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fludrocortisone Acetate Tablet														
	Fludrocortisone Acetate 0.1 MG Tab (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Flumazenil Injection														
	Flumazenil Intravenous Solution 1 MG/10ML (Romazicon)	Sol	93200040002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Flumazenil Intravenous Solution 0.5 MG/5ML (Romazicon)	Sol	93200040002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fluocinonide Cream 0.05%														
	Fluocinonide Cream 0.05% 15 GM (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluocinonide Cream 0.05% 30 GM (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluocinonide Cream 0.05% 60 GM (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluocinonide Cream 0.05% 120 GM (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluocinonide Ointment 0.05%														
	Fluocinonide Oint 0.05% 60 GM (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluocinonide Oint 0.05% 15 GM (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluocinonide Oint 0.05% 30 GM (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorescein Sodium Ophth Strip 1 MG														
	Fluorescein Sodium Strip 1 MG EA (Fluorets)	Strip	86806010106120	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Strip	86806010106110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Fluorescein/Benoxinate Ophth 0.25-0.4%														
	Fluorescein/Benoxinate Ophth 0.25% / 0.4% 5ML (Fluress)	Sol	86806010222010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Fluorescein Sod/Benoxinate Ophth Soln 0.3-0.4%	Sol	86806010222015	No	0	No	No	No	No	N/A	No	Yes	No	No
	Advisories:													
	Restricted to Optometry/Ophthalmology diagnostic use only ** Clinic Use Only****													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Fluoride Cream 1.1%													
Fluoride Cream 1.1%, 51gm (Prevident 5000 Plus)	Cm	88402020003721	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Fluoride 5000 PPM Dental Paste 1.1% 100GM (Prevident 5000 Booster)	Paste	88402020004418	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO CREAM FORMULATION ONLY****													
Fluorometholone (Flarex) Ophth Susp 0.1%													
Fluorometholone (Flarex) Ophth Susp 0.1% 5ML (Flarex)	Susp	86300020101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY*****													
Fluorometholone Ophth Ointment 0.1%													
Fluorometholone Ophth 0.1%, 3.5GM Oint (FML SOP)	Oint	86300020004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY*****													
Fluorometholone Ophth Susp 0.1%													
Fluorometholone Ophth 0.1%, 10 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY*****													
Fluorometholone Ophth Susp 0.25%													
Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY*****													
Fluorouracil Injection 50 MG/ML													
Fluorouracil Intravenous Solution 500 MG/10ML (Fluorouracil Injection)	Sol	21300030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fluorouracil Intravenous Solution 1 GM/20ML	Sol	21300030002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fluorouracil Intravenous Solution 5 GM/100ML (5 fu)	Sol	21300030002035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fluorouracil Intravenous Solution 2.5 GM/50ML	Sol	21300030002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: ***Do Not Refrigerate***													
Fluorouracil Cream 0.5%													
Fluorouracil Cream 0.5% 30 GM (Carac 0.5%)	Cm	90372030003705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorouracil Cream 4%													
Fluorouracil Cream 4% 40 GM	Cm	90372030003725	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Fluorouracil Cream 5%													
Fluorouracil Cream 5% 25 GM (Efudex Cream)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorouracil Cream 5% 40 GM (Efudex Cream 5%)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluorouracil Solution 2%													
Fluorouracil Solution 2% 10 ML (Efudex 2% Solution)	Sol	90372030002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Fluorouracil Solution 5%													
Fluorouracil Solution 5% 10 ML (Efudex 5% Solution)	Sol	90372030002050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
FLUoxetine HCl Capsule													
FLUoxetine HCl 10 MG Cap (Prozac)	Cap	58160040000110	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 20 MG Cap (Prozac)	Cap	58160040000120	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 20 MG Cap UD (Prozac)	Cap	58160040000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
FLUoxetine HCl 10 MG Cap UD (Prozac)	Cap	58160040000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
FLUoxetine HCl 40 MG Cap (Prozac)	Cap	58160040000140	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 40 MG Cap UD (prozac)	Cap	58160040000140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****													
FLUoxetine Solution 20 MG/5ML													
FLUoxetine HCl Soln 20 MG/5 ML 120 ML (Prozac Oral Solution)	Sol	58160040002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
FLUoxetine HCl Soln 20 MG/5 ML UD (Prozac)	Sol	58160040002020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories:													
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****													
FLUoxetine Tablet													
FLUoxetine HCl 20 MG Tab (Prozac)	Tab	58160040000320	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 10 MG Tab (Prozac)	Tab	58160040000310	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 60 MG Tab	Tab	58160040000360	No	0	No	No	No	No	N/A	No	Yes	No	No
FLUoxetine HCl 10 MG Tab UD	Tab	58160040000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****													
FluPHENAZine Decanoate Injection													
FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)	Sol	59200025302005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML													
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML [60ml]	Elixir	59200025101005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
FluPHENAZine Injection													
FluPHENAZine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection)	Sol	59200025102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
FluPHENAZine Oral Solution 5 MG/ML													
FluPHENAZine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution)	Concentrate	59200025101320	No	0	No	Yes	No	No	N/A	No	Yes	No	No
FluPHENAZine Tablet													
FluPHENAZine 1 MG Tab (Prolixin)	Tab	59200025100305	No	0	No	No	No	No	N/A	No	Yes	No	No
FluPHENAZine 1 MG Tab UD (Prolixin)	Tab	59200025100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
FluPHENAZine 10 MG Tab (Prolixin)	Tab	59200025100320	No	0	No	No	No	No	N/A	No	Yes	No	No
FluPHENAZine 10 MG Tab UD (Prolixin)	Tab	59200025100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
FluPHENAZine 2.5 MG Tab (Prolixin)	Tab	59200025100310	No	0	No	No	No	No	N/A	No	Yes	No	No
FluPHENAZine 2.5 MG Tab UD (Prolixin)	Tab	59200025100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
FluPHENAZine 5 MG Tab (Prolixin)	Tab	59200025100315	No	0	No	No	No	No	N/A	No	Yes	No	No
FluPHENAZine 5 MG Tab UD (Prolixin)	Tab	59200025100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Flutamide Capsule													
Flutamide 125 MG Cap UD (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Flutamide 125 MG Cap (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Fluticasone Propionate Spray													
Fluticasone Prop 50 MCG/ACT Nasal spray 16 ML (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone Prop 50 MCG/ACT Nasal Spray 9.9 ML (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone Prop 50 MCG/ACT Nasal Spray 11.1 ML (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone Prop 50 MCG/ACT Nasal spray 18.2 ML (Flonase)	Susp	42200032301810	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Non-Formulary Use Criteria:													
1. Failure of commissary steroid nasal spray and saline nasal spray (or cromolyn nasal spray) within the last 90 days													
2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed													
Fluticasone/Salmeterol Inhal 100-50 MCG (Diskus)													
Fluticasone/Salmeterol 100-50, #28 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone/Salmeterol 100-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone/Salmeterol 100-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria:													
1. COPD: Documented failure of, contraindication to, or inability to utilize LAMA-containing agents.													
2. All ICS/LABA (inhaled corticosteroid + long-acting beta-agonist) requests must be for the current BOP mandatory contract item, unless clinically justi ed otherwise													
Fluticasone/Salmeterol Inhal 250-50 MCG (Diskus)													
Fluticasone/Salmeterol 250-50, #28 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone/Salmeterol 250-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone/Salmeterol 250-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. COPD: Documented failure of, contraindication to, or inability to utilize LAMA-containing agents.													
2. All ICS/LABA (inhaled corticosteroid + long-acting beta-agonist) requests must be for the current BOP mandatory contract item, unless clinically justi ed otherwise													
Fluticasone/Salmeterol Inhal 500-50 MCG (Diskus)													
Fluticasone/Salmeterol 500-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708040	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Fluticasone/Salmeterol 500-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708040	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. COPD: Documented failure of, contraindication to, or inability to utilize LAMA-containing agents.													
2. All ICS/LABA (inhaled corticosteroid + long-acting beta-agonist) requests must be for the current BOP mandatory contract item, unless clinically justi ed otherwise													
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	No	No
Folic Acid Tablet Complex													
Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	No	0	No	No	No	No	N/A	No	Yes	No	No
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	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Folic Acid Tablet/Capsule													
Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Folic Acid 1 MG Tab UD (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Folic Acid 400 MCG Tablet	Tab	82200010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Folic Acid 800 MCG Tablet UD	Tab	82200010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Folic Acid 800 MCG Tablet	Tab	82200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Folic Acid 400 MCG Tablet UD	Tab	82200010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Folic Acid Capsule 5 MG	Cap	82200010000125	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Fosaprepitant Dimeglumine IV Soln													
Fosaprepitant Dimeglumine 150 MG/5ML IV Soln	Sol Recon	50280035102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Fosaprepitant Dimeglumine 150 MG/50ML IV Soln (Focinvez)	Sol	50280035102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**													
Foscarnet Sodium Inj													
Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Foscarnet Sodium Intravenous Soln 6000 MG/250ML (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Furosemide Injection													
Furosemide Inj 10 MG/ML 2 ML (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Furosemide Inj 10 MG/ML 4 ML (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Furosemide Inj 10 MG/ML 10 ML (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Furosemide Oral Soln 10 MG/ML 120 ML	Sol	37200030002050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Furosemide Oral Soln 10 MG/ML 4 ML UD	Sol	37200030002050	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Furosemide Oral Solution 8 MG/ML													
Furosemide Oral Soln 8 MG/ML 500 ML	Sol	37200030002045	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Furosemide Oral Soln 8 MG/ML 5 ML UD	Sol	37200030002045	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Furosemide Tablet													
Furosemide 20 MG Tab (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Gabapentin Capsule/Tablet													
Gabapentin 100 MG CAP (Neurontin)	Cap	72600030000110	No	0	No	No	Yes	Yes	N/A	No	Yes	Yes	No
Gabapentin 100 MG CAP UD (Neurontin)	Cap	72600030000110	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	No
Gabapentin 300 MG CAP (Neurontin)	Cap	72600030000130	No	0	No	No	Yes	Yes	N/A	No	Yes	Yes	No
Gabapentin 300 MG CAP UD (Neurontin)	Cap	72600030000130	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	No
Gabapentin 400 MG CAP (Neurontin)	Cap	72600030000140	No	0	No	No	Yes	Yes	N/A	No	Yes	Yes	No
Gabapentin 400 MG CAP UD (Neurontin)	Cap	72600030000140	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	No
Gabapentin 600 MG Tab (Neurontin)	Tab	72600030000330	No	0	No	No	Yes	Yes	N/A	No	Yes	Yes	No
Gabapentin 800 MG TAB (Neurontin)	Tab	72600030000340	No	0	No	No	Yes	Yes	N/A	No	Yes	Yes	No
Gabapentin 600 MG Tab UD (Neurontin)	Tab	72600030000330	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	No
Gabapentin 800 MG TAB UD (Neurontin)	Tab	72600030000340	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **Recommended Gabapentin Taper Gabapentin should be tapered over a period of 2 4 weeks** Non-Formulary Use Criteria: **1. Approved for neuropathic pain after failure of either a SNRI (ex: duloxetine) OR a tricyclic antidepressant (ex: amitriptyline).** **2. Functional status must be documented. If renewal request, the request must indicate that the inmate's functional status has improved with use of gabapentin.** **3. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid, carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.** Formulary Restrictions: *****For neuropathic pain only** **Not approved for seizures or bipolar disorder*****												
Ganciclovir IV Solution 500 MG/250ML													
Ganciclovir Intravenous Solution 500 MG/250ML (Cytovene IV)	Sol	12200030002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ganciclovir Sodium IV Solution													
Ganciclovir 500 MG INJ (Cytovene IV)	Sol Recon	12200030102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ganciclovir Sodium Intravenous Soln 500 MG/10ML	Sol	12200030102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gardasil 9 Intramuscular Suspension													
HPV (Gardasil 9) Intramuscular Suspension (Gardasil)	Susp	17100065501800	No	0	No	No	Yes	No	N/A	No	Yes	No	No
HPV (Gardasil 9) IM Suspension Prefilled Syringe (Gardasil 9)	Susp Prefilled	1710006550E600	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: **Documentation of administration MUST occur in the Flowsheets** Formulary Restrictions: **"For all women up to age 45 and men through age 26"**													
Gemcitabine Injection													
Gemcitabine HCl IV Soln Reconstituted 1 Gram (Gemzar Inj)	Sol Recon	21300034102140	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 1.5 GM/15ML (Gemzar)	Sol	21300034102080	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 1 GM/10ML	Sol	21300034102077	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 200 MG/2ML (Gemzar)	Sol	21300034102073	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 1 GM/26.3ML	Sol	21300034102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 2 GM/52.6ML	Sol	21300034102060	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Soln 200 MG/5.26ML	Sol	21300034102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl Intravenous Solution 2 GM/20ML	Sol	21300034102083	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl IV Soln Reconstituted 200 MG (Gemzar)	Sol Recon	21300034102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gemcitabine HCl IV Soln Reconstituted 2 GM (Gemzar)	Sol Recon	21300034102160	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Gentamicin Ophth Ointment													
Gentamicin Ophthlamic (3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)	Oint	86101030004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Gentamicin Sulfate Ophthalmic Soln 0.3% 15ml	Sol	86101030002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Gentamicin Premix Injection													
Gentamicin Inj Premix 80MG/100ML INJ	Sol	07000020112008	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Gentamicin Inj Premix 100MG/100ML IV soln	Sol	07000020112015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Gentamicin Inj Premix 120MG/100ml IV Soln (Gent/saline)	Sol	07000020112025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gentamicin in Saline IV Soln 2-0.9 MG/ML-% 50 ML	Sol	07000020112065	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Gentamicin in Saline IV Soln 1.6-0.9 MG/ML% 50ML	Sol	07000020112045	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Gentamicin Sulfate Injection													
Gentamicin Sulfate 40 MG/ML,2ML INJ (Garamycin Injection)	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gentamicin Sulfate 40 MG/ML, 20 ML Inj	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Gentamicin Sulfate Injection Soln 10 MG/ML [2ML]	Sol	07000020102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glatiramer Acetate Injection													
Glatiramer Acet Inj 40 MG/ML Syringe (Copaxone)	Sol Prefilled	6240003010E540	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glatiramer Acet Inj 20 MG/ML Syringe (Copaxone)	Sol Prefilled	6240003010E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
glipiZIDE Tablet													
glipiZIDE 10 MG TAB (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
glipiZIDE 5 MG TAB (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
glipiZIDE 5 MG TAB UD (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
glipiZIDE 10 MG TAB UD (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
glipiZIDE 2.5 MG TAB (Glucotrol)	Tab	27200030000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Glucagon Emergency Injection Soln Recons 1 MG/ML													
GlucaGen HypoKit Injection Solution 1 MG (Glucagen)	Sol Recon	27300010202105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glucagon Emergency Injection Soln Recons 1 MG/ML	Sol Recon	27300010202105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glucagon HCl Emergency Inj													
Glucagon HCl 1 MG Inj Kit (Glucagon Emergency Kit)	Sol Recon	27300010002105	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glucagon Intranasal Powder													
Glucagon One Pack Nasal Powder 3 MG/DOSE (Baqsimi)	Pwdr	27300010002920	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Glucose Gel 40%													
Glucose Gel 40% GM - Glutose 15 [37.5GM] (Glutose 15)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Glucose Gel 40 % GM Glutose 45 [37.5GMx3] (Glutose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Glucose (TRUEplus) Oral Gel 15 GM/32ML (Trueplus glucose gel)	Gel	27300030004040	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Glutose 5 Oral Gel 40 % (12.5 GM)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Glucose Oral Tablet													
Glucose 4 GM Tab [50/60 Count] (Glucose Tablets)	Tab Chew	27300030000515	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Glucose On The Go (TRUEplus) Oral Chew Tab 4 GM (TRUEplus)	Tab Chew	27300030000515	No	0	No	No	No	No	N/A	No	Yes	No	No
Glucose 4 GM Tab [10 Count] (Glucose Tablets)	Tab Chew	27300030000515	No	0	No	No	No	No	N/A	No	Yes	No	No
Glycerin Adult Suppository													
Glycerin (Adult) Rectal Suppository 2.1 GM	Supp	46600010005250	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Glycerin (Adult) Rectal Suppository 2 GM	Supp	46600010005215	No	0	No	No	No	No	N/A	No	Yes	No	No
Glycopyrrolate Injection													
Glycopyrrolate Inj 0.2 MG/ML (Robinul)	Sol	49102030002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate Inj 0.4 MG/2ML (Robinul)	Sol	49102030002012	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate Inj 1 MG/5ML (robinul)	Sol	49102030002013	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate Inj 4 MG/20ML (Robinul)	Sol	49102030002014	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate PF Inj 0.2 MG/ML Syringe (Glyrx-PF)	Sol Prefilled	4910203000E504	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate PF Inj 0.2 MG/ML Vial (Glyrx)	Sol	49102030002009	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate PF Inj 0.4 MG/2ML Vial (Glyrx - PF)	Sol	49102030002016	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate PF Inj 0.4 MG/2ML Syringe	Sol Prefilled	4910203000E508	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Glycopyrrolate PF Inj 0.6 MG/3ML Syringe	Sol Prefilled	4910203000E516	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: **for IV or IM injection without dilution!**													
Glycopyrrolate Oral Solution 1 MG/5ML													
Glycopyrrolate Oral Solution 1 MG/5ML	Sol	49102030002060	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Glycopyrrolate Tablet													
Glycopyrrolate 1 MG Tab (Robinul)	Tab	49102030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Glycopyrrolate 2 MG Tab (Robinul)	Tab	49102030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Glycopyrrolate 1 MG Tab UD	Tab	49102030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Glycopyrrolate 1.5 MG Tab (glycate)	Tab	49102030000312	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Granisetron Injection													
Granisetron HCl 1 MG/ML, 1 ML Inj (Kytril Injection)	Sol	50250035102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Granisetron HCl Intravenous Solution 4 MG/4ML (Kytril)	Sol	50250035102015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****													
Medical Referral Center (MRC) Use Only													
Granisetron Tablet													
Granisetron HCl 1 MG TAB (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Granisetron HCl 1 MG TAB UD (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****													
Medical Referral Center (MRC) Use Only													
guanFACINE HCl (Intuniv) ER 24 Hour Tab													
guanFACINE HCl 1 MG (Intuniv) ER 24 Hour Tab (Intuniv)	Tab ER 24	61353030107520	No	0	No	No	No	No	N/A	No	Yes	No	No
guanFACINE HCl 2 MG (Intuniv) ER 24 Hour TAB (Intuniv)	Tab ER 24	61353030107530	No	0	No	No	No	No	N/A	No	Yes	No	No
guanFACINE HCl 3 MG (Intuniv) ER 24 Hour Tab (Intuniv)	Tab ER 24	61353030107540	No	0	No	No	No	No	N/A	No	Yes	No	No
guanFACINE HCl 4 MG (Intuniv) ER 24 Hour Tab (Intuniv)	Tab ER 24	61353030107550	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Failure of non-pharmacologic / Education & Counseling / Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.													
2. Failure of noradrenergic re-uptake inhibitors (desipramine, imipramine, nortriptyline, venlafaxine) after ADEQUATE trials for a minimum 6 weeks. Patient self-reported trials of medication regimens and doses will not be accepted. All medication trials must occur and be documented within the BOP. a. For non-stimulant medications (atomoxetine or guanfacine), failure of at least one noradrenergic re-uptake inhibitor. b. For stimulant ADHD medications (methylphenidate, amphetamine, dextroamphetamine), failure of all noradrenergic re-uptake inhibitors.													
3. Submitted documentation must include/show the following: a. Copy of full psychiatric and psychological behavioral function evaluations. b. Evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports). c. Doses of formulary medications have been maximized. d. Six week minimum trial of medication occurred at maximized dose. e. Copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial. f. Lab reports of plasma drug levels for desipramine/imipramine and nortriptyline. g. History of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc.)													
4. Additional Notes: a. Only approved for directly observed therapy. b. Long acting stimulants will NOT be approved. c. Contingent to formulation compatibility, stimulant medications will be crushed prior to administration. d. Stimulant medications and atomoxetine will be our last drug of choice and will only be approved if function is significantly impaired. e. The use of stimulant in persons with a history of stimulant drug abuse will not be approved. f. See Bupropion (Wellbutrin®) for ADHD use criteria.													
guanFACINE HCl tablets													
guanFACINE HCl Oral Tablet 1 MG (Tenex)	Tab	36201025100320	No	0	No	No	No	No	N/A	No	Yes	No	No
guanFACINE HCl Oral Tablet 2 MG (Tenex)	Tab	36201025100330	No	0	No	No	No	No	N/A	No	Yes	No	No
guanFACINE HCl Oral Tablet 2 MG UD (Tenex)	Tab	36201025100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
guanFACINE HCl Oral Tablet 1 MG UD (Tenex)	Tab	36201025100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria: **1. Failure of non-pharmacologic / Education & Counseling / Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.** **2. Failure of noradrenergic re-uptake inhibitors (desipramine, imipramine, nortriptyline, venlafaxine) after ADEQUATE trials for a minimum 6 weeks. Patient self-reported trials of medication regimens and doses will not be accepted. All medication trials must occur and be documented within the BOP. a. For non-stimulant medications (atomoxetine or guanfacine), failure of at least one noradrenergic re-uptake inhibitor. b. For stimulant ADHD medications (methylphenidate, amphetamine, dextroamphetamine), failure of all noradrenergic re-uptake inhibitors.** **3. Submitted documentation must include/show the following: a. Copy of full psychiatric and psychological behavioral function evaluations. b. Evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports). c. Doses of formulary medications have been maximized. d. Six week minimum trial of medication occurred at maximized dose. e. Copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial. f. Lab reports of plasma drug levels for desipramine/imipramine and nortriptyline. g. History of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc.)** **4. Additional Notes: a. Only approved for directly observed therapy. b. Long acting stimulants will NOT be approved. c. Contingent to formulation compatibility, stimulant medications will be crushed prior to administration. d. Stimulant medications and atomoxetine will be our last drug of choice and will only be approved if function is significantly impaired. e. The use of stimulant in persons with a history of stimulant drug abuse will not be approved. f. See Bupropion (Wellbutrin®) for ADHD use criteria.**													
Gvoke PFS Subcu Soln Prefill Syringe														
	Gvoke PFS Subcu Soln Prefill Syringe 0.5MG/0.1ML (Gvoke)	Sol Prefilled	2730001000E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Gvoke PFS Subcu Soln Prefill Syringe 1 MG/0.2ML (gvoke)	Sol Prefilled	2730001000E530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Glucagon Subcu Soln Auto-injector 0.5 MG/0.1ML (Gvoke Hypopen autoinjector (2pack))	Sol Auto-	2730001000D520	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Glucagon Subcu Soln Auto-injector 1 MG/0.2ML (Gvoke Hypopen autoinjector (2pack))	Sol Auto-	2730001000D530	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Haemophilus B Polysac/tetanus Conj Vac														
	Haemophilus B polysac/tetanus ActHIB IM Soln (ActHIB)	Sol Recon	17200030102100	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haemophilus B Polysac Conj Vac Inj Soln 10 MCG (Hiberix)	Sol Recon	17200030102122	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Pedvax HIB IM Suspension 7.5 MCG/0.5ML	Susp	17200030101820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Haloperidol Decanoate Injection														
	Haloperidol Decanoate IM 100 MG/ML, 1ML INJ Vial (Haldol Decanoate Injection)	Sol	59100010302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 50 MG/ML, 1ML INJ vial (Haldol Decanoate Injection)	Sol	59100010302010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 100 MG/ML, 5 ML Vial	Sol	59100010302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 100 MG/ML, 1 ml Ampule (Haldol)	Sol	59100010302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 100 MG/ML, 10 ML	Sol	59100010302020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 50 MG/ML, 5ML INJ (Haldol Decanoate Injection)	Sol	59100010302010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Haloperidol Decanoate IM 50 MG/ML, 1ML amp	Sol	59100010302010	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories:													
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****													
Haloperidol Lactate Injection													
Haloperidol Lactate INJ 5MG/ML, 1ML vial (Haldol Injection)	Sol	59100010202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Haloperidol Lactate INJ 5MG/ML, 10ML (Haldol 5MG/ML INJ)	Sol	59100010202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Haloperidol Lactate INJ 5MG/ML, 1 ML Ampoule (Haldol)	Sol	59100010202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Haloperidol Lactate Inj 5 MG/ML Prefilled Syring	Sol	59100010202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****													
Haloperidol Lactate Oral Concentrate													
Haloperidol Lactate Oral Conc 2 MG/ML, 120ML (Haldol)	Concentrate	59100010201305	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Haloperidol Lactate Oral Conc 2 MG/ML, 5 ML Cup	Concentrate	59100010201305	No	0	No	Yes	Yes	No	N/A	Yes	Yes	No	No
Haloperidol Lactate Oral Conc 2 MG/ML 15 ML	Concentrate	59100010201305	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****													
Haloperidol Tablet													
Haloperidol 0.5 MG TAB (Haldol)	Tab	59100010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 0.5 MG Tab UD (Haldol)	Tab	59100010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Haloperidol 1 MG Tab (Haldol)	Tab	59100010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 1 MG Tab UD (Haldol)	Tab	59100010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Haloperidol 10 MG Tab (Haldol)	Tab	59100010100325	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 2 MG Tab (Haldol)	Tab	59100010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 2 MG Tab UD (Haldol)	Tab	59100010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Haloperidol 20 MG Tab (Haldol)	Tab	59100010100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 5 MG Tab (Haldol)	Tab	59100010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Haloperidol 5 MG Tab UD (Haldol)	Tab	59100010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Haloperidol 10 MG Tab UD (Haldol)	Tab	59100010100325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Haloperidol 20 MG Tab UD (Haldol)	Tab	59100010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****													
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	Yes	No
Heparin Sodium 1,000 Units/ML, 30 ML Inj (Heparin Sodium)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 10,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 10,000 Units/ML, 4 ML Inj (Heparin)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 5,000 Units/ML, 10 ML Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 5,000 Units/ML, PFS Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 5,000 Units/ML, 1 ML Inj (Heparin)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium 10,000 Units/ML , 0.5 ML Inj	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Heparin Sodium (Porcine) PF Inj 5000 UNIT/0.5ML	Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium (Porcine) 1000 UNIT/ML, 10ml	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium (Porcine) 10,000 UNIT/ML 5 ML Inj	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium 1,000 UN/ML 10ml(repack syringe)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium (Porcine) Inj 1000 UNIT/ML 2ML	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium (Porcine) Inj Soln 20000 UNIT/ML	Sol	83100020202045	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sod (Porcine) Carpuject 5000 UNIT/0.5ML	Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
	Heparin Sodium (Porcine) PF Inj 1000 UNIT/ML 2ML	Sol	83100020202013	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Heparin Sodium Lock Flush														
	Heparin Lock Flush 10 UNIT/ML 5 ML Inj Syringe (Monject Prefill Advanced Hep Lock)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Sodium Lock Flush 100 UNIT/ML [30 ML] (Hep LOCK)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Sodium Lock Flush 100 UNIT/ML [1 ML] (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Sodium Lock Flush 100 UNIT/ML [10 ML] (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush 10 UNIT/ML 10 ml inj (Hep Flush-)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush 100 UNIT/ML [5 ml in10ml Syr]	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush 100Unit/ML 5 ML Vial	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush 100 UNIT/ML (2ML in 3ml sy)PF	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush IV Soln 10 UNIT/ML 2ML (heplock)	Sol	83100020302020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush PF 10 UNIT/ML [3ml syringe]	Sol	83100020302021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush PF 10 UNIT/ML [5ml syringe]	Sol	83100020302021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush PF 100 UNIT/ML [3 ml syringe]	Sol	83100020302031	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush PF 100 UNIT/ML [1 ml syringe]	Sol	83100020302031	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush PF 100 UNIT/ML [5 ml syringe]	Sol	83100020302031	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Heparin Lock Flush 1 UNIT/ML 5 ML Inj Syringe (Hep Flush)	Sol	83100020302006	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis A & B (Twinrix) Intramuscular														
	Hepatitis A&B [Twinrix] 720-20ELU-MCG/ML Syringe (Twinrix)	Susp Prefilled	1710990205E620	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hepatitis A (Vaqta) Vaccine														
	Hepatitis A [Vaqta] IM Susp 50 UNIT/ML Vial (Vaqta)	Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Hepatitis A [Vaqta] IM Susp 50 UNIT/ML Syringe (Vaqta)	Susp Prefilled	1710000800E605	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis A Virus Vaccine														
	Hepatitis A [Havrix] IM Susp 1440 ELU/ML Syringe (Havrix)	Susp Prefilled	1710000800E680	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Hepatitis B Immune Globulin													
Hepatitis B Immune Globulin 50MG/ML Inj[HepaGam] (HepaGam B Inejction solution)	Sol	19100010002028	No	0	No	No	Yes	No	N/A	No	Yes	No	No
HyperHEP B IM Prefill Syringe 110 UNIT/0.5ML	Sol Prefilled	1910001000E510	No	0	No	No	Yes	No	N/A	No	Yes	No	No
HyperHEP B Intramuscular Solution 220 UNIT/ML	Sol	19100010002022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nabi-HB IM Solution 312 UNIT/ML (Nabi)	Sol	19100010002026	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B Vaccine-Recomb													
Hepatitis B Vacc- Engerix-B 20 MCG/ML, 1 ML Vial (Engerix-B)	Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B Vaccine-Recomb 40 MCG/ML, 1 ML Inj (Recombivax HB)	Susp	17100010201840	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B Vaccine -Recomb 5 MCG/0.5ML (Recombivax HB)	Susp	17100010201815	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B Vacc- Engerix-B 20 MCG/ML PreFil Syr	Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B (Recombivax HB) Inj Susp 10 MCG/ML (recombivax)	Susp	17100010201820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis-B Vacc (Engerix-B) PFS 10 MCG/0.5ML (Engerix-B)	Susp Prefilled	1710001020E625	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis-B Vacc (Engerix-B) PFS 20 MCG/0.5ML (Engerix-B)	Susp Prefilled	1710001020E630	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis B Vaccine(Recombivax HB) PFS 10 MCG/ML (Recombivax HB)	Susp Prefilled	1710001020E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Hepatitis-B (Heplisav-B) IM Soln 20 MCG/0.5ML													
Heplisav-B Im Soln Prefill Syringe 20 MCG/0.5ML	Sol Prefilled	1710001030E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hetastarch													
Hetastarch 6%, 500 ML Inj (Hespan)	Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Homatropine Ophth 5%, 5 ML Sol (Isopto)	Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hyaluronidase 150 UNIT/ML inj													
Hyaluronidase 150 UNIT/ML inj (Hydase Injection)	Sol	99350040302010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
hydrALAZINE 100 MG TAB (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrALAZINE 25 MG Tab UD (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrALAZINE 25 MG Tab (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrALAZINE 50 MG Tab (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrALAZINE 50 MG Tab UD (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrALAZINE 10 MG Tab UD (Apresoline)	Tab	36400010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrALAZINE 100 MG TAB UD (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
hydroCHLOROthiazide Tablet/Capsule													
hydroCHLOROthiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	No	Yes	No	No
hydroCHLOROthiazide 25 MG Tab (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	No	Yes	No	No
hydroCHLOROthiazide 25 MG Tab UD (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydroCHLOROthiazide 50 MG Tab (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	No	Yes	No	No
hydroCHLOROthiazide 50 MG Tab UD (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydroCHLOROthiazide 12.5 MG Cap UD (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydroCHLOROthiazide 12.5 MG Tab	Tab	37600040000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydrocortisone Acetate Foam 10%													
Hydrocortisone Acetate Foam 10% 15 GM (Cortifoam)	Foam	89150010103905	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydrocortisone Acetate Suppository													
Hydrocortisone Acetate SUPP 25 MG (Hemril-HC Suppository)	Supp	89100010105230	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Acetate SUPP 30 MG (Proctocort)	Supp	89100010105237	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Hydrocortisone Cream 1%													
Hydrocortisone Cream 1% 30 GM [OTC] (Cortaid)	Cm	90550075003720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Cream 1% 0.9 GM	Cm	90550075003720	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Hydrocortisone Cream 1% 454 GM	Cm	90550075003720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Cream 1% 1.5 GM	Cm	90550075003720	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Hydrocortisone/Aloe Cream 1% 28 GM	Cm	90550075003720	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent and has failed OTC Indigent Program alternatives (ex: Hydrocortisone 0.5% cream) and treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
2. For Psoriasis: lesions interfere with function													
3. For Psoriasis: Psoriasis affects >10% of BSA (refer patients to commissary for mild psoriasis) OR crucial body areas (hands, feet, face etc.)													
Hydrocortisone Enema 100 MG/60 ML													
Hydrocortisone Enema 100 MG/60 ML (Colocort Rectal Enema)	Enema	89150010005110	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Ointment 1%													
Hydrocortisone Ointment 1% 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Ointment 1% 430 GM	Oint	90550075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrocortisone Ointment 1% 110 GM	Oint	90550075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent and has failed OTC Indigent Program alternatives (ex: Hydrocortisone 0.5% cream) and treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
2. For Psoriasis: lesions interfere with function													
3. For Psoriasis: Psoriasis affects >10% of BSA (refer patients to commissary for mild psoriasis) OR crucial body areas (hands, feet, face etc.)													
Hydrocortisone Sod Succinate Injection													
Hydrocortisone Sod Succinate 100 MG INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hydrocortisone Sod Succinate 125 MG/ML,2ML INJ (Solu-Cortef)	Sol Recon	22100025402155	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hydrocortisone Sod Succinate 125 MG/ML,4ML INJ (Solu-Cortef)	Sol Recon	22100025402161	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hydrocortisone Sod Succinate 125 MG/ML,8 ML Inj (Solu-CORTEF)	Sol Recon	22100025402165	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Hydrocortisone Tablet													
Hydrocortisone 10 MG Tab (Cortef)	Tab	22100025000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydrocortisone 5 MG Tab (Cortef)	Tab	22100025000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydrocortisone 20 MG Tab (Cortef)	Tab	22100025000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydrocortisone 20 MG Tab UD (Cortef)	Tab	22100025000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Hydrocortisone 10 MG Tab UD (Cortef)	Tab	22100025000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Hydrogen Peroxide 3%													
Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydrogen Peroxide 3%, 236 ML	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Hydroxychloroquine Tablet													
Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)	Tab	13000020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydroxychloroquine 200 MG TAB UD (Plaquenil)	Tab	13000020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Hydroxychloroquine Sulfate 100 MG Tablet	Tab	13000020100303	No	0	No	No	No	No	N/A	No	Yes	No	No
Hydroxychloroquine Sulfate 300 MG Tablet	Tab	13000020100308	No	0	No	No	No	No	N/A	No	Yes	No	No
HydroxyUREA Capsule													
HydroxyUREA 500 MG Cap (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	No	Yes	No	No
HydroxyUREA 500 MG Cap UD (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
hydrOXYzine HCL Injection													
hydrOXYzine HCl Inj 25 MG/ML 1 ML (Atarax)	Sol	57200040102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
hydrOXYzine HCl Inj 50 MG/ML 2 ML (Vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
hydrOXYzine HCl Inj 50 MG/ML 1 ML (vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
HydrOXYzine HCl Inj 50 MG/ML 10 ML	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: ****RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****													
hydrOXYzine Tablet													
hydrOXYzine HCl 10 MG Tab (Atarax)	Tab	57200040100305	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrOXYzine HCl 25 MG Tab UD (Atarax)	Tab	57200040100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrOXYzine HCl 25 MG Tab (Atarax)	Tab	57200040100310	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrOXYzine HCl 50 MG Tab (Atarax)	Tab	57200040100315	No	0	No	No	No	No	N/A	No	Yes	No	No
hydrOXYzine HCl 50 MG Tab UD (Atarax)	Tab	57200040100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrOXYzine HCl 10 MG Tab UD (repack) (Atarax)	Tab	57200040100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
hydrOXYzine HCl 10 MG Tab UD (Atarax)	Tab	57200040100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: ****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****													
Non-Formulary Use Criteria: **1. Formulary - MRC use only, restricted to dialysis** **2. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexyphenidyl (diphenhydramine and hydroxyzine only).** **3. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only).** **4. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin).** **5. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only).** **6. Non-formulary use approved via DIRECTLY OBSERVED THERAPY ONLY for cyproheptadine.** **7. Urticaria: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.** **8. Urticaria: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.** **9. Urticaria: Documented failure (ensuring compliance) of steroid pulse therapy (e.g., prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder)**.**													
Medical Referral Center (MRC) Use Only													
Ibuprofen Suspension 100 MG/5ML													
Ibuprofen Susp 100 MG/5 ML 120 ML (Motrin Suspension)	Susp	66100020001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ibuprofen Susp 100 MG/5 ML 473 ML	Susp	66100020001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ibuprofen Susp 100 MG/5 ML 150 ML	Susp	66100020001820	No	0	No	No	No	No	N/A	No	Yes	No	No
Ibuprofen Susp 100 MG/5 ML UD	Susp	66100020001820	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories: **"Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic." "OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Ibuprofen Tablet													
Ibuprofen 200 MG Tab (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Ibuprofen 200 MG Tab UD (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ibuprofen 400 MG Tab UD (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ibuprofen 400 MG Tab (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Ibuprofen 600 MG Tab UD (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ibuprofen 600 MG Tab (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Ibuprofen 800 MG Tab UD (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ibuprofen 800 MG Tab (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Ibuprofen 200 MG Tab [OTC] 24 count (Motrin)	Tab	66100020000305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ibuprofen 200 MG Tab [OTC] 100 count (Advil)	Tab	66100020000305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ibuprofen 200 MG Tab [OTC] 50 count (Advil)	Tab	66100020000305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
**"Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic."													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Icosapent ethyl (Vascepa) Cap (Omega 3)													
Icosapent ethyl Omega-3 (Vascepa) 1 GM Capsule (Vascepa)	Cap	39500035100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Icosapent ethyl Omega-3 (Vascepa) 0.5 GM Capsule (Vascepa)	Cap	39500035100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Ifosfamide Injection													
Ifosfamide 50 MG/ML (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ifosfamide 1 GM Inj (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ifex Intravenous Solution Reconstituted 3 GM (Ifex)	Sol Recon	21101025002130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ifosfamide Intravenous Solution 3 GM/60ML	Sol	21101025002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ifosfamide Intravenous Solution 1 GM/20ML	Sol	21101025002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****													
Imatinib Mesylate Tab													
Imatinib Mesylate 400 MG Tab (Gleevec)	Tab	21531835100340	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Imatinib Mesylate 100 MG Tab (Gleevec)	Tab	21531835100320	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Imatinib Mesylate 100 MG Tab UD (Gleevec)	Tab	21531835100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Imatinib Mesylate 400 MG Tab UD (Gleevec)	Tab	21531835100340	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Advisories:													
	"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Imipramine Tablet														
	Imipramine 10 MG Tab (Tofranil)	Tab	58200050100305	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
	Imipramine 25 MG Tab (Tofranil)	Tab	58200050100310	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
	Imipramine 25 MG Tab UD (Tofranil 25 MG)	Tab	58200050100310	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
	Imipramine 50 MG Tab (Tofranil)	Tab	58200050100315	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
	Imipramine 50 MG Tab UD (Tofranil)	Tab	58200050100315	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Immune Globulin (Human) IM Inj														
	Immune Globulin [GamaSTAN] IM Inj 10 ML Vial (Gamastan)	Sol	19100020002000	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Immune Globulin (Human) IV or SQ Soln														
	Immune Globulin (Gammagard) Inj Soln 30 GM/300ML (Gammagard)	Sol	19100020302080	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gammagard) IV Soln 20 GM/200ML (Gammagard injeciton)	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex-C) Inj Soln 10 GM/100ML (Gamunex C)	Sol	19100020302072	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex-C) Inj Soln 5 GM/50ML (Gamunex-C)	Sol	19100020302068	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex-C) Inj Soln 1 GM/10ML (Gamunex-C)	Sol	19100020302060	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex-C) Inj Soln 40 GM/400ML (Gamunex-C)	Sol	19100020302084	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex-C) Inj Soln 20 GM/200ML (Gamunex-C)	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gammaked) Inj Soln 20 GM/200ML	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Immune Globulin (Human) IV Soln														
	Immune Globulin (Gammagard S/D) IV Soln 10 GM (Gammagard)	Sol Recon	19100020102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex) IV Soln 20 GM/200ML10% (Gamunex)	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Gamunex) IV Soln 5 GM/50ML (Gamunex)	Sol	19100020102068	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 20 GM/200ML	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 10 GM/100ML (Flebogamma)	Sol	19100020102072	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 10 GM/200ML (Flebogamma)	Sol	19100020102042	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 2.5 GM/50ML (Flebogamma)	Sol	19100020102034	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 20 GM/400ML (Flebogamma)	Sol	19100020102044	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Flebogamma DIF) IV 5 GM/100ML (Flebogamma)	Sol	19100020102038	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Octagam) IV Soln 20 GM/200ML	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin (Octagam) IV Soln 10 GM/100ML (Octagam)	Sol	19100020102072	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Privigen IV Solution 40 GM/400ML (Privigen)	Sol	19100020102090	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Privigen IV Solution 20 GM/200ML (Privigen)	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Immune Globulin Rho(D) (Human) Injection														
	Immune Globulin Rho(D) 5000 UNIT/4.4ML (WinRho SDF)	Sol	19100050002055	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin Rho(D) 1500 UNIT/1.3ML (WinRho SDF)	Sol	19100050002060	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin Rho(D) IM Inj 1500 UNIT Syringe (RhoGAM Ultra-Filtered Plus)	Sol Prefilled	1910005000E540	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin Rho(D) IV Soln 15000 UNIT/13ML (WinRho SDF)	Sol	19100050002065	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin Rho(D) IV Soln 2500 UNIT/2.2ML (WinRho SDF)	Sol	19100050002050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Immune Globulin Rho(D) IM Inj 250 UNIT Syringe (HyperRho S/D)	Sol Prefilled	1910005000E520	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Immune Globulin Rho(D) 1500 UNIT/2ML Syringe (Rhophylac)	Sol Prefilled	1910005000E550	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Indomethacin Capsule													
Indomethacin 25 MG Cap (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Indomethacin 25 MG Cap UD (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Indomethacin 50 MG Cap (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Indomethacin 50 MG Cap UD (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Indomethacin Suspension 25 MG/5ML													
Indomethacin 25 MG/5ML suspension 237ml (Indocin)	Susp	66100030001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Influenza (Afluria) PF Im Susp Syringe 0.5ML													
Influenza (Flulaval) Triv IM Syringe 0.5 ML (Flulaval)	Susp Prefilled	1710002021E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (Fluzone) Triv IM Syringe 0.5 ML (Fluzone)	Susp Prefilled	1710002021E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (Fluarix) Triv IM Syringe 0.5 ML (Fluarix)	Susp Prefilled	1710002021E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (Afluria) Triv IM Syringe 0.5 ML (Afluria)	Susp Prefilled	1710002021E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (Flublok) Triva IM Syringe 0.5ML													
Influenza (Flublok) Triv IM Syringe 0.5 ML (Flublok)	Sol Prefilled	1710002085E520	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (FluMist) IM Suspension													
Influenza (FluMist) Triv Nasal Susp (FluMist)	Liq	17100020500900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza Vaccine (Fluzone High-Dose) IM Syringe													
Influenza (Fluzone HD) Triv IM Syringe 0.5 ML (Fluzone HD)	Susp Prefilled	1710002023E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza Virus vaccine (Afluria) IM Suspension													
Influenza (Afluria) Triv IM MDV (Afluria)	Susp	17100020201800	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza Virus Vaccine (Flucelvax) IM Injection													
Influenza (Flucelvax) Triv IM MDV (Flucelvax)	Susp	17100020801810	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza (Flucelvax) Triv IM Syringe 0.5 ML (Flucelvax)	Susp Prefilled	1710002080E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Influenza Virus Vaccine (Fluzone)													
Influenza (Fluzone) Triv IM MDV (Fluzone)	Susp	17100020201800	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Inhaler Assist Device													
Inhaler Assist Device (Easivent Valved Holding Chamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Insulin Glargine 100 UNIT/ML													
Insulin Glargine 100 UNIT/ML Vial [Lantus] (Lantus)	Sol	27104003002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Glargine 100 UNIT/ML Pen [Lantus] (Lantus SoloStar)	Sol Pen-injector	2710400300D220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Insulin Glargine 100 UNIT/ML Pen [Basaglar] (Basaglar KwikPen)	Sol Pen-injector	2710400300D220	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Glargine 100 UNIT/ML Pen [Basaglar Temp] (Basaglar Tempo)	Sol Pen-injector	2710400300D222	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****													
Non-Formulary Use Criteria:													
1. Failure of or contraindication to insulin glargine-yfgn (Semglee®).													
2. Failure to achieve target HbA1c goals despite compliance with an intensive insulin regimen (3 to 4 injections / day) using NPH and regular. (Note: The evening dose of NPH should be administered as close to bedtime as staffing and institution procedures permit.) Non-formulary request must include the insulin regimens used, an assessment of compliance (i.e. MARs) and a recent HbA1c result with date.													
Insulin Glargine-yfgn [Semglee] 100 UNIT/ML													
Insulin Glargine-yfgn 100 UNIT/ML Pen [Semglee] (Semglee)	Sol Pen-injector	2710400390D220	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Glargine-yfgn 100 UNIT/ML Vial [Semglee] (Semglee)	Sol	27104003902020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin NPH 100 UNIT/ML													
Insulin NPH 100 UNIT/ML Vial [Novolin N] (Novolin N)	Susp	27104020001805	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin NPH 100 UNIT/ML Vial [Humulin N] (Humulin N)	Susp	27104020001805	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin NPH 100 UNIT/ML Pen [Humulin N] (Humulin N KwikPen)	Susp Pen-	2710402000D320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Regular 100 UNIT/ML													
Insulin Regular 100 UNIT/ML Vial [Novolin R] (Novolin R)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Regular 100 UNIT/ML Vial [Humulin R] (HumuLIN R)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Insulin Regular 100 UNIT/ML Pen [Novolin R] (Novolin R FlexPen)	Sol Pen-injector	2710401000D220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Insulin Regular 100 UNIT/ML Pump Solution													
Insulin Regular 100 UNIT/ML Pump Solution (Humulin Pump Solution)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Iodine Solution 5%													
Iodine 5%/Potassium Iodide 10% in water, 14 ML (Lugol's)	Sol	79350032002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Iodine Strong Oral Solution 5 % 473ml	Sol	79350032002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Ipratropium Nasal Spray 0.03%													
Ipratropium Nasal Spray 0.03% 30 ML (Atrovent Nasal Spray)	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ipratropium Nasal Spray 0.06%													
Ipratropium Nasal Spray 0.06% 15 ML (Atrovent Nasal Spray)	Sol	42300040102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Irinotecan HCL INj													
Irinotecan HCl Intravenous Solution 100 MG/5ML (Captosar)	Sol	21550040102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Irinotecan HCl Intravenous Solution 500 MG/25ML	Sol	21550040102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Irinotecan HCl Intravenous Soln 40 MG/2ML	Sol	21550040102025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Irinotecan HCl Intravenous Solution 300 MG/15ML (Camptosar)	Sol	21550040102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Iron Dextran Injection													
Iron Dextran Inj 100MG/2ML (Infed)	Sol	82300040002010	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
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	No	No
Irrigating Solution Ophth 120 ML													
Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Isoflurane Inhalation Solution													
Isoflurane (100ML) ML (Forane)	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Isoflurane (250ML) ML	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Isoniazid Syrup 10 MG/ML													
Isoniazid (473 ML) 10 MG/ML (Isoniazid)	Syrup	09000060001210	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Isoniazid Tablet													
Isoniazid 100 MG Tab (INH)	Tab	09000060000305	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Isoniazid 300 MG Tab (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Isoproterenol HCL Inj													
Isoproterenol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Isosorbide Dinitrate Tablet													
Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)	Tab	32100020000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Dinitrate 10 MG Tab UD (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Dinitrate 20 MG Tab UD (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	32100020000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Dinitrate 5 MG Tab UD (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate ER 24 hour Tablet													
Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate ER 30 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate ER 60 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Mononitrate ER 120 MG 24 Hour Tab UD (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Mononitrate Tablet													
Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Itraconazole Capsule													
Itraconazole 100 MG CAP UD (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Itraconazole 100 MG CAP (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	No	Yes	No	No
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, OR													
2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR													
3. Patient is immunocompromised.													
4. 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	N/A	No	Yes	No	No
Itraconazole Oral Soln 10 MG/ML, 40 ML UD Cup (Sporanox)	Sol	11407035002020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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, OR** **2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR** **3. Patient is immunocompromised.** **4. 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	N/A	No	Yes	No	No
Ivermectin 3 MG Tab UD (Stromectol)	Tab	15000007000310	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Advisories: **Notify BOP Central Office Infectious Disease if experiencing unusual number of multiple cases**													
Janssen COVID-19 Vaccine IM Suspension 0.5 ML													
Janssen COVID-19 Vaccine IM Suspension 0.5 ML	Susp	17100002101840	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Jynneos Subcutaneous Suspension 0.5 ML													
Jynneos Subcutaneous Suspension 0.5 ML	Susp	17100084101820	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ketamine Hydrochloride Inj													
Ketamine HCl Inj 50 MG/ML,10ML (Katalar)	Sol	70400020102010	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Ketamine Injection Solution 10 MG/ML (Ketalar)	Sol	70400020102005	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Ketamine HCl Injection Soln 100 MG/ML 5 ML	Sol	70400020102015	No	3	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only **MLP Requires Cosign**													
Ketorolac Injection 15 MG/ML													
Ketorolac Tromethamine Inj 15 MG/ML (Toradol)	Sol	66100037102015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: **Limited to 5 consecutive days of therapy** Formulary Restrictions: ****LIMITED to 10 DAYS ONLY per year****													
Ketorolac Injection 30 MG/ML													
Ketorolac Tromethamine Inj soln 30 MG/ML,1 ML (Toradol 30 MG Inj)	Sol	66100037102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ketorolac Tromethamine IM Prefill 60MG/2ML syr (Toradol)	Sol	66100037102071	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ketorolac Tromethamine Inj prefill 30 MG/ML	Sol	66100037102030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ketorolac Tromethamine IM Soln 60 MG/2ML Vial (Toradol)	Sol	66100037102071	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: **"Limited to 5 consecutive day of therapy"** Formulary Restrictions: ****LIMITED to 10 DAYS ONLY per year****													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Ketorolac Ophth Solution 0.5%													
Ketorolac 0.5% Ophth Soln 5 ML (Acular)	Sol	86805035102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ketorolac 0.5% Ophth 1 ML Drop (Acular 0.5% PF Ophthalmic Drops)	Sol	86805035102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ketorolac 0.5% Ophth Soln 3ML (Acular)	Sol	86805035102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ketorolac 0.5% Ophth Soln 10ML (Acular)	Sol	86805035102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Labetalol HCL Inj													
Labetalol HCl Inj 5 MG/ML 20 ML Vial	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Labetalol HCl Inj 5 MG/ML 40 ML Vial	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Labetalol HCL Tablet													
Labetalol HCL 100 MG Tab UD (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Labetalol HCL 100 MG Tab (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Labetalol HCL 200 MG Tab (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Labetalol HCL 200 MG Tab UD (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Labetalol HCL 300 MG Tab (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Labetalol HCL 300 MG Tab UD (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Labetalol HCl 400 MG Tab	Tab	33300010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Lactated Ringer's Injection													
Lactated Ringer's Injection 1000 ML Inj (Lactated Ringers Inj)	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lactated Ringer's Injection 500 ML Inj	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lactated Ringer's Injection 250 ML Inj	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lactated Ringers Irrigation Solution													
Lactated Ringers Irrigation Solution	Sol	99750015002000	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lactulose Oral Only Solution													
Lactulose Oral Soln 20 GM/30 ML UD	Sol	46600020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Lactulose Oral Soln 10 GM/15 ML 946 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Oral Soln 10 GM/15 ML 236 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Oral Soln 10 GM/15 ML 473 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Oral Soln 10 GM/15 ML 1892 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Oral Soln 10 GM/15 ML UD	Sol	46600020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Lactulose Solution (Enulose)													
Lactulose Soln 10 GM/15 ML 473 ML (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Soln 10 GM/15 ML UD (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Lactulose Soln 10 GM/15 ML 237 ML (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lactulose Soln 10 GM/15 ML 1892 ML (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
lamiVUDine (3TC) oral tab													
lamiVUDine (3TC) 150 MG Tab (Epivir (3TC))	Tab	12106060000320	No	0	No	No	No	No	N/A	No	Yes	No	No
lamiVUDine (3TC) 300 MG Tab (Epivir)	Tab	12106060000330	No	0	No	No	No	No	N/A	No	Yes	No	No
lamiVUDine (3TC) 150 MG Tab UD (Epivir)	Tab	12106060000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
lamiVUDine (3TC) 300 MG Tab UD (Epivir)	Tab	12106060000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
lamiVUDine (3TC) Solution 10 MG/ML													
lamiVUDine (3TC) 10 MG/ML Soln, 240ML (Epivir Solution)	Sol	12106060002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
lamiVUDine HBV Oral Solution 5 MG/ML													
lamiVUDine HBV Oral Soln 5 MG/ML 240ML (Epivir HBV)	Sol	12352050002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
LamiVUDine HBV Oral Tablet 100 MG													
lamiVUDine HBV 100 MG Tab (Epivir HBV)	Tab	12352050000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
lamiVUDine-Zidovudine 150-300 Mg Tablet													
lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)	Tab	12109902500320	No	0	No	No	No	No	N/A	No	Yes	No	No
lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)	Tab	12109902500320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
lamoTRIgine Tablet													
lamoTRIgine 100 MG Tab (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	N/A	No	Yes	No	No
lamoTRIgine 150 MG TAB (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	N/A	No	Yes	No	No
lamoTRIgine 200 MG TAB (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	N/A	No	Yes	No	No
lamoTRIgine 25 MG TAB (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	N/A	No	Yes	No	No
lamoTRIgine 25 MG Tab UD (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
lamoTRIgine 150 MG Tab UD (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
lamoTRIgine 100 MG Tab UD (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
lamoTRIgine 200 MG Tab UD (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Lanthanum Carbonate Tablet													
Lanthanum Carbonate 500 MG Tab Chewable (Fosrenol)	Tab Chew	52800045200540	No	0	No	No	No	No	N/A	No	Yes	No	No
Lanthanum Carbonate 750 MG Tab Chewable (Fosrenol)	Tab Chew	52800045200550	No	0	No	No	No	No	N/A	No	Yes	No	No
Lanthanum Carbonate 1000 MG Tab Chewable	Tab Chew	52800045200560	No	0	No	No	No	No	N/A	No	Yes	No	No
Latanoprost Ophth Soln 0.005%													
Latanoprost Ophth Soln 0.005% 2.5 ML (Xalatan)	Sol	86330050002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
*****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****													
Leflunomide Tablet													
Leflunomide 20 MG Tab (Arava)	Tab	66280050000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Leflunomide 10 MG Tab (Arava)	Tab	66280050000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Leflunomide 20 MG Tab UD (Arava)	Tab	66280050000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Leflunomide 10 MG Tab UD (Arava)	Tab	66280050000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lenvatinib Oral Caps (therapy packs)													
Lenvatinib 24 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B250	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 8 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B215	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 12 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B223	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 10 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B220	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 18 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B244	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 14 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B240	No	0	No	No	No	No	N/A	No	Yes	No	No
Lenvatinib 20 MG Daily Dose Therapy Pack (Lenvima)	Cap Therapy	2133505420B230	No	0	No	No	No	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Leucovorin Calcium Inj													
Leucovorin Calcium 100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium 50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium 350 MG Inj	Sol Recon	21755040102160	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium Injection Soln 200 MG	Sol Recon	21755040102150	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium Injection Soln 500 MG	Sol Recon	21755040102170	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium Injection Soln 500 MG/50ML	Sol	21755040102056	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Leucovorin Calcium Injection Soln 100 MG/10ML	Sol	21755040102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Leucovorin Calcium Tablet													
Leucovorin Calcium 10 MG Tab (Wellcovorin)	Tab	21755040100325	No	0	No	No	No	No	N/A	No	Yes	No	No
Leucovorin Calcium 25 MG Tab (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	No	Yes	No	No
Leucovorin Calcium 5 MG Tab (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Leucovorin Calcium 25 MG Tab UD (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Leucovorin Calcium 5 MG Tab UD (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Leucovorin Calcium 15 MG Tablet	Tab	21755040100335	No	0	No	No	No	No	N/A	No	Yes	No	No
Leuprolide Acetate Subcutaneous (30 day)													
Leuprolide Acetate (Eligard) Subcu Kit 7.5MG/.25 (Eligard Subcutaneous Kit 7.5 MG)	Kit	21405010106415	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: ***Male use only* *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
Leuprolide Acetate Subcutaneous 22.5mg 3 month													
Leuprolide Acetate (Eligard) Subcu 22.5MG/.375ml (Eligard Subcutaneous Kit 22.5 MG)	Kit	21405010156432	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: ***Male use only* *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
Leuprolide Acetate Subcutaneous 30 mg 4 month													
Leuprolide Acetate(Eligard) Subcu Kit 30MG/0.5ML (Eligard)	Kit	21405010206435	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: ***Male use only* *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
Leuprolide Acetate Subcutaneous 45 MG 6 month													
Leuprolide Acetate (Eligard) Subcu Kit 45MG/.375 (Eligard)	Kit	21405010256445	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: ***Male use only* *Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
levETIRAcetam Oral Solution 100 MG/ML													
levETIRAcetam Oral Solution 100 MG/ML, 473 ml (Keppra solution)	Sol	72600043002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
levETIRAcetam Oral Solution 100 MG/ML 5 ml UD	Sol	72600043002020	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****													
levETIRAcetam Tablet													
levETIRAcetam 250 MG Tab (Keppra)	Tab	72600043000320	No	0	No	No	No	No	N/A	No	Yes	No	No
levETIRAcetam 500 MG Tab (Keppra)	Tab	72600043000330	No	0	No	No	No	No	N/A	No	Yes	No	No
levETIRAcetam 750 MG Tab (Keppra)	Tab	72600043000340	No	0	No	No	No	No	N/A	No	Yes	No	No
levETIRAcetam 500 MG Tab UD (Keppra)	Tab	72600043000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
levETIRAcetam 1000 MG Tab (Keppra)	Tab	72600043000350	No	0	No	No	No	No	N/A	No	Yes	No	No
levETIRAcetam 250 MG Tab UD (Keppra)	Tab	72600043000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
levETIRAcetam 750 MG Tab UD (Keppra)	Tab	72600043000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	levETIRAcetam 1000 MG Tab UD (Keppra)	Tab	72600043000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Advisories:													
	****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****													
Levofloxacin inj														
	Levofloxacin 25 MG/ML, 20ML INJ (Levaquin)	Sol	05000034002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Advisories:													
	DO NOT USE FOR MRSA													
Levofloxacin Tablet														
	Levofloxacin 250 MG Tab UD (Levaquin)	Tab	05000034000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Levofloxacin 250 MG Tab (Levaquin)	Tab	05000034000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Levofloxacin 500 MG Tab UD (Levaquin)	Tab	05000034000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Levofloxacin 500 MG Tab (Levaquin)	Tab	05000034000330	No	0	No	No	No	No	N/A	No	Yes	No	No
	Levofloxacin 750 MG Tab (Levaquin)	Tab	05000034000340	No	0	No	No	No	No	N/A	No	Yes	No	No
	Levofloxacin 750 MG Tab UD (Levaquin)	Tab	05000034000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Advisories:													
	***DO NOT USE FOR MRSA*													
	Not first line for the treatment of acute bronchitis, acute sinusitis or uncomplicated urinary tract infections."**													
	Non-Formulary Use Criteria:													
	1a. UTI: (a) complicated (e.g., obstruction, reflux, azotemia, transplant) or catheter associated OR													
	1b. UTI (b) For acute cystitis: first-line therapy with sulfamethoxazole/trimethoprim and nitrofurantoin have failed or are contraindicated.													
	2a Pneumonia: (a) Patient has risk factors for pseudomonas or MRSA. Comorbidities are present (chronic heart, lung, liver, or renal disease; diabetes; alcohol use disorder; neoplastic disease, asplenia) OR													
	2b Pneumonia (b) Antibiotic use within the past 3 months.													
	3a COPD exacerbation: Patient has risk factors for poor outcome (age greater than 65 years, FEV1 < 50%, recent hospitalization or antibiotic use, history of pseudomonas infection, more than 1 exacerbation in past 12 months). OR													
	3b. 3a COPD exacerbation: Patient has contraindications to azithromycin or cefdinir													
	4. Acute sinusitis: (a) clinical failure after 3 days of empiric antibiotic treatment (persistent sinus pain, nasal congestion, purulent nasal discharge, and/or fever despite recommended therapy).													
	5a. Otitis media: Patient has had antibiotics in the previous month AND has documented penicillin allergy. OR													
	5b. Otitis media: Patient has clinical failure after 3 days of empiric antibiotic treatment (no change in ear pain, fever, bulging tympanic membrane, or otorrhea) AND has a documented penicillin allergy.													
	6a. H. pylori: Patient has failed both first-line treatment options (per current guidelines). OR													
	7. Biopsy/procedure: Please indicate if use for biopsy/procedure, if recommended by specialist, and date of procedure (if known).													
	8. For use based on available culture and sensitivity results: Susceptible to fluoroquinolone and intermediate or fully resistant to all other formulary options.													
Levofloxacin/Dextrose Premix														
	Levofloxacin/Dextrose Premix 500 MG IV (Levaquin)	Sol	05000034112028	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Levofloxacin/Dextrose Premix 750 MG IV (Levaquin 750MG Premix)	Sol	05000034112032	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Levofloxacin in D5W Intravenous Soln 250 MG/50ML (Levaquin)	Sol	05000034112024	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
DO NOT USE FOR MRSA													
Levonorgestrel / Ethinyl Es 0.15-30 MG-MCG Tab													
Levonorgestrel/EE 0.15 MG/30 MCG Tab	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Levonorgestrel/Ethinyl Est (Trivora) Tab													
Levonorgestrel/EE 50-75-125/30-40-30 MCG Tab	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Levonorgestrel/Ethinyl Estrad Tablet													
Levonorgestrel/EE 0.1 MG/20 MCG Tab	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Levonorgestrel/EE 0.1 MG/20 MCG Chew Tab (Tyblume)	Tab Chew	25990002400505	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium inj													
LevoTHYROXINE Sodium Inj Soln 100 MCG	Sol Recon	28100010102103	No	0	No	No	Yes	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium Inj Soln 200 MCG	Sol Recon	28100010102107	No	0	No	No	Yes	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium Inj Soln 500 MCG	Sol Recon	28100010102112	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Levothyroxine Sodium IV Solution 100 MCG/5ML	Sol	28100010102084	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Levothyroxine Sodium IV Solution 200 MCG/5ML	Sol	28100010102088	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Levothyroxine Sodium IV Solution 500 MCG/5ML	Sol	28100010102096	No	0	No	No	Yes	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium Tablet													
LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	No	Yes	No	No
LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 112 MCG Tab UD (Levoxyl)	Tab	28100010100322	No	0	No	No	No	No	N/A	Yes	Yes	No	No
LevoTHYROXINE Sodium 137 MCG Tab UD (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Lidocaine 0.4% in D5W													
Lidocaine 0.4% in D5W IV Soln	Sol	35200020112020	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: **"ACLS / Code cart only"**													
Lidocaine 1% HCl - PF Inj													
Lidocaine HCl-MPF 1%, Inj 2 ML (MDV) (Xylocaine-MPF)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 1%, Inj 5 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 4%, Inj 5 ML (Xylocaine-MPF 4%)	Sol	69100040102026	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 1%, Inj 2 ML Vial (xylocaine MPF injection)	Sol	69100040102011	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 1% MPF 5ml Inj [SDV] (Xylocaine MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine-MPF Injection Solution 1% 30ML (Xylocaine-MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine-MPF Injection Solution 1 % 10 ML (Xylocaine-mpf)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl (PF) Inj Soln 1.5% 20 ML (Xylocaine)	Sol	69100040102016	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-(PF) 1%, Inj Soln 2ML, Ampoule	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl (PF) Inj Soln 1% 5ml Ampoule	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine 1% Injection													
Lidocaine HCl 1% Inj 30 ML (Xylocaine)	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 1% Inj 10 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 1% Inj 10 MG/ML	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 1%, 50 ML Inj (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 1% Inj 20 ML (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine External Cream 3 %													
Lidocaine External Cream 3% 28 GM (Pain Relieving Cream)	Cm	90850060003715	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl 0.5% Injection													
Lidocaine HCl-MPF 0.5 % Inj 50 ML (Xylocaine MPF)	Sol	69100040102006	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 0.5% Inj (Lidocaine)	Sol	69100040102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCL 2% Injection													
Lidocaine HCl 2% (20 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2% (50 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2%, 20 ML Inj (Xylocaine 2% Inj)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2%, 50 ML Inj (Xylocaine)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 2%, Inj 5 ML (Xylocaine-MPF)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2% (2 ML) 20 MG/ML Inj (MDV)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCL 2 % Soln 10 ml (Xylocaine 2%)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 2%, Inj 2 ML (Xylocaine)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-MPF 2%, Inj 10 ML (Xylocaine)	Sol	69100040102021	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl-(PF) Inj Soln 2%, 2ml ampoule	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2% Prefill Syr 100 MG/5ML	Sol Prefilled	6910004010E530	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions: **"Clinic Use Only"**													
Lidocaine HCL 2% Injection (Cardiac)													
Lidocaine HCl (Cardiac) PF IV Syringe 50 MG/5ML	Sol Prefilled	3520002010E522	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl (Cardiac) IV Syringe 100 MG/5ML	Sol Prefilled	3520002010E530	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl (Cardiac) PF IV Soln 100 MG/5ML	Sol	35200020102035	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl (Cardiac) PF IV Syringe 100 MG/5ML	Sol Prefilled	3520002010E532	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: **"ACLS Use Only"** **Medical Referral Center (MRC) Use Only**													
Lidocaine HCl 4% Soln (360 Kit)													
Lidocaine HCl 4% Soln [360 Kit] (LTA 360 Kit Mouht/Throat Solution)	Sol	88350065102045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl External Cream 3 %													
Lidocaine HCl External Cream 3 % [28 GM]	Cm	90850060103730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl External Cream 3 % [85GM]	Cm	90850060103730	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl Lotion 3%													
Lidocaine HCl External Lotion 3 % (177 ml) (Lidocaine 3% Lotion)	Lotion	90850060104140	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCL Solution 4%													
Lidocaine HCl Solution 4% 50 ML	Sol	90850060102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: **"Clinic Use only"**													
Lidocaine HCl/Epinephrine 1% Inj													
Lidocaine HCl w EPINEPHrine 1%, 20 ML Inj	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine 1%, 10 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine 1%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine 1% 30 ML INJ	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: **"clinic Use only"**													
Lidocaine HCl/Epinephrine 2% Inj													
Lidocaine HCl w EPINEPHrine 2%-1:100000 MDV 20ml (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine 2%-1:200000 20 ML	Sol	69991002402020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl w EPINEPHrine Inj 2%-1:100000 30ML	Sol	69991002402022	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine-MPF/EPINEPHrine Inj 2%-1:200000 10ML (Xylocaine-MPF/epinerp)	Sol	69991002402020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Lidocaine-EPINEPHrine 2%-1:100000 1.7ML	Sol	69991002402022	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
"Clinic Use Only"													
Lidocaine Jelly 2%													
Lidocaine Jelly 2%, 30 GM Topical (Xylocaine Jelly Gel)	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl External Gel/Jelly 2% 5ML	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine Jelly 2%, Uro-Jet													
Lidocaine External Gel 2 % 11 ml syringe (Glydo)	Prefilled	9085006010E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine External Gel 2 % 6ml syringe (Glydo)	Prefilled	9085006010E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext Gel 2% 20ML (Uro-jet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext Gel 2% 5ML (Uro-Jet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext Gel 2% 10ML (Urojet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext Gel 2% 30ML	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl 2% Urethral/Mucosal Ext Gel 5ML sy (Uro Jet)	Prefilled	9085006010E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext PFS 2% 10ML	Prefilled	9085006010E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Lidocaine HCl Urethral/Mucosal Ext PFS 2% 20ML	Prefilled	9085006010E420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
For use in Urology Procedures													
Lidocaine Ointment 5%													
Lidocaine HCl Ointment 5% 35.44 GM (Xylocaine 5% Ointment)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl Ointment 5% 50 GM	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine HCl Ointment 5% 30gm	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine Patch 5%													
Lidocaine 5% Patch (Lidoderm Patch)	Patch	90850060005930	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Patient is being treated for post -herpetic neuralgia.													
2. Patient utilized 4 - 6 week trial of formulary anticonvulsants and / or tricyclics.													
3. Patient will be prescribed other concurrent analgesic therapies effective for neuropathic pain.													
Lidocaine viscous HCl Oral 2%													
Lidocaine Viscous HCl 2%, 100 ML O/S (Xylocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lidocaine Viscous HCl 2%, 15 ML UD Cup O/S (Lidocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Lidocaine-Epinephrine 1.5%-1:200000													
Lidocaine HCl w EPINEPHrine 1.5% 5ML -1:200000	Sol	69991002402016	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Liothyronine Sodium inj 10 mcg/ml													
Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)	Sol	28100020102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Liothyronine Sodium Tablet													
Liothyronine Sodium 25 MCG Tab (Cytomel)	Tab	28100020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Liothyronine Sodium 5 MCG Tab (Cytomel)	Tab	28100020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Liothyronine Sodium 50 MCG Tab (Cytomel)	Tab	28100020100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Liothyronine Sodium 25 MCG Tab UD (re-Pack)	Tab	28100020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Liothyronine Sodium 50 MCG Tab UD (Re-Pack)	Tab	28100020100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril Tablet													
Lisinopril 10 MG Tab UD (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril 20 MG Tab UD (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril 20 MG Tab (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 40 MG Tab (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 5 MG Tab UD (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril 5 MG Tab (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 10 MG Tab (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 40 MG Tab UD (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril 2.5 MG Tab UD (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril 2.5 MG Tab (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 30 MG Tab (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril 30 MG Tab UD (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lisinopril/Hydrochlorothiazide Tablet													
Lisinopril/Hydrochlorothiazide 10/12.5 MG Tab (Prinzide)	Tab	36991802550305	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril/Hydrochlorothiazide 20/12.5 MG Tab (Prinzide)	Tab	36991802550310	No	0	No	No	No	No	N/A	No	Yes	No	No
Lisinopril/Hydrochlorothiazide 20/25 MG Tab (Prinzide)	Tab	36991802550320	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate Capsule													
Lithium Carbonate 150 MG Cap	Cap	59500010100103	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate 300 MG Cap (Eskalith)	Cap	59500010100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate 600 MG Cap (Lithium Carbonate)	Cap	59500010100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate 300 MG Cap UD	Cap	59500010100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lithium Carbonate 150 MG Cap UD	Cap	59500010100103	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lithium Carbonate 600 MG Cap UD	Cap	59500010100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Lithium Carbonate ER Tablet													
Lithium Carbonate SR 300 MG Tab (Lithobid)	Tab ER	59500010100405	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate ER 300 MG Tab (Eskalith CR)	Tab ER	59500010100405	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate ER 450 MG Tab (Eskalith CR)	Tab ER	59500010100410	No	0	No	No	No	No	N/A	No	Yes	No	No
Lithium Carbonate ER 300 MG Tab UD	Tab ER	59500010100405	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)	Tab ER	59500010100410	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)	Tab ER	59500010100405	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Lithium Carbonate Tablet													
Lithium Carbonate 300 MG Tab UD (Lithium Carbonate)	Tab	59500010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lithium Carbonate 300 MG Tab	Tab	59500010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Lithium Citrate (60mg/ml)= 8MEQ/5ML, Solution													
Lithium Citrate (60mg/ml)= 8MEQ/5ML, 500ML SOLN (Lithium Citrate)	Sol	59500010002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD 5ml (Lithium Citrate Syrup)	Sol	59500010002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Lomustine Capsule													
Lomustine 10 MG Cap (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	No	Yes	No	No
Lomustine 10 MG Cap UD (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lomustine 40 MG Cap UD (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Lomustine 100 MG Cap UD (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Loperamide Capsule/Tablet													
Loperamide Capsule 2 MG (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Loperamide Capsule 2 MG UD (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Loperamide Oral Tablet 2 MG (SM Anti-Diarrheal)	Tab	47100020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Loperamide Oral Tablet 2 MG UD (Anti-Diarrheal)	Tab	47100020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Loratadine Tablet														
	Loratadine 10 MG Tab (Claritin)	Tab	41550030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Loratadine 10 MG Tab UD (Claritin)	Tab	41550030000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Loratadine Oral Tablet Chewable 5 MG (Claritin)	Tab Chew	41550030000520	No	0	No	No	No	No	N/A	No	Yes	No	No
	Loratadine 10 MG Tab [OTC] 30 Count (Claritin)	Tab	41550030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.													
	Non-Formulary Use Criteria:													
	1. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)													
	2. Non-formulary use approved via Directly OBSERVED THERAPY ONLY for sedating antihistamines; diphenhydramine, hydroxyzine & cyproheptadine.													
	3. URTICARIA: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.													
	4. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.													
	5. 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)**													
	6. Failure of two antihistamines obtained through the commissary within the last 90 days.													
	7. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed													
	8. Ordered or recommended by an ENT specialist													
LORazepam Inj														
	LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
	LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002010	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	No
	LORazepam 2 MG/ML Carpuject [1ml] (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
	LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
	LORazepam 4 MG/ML, 10 ml vial inj	Sol	57100060002010	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
	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													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
11. Nausea and Vomiting in Oncology Treatment patients													
Formulary Restrictions:													
Formulary for 30 days only. Is this order for less than 31 days?													
MLP Requires Cosign													
LORazepam Tablet													
LORazepam 0.5 MG Tab UD (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
LORazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
LORazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
LORazepam 1 MG Tab (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
LORazepam 0.5 MG Tab (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
LORazepam 2 MG Tab (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
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													
Losartan Tablet													
Losartan potassium 25 MG Tab (Cozaar)	Tab	36150040200320	No	0	No	No	No	No	N/A	No	Yes	No	No
Losartan potassium 50 MG Tab (Cozaar)	Tab	36150040200330	No	0	No	No	No	No	N/A	No	Yes	No	No
Losartan potassium 100 MG TAB (Cozaar)	Tab	36150040200340	No	0	No	No	No	No	N/A	No	Yes	No	No
Losartan potassium 50 MG Tab UD (Cozaar)	Tab	36150040200330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Losartan potassium 25 MG Tab UD (Cozaar)	Tab	36150040200320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Losartan potassium 100 MG Tab UD (Cozaar)	Tab	36150040200340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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.													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Losartan/HCTZ Tablet													
Losartan/Hydrochlorothiazide 50/12.5MG Tab (Hyzaar)	Tab	36994002450320	No	0	No	No	No	No	N/A	No	Yes	No	No
Losartan/Hydrochlorothiazide 100/25MG Tab (Hyzaar)	Tab	36994002450340	No	0	No	No	No	No	N/A	No	Yes	No	No
Losartan/Hydrochlorothiazide 100-12.5 MG Tab (Hyzaar)	Tab	36994002450325	No	0	No	No	No	No	N/A	No	Yes	No	No
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.													
Loxapine Succinate Capsule													
Loxapine Succinate 10 MG Cap (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Loxapine Succinate 10 MG Cap UD (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Loxapine Succinate 25 MG Cap (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Loxapine Succinate 25 MG Cap UD (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Loxapine Succinate 5 MG Cap (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Loxapine Succinate 50 MG Cap (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Loxapine Succinate 50 MG Cap UD (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Loxapine Succinate 5 MG Cap UD (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Lubricant, Surgical													
Lubricant, Surgical 5 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Lubricant, Surgical 720 GM (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lubricant, Surgical 56.7 GM TUBE (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lubricant, Surgical 4.25 OZ EA (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Lubricant, Surgical 3 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Lubricating Jelly													
Lubricating Jelly 120 GM (KY Jelly)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
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	No	No
Magnesium Citrate Oral Solution													
Magnesium Citrate Soln 296 ML (Citrate Of Magnesia)	Sol	46100020102000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Magnesium Hydroxide Susp													
Magnesium Hydrox 400 MG/5ML [OTC] 30 ML UD (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Milk of Magnesia Susp 400 MG/5ML (OTC) 473ML (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Magnesium Hydrox 400 MG/5ML [OTC] 180 ML (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Milk of Magnesia Susp 400 MG/5ML (OTC) 355ML (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Magnesium Hydroxide Susp conc 800 MG/5ML													
Magnesium Hydrox 800 MG/5ML [OTC] 400 ML (Milk Of Magnesia)	Susp	46100010101840	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.													
Magnesium Oxide 500 MG Tab													
Magnesium Oxide 500 MG Tab (Mag-Ox)	Tab	79400010360340	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Oxide 400 (241.3 Mg) MG Tab													
Magnesium Oxide 400 (241.3 Mg) MG Tab UD (MagOx 400)	Tab	79400010360317	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Magnesium Oxide 400 (240 Mg) MG Tab	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Oxide 400 (240 Mg) MG Tab UD	Tab	79400010360317	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Magnesium Oxide 400 (241.3 Mg) MG Tab (MagOx 400)	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Oxide Tablet													
Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)	Tab	48400020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Oxide 400 MG Tab UD (Mag-OX)	Tab	48400020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Magnesium Oxide 420 MG Tab (Maox 420)	Tab	48400020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Oxide 250 MG Tablet	Tab	48400020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Magnesium Sulfate in D5W													
Magnesium Sulfate in D5W IV Soln 1-5 GM/100ML-%	Sol	79400010412032	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate Injection													
Magnesium Sulfate 1GM/2ML Inj [mEq dosing] (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate 1GM/2ML INJ [GM dosing] (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate Intravenous Solution 2 GM/50ML (mag)	Sol	79400010402040	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate IV Soln 4 GM/100ML	Sol	79400010402045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate IV Soln 40 GM/1000ML	Sol	79400010402055	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate IV Soln 4 GM/50ML	Sol	79400010402065	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Magnesium Sulfate Intravenous Soln 20 GM/500ML	Sol	79400010402050	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Magonate Oral Liquid 54 (Mag Equiv) MG/5ML													
Magonate Oral Liquid 54 (Mag Equiv) MG/5ML	Liq	79400010150930	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mannitol Injection													
Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mannitol Intravenous Solution 20 % 250 ML	Sol	37400030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mannitol Intravenous Solution 20 % 500 ML	Sol	37400030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Measles, Mumps AND Rubella VAC													
Measles, Mumps And Rubella VAC 0.5 ML Inj (M-M-R II)	Sol Recon	17109903102100	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Measles Mumps & Rubella VAC 0.5 ML [Priorix] (Priorix)	Susp Recon	17109903101901	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meclizine HCl Tablet													
Meclizine HCl 12.5 MG Tab UD (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Meclizine HCl 12.5 MG Tab (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Meclizine HCl 25 MG Tab UD (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Meclizine HCl 25 MG Tab (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Meclizine HCl Tablet Chewable													
Meclizine HCl Chewable Tablet 25 MG	Tab Chew	50200050000510	No	0	No	No	No	No	N/A	No	Yes	No	No
medroxyPROGESTERone Injection													
medroxyPROGESTERone 150MG/ML,1ML INJ (Depo-Provera)	Susp	25150035101820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
MedroxyPROGESTERone Acetate IM 150 MG/ML Syringe (depo-provera)	Susp Prefilled	2515003510E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
medroxyPROGESTERone Tablet													
medroxyPROGESTERone 10 MG Tab (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	No	Yes	No	No
medroxyPROGESTERone 2.5 MG Tab (Provera)	Tab	26000020200305	No	0	No	No	No	No	N/A	No	Yes	No	No
medroxyPROGESTERone 5 MG Tab (Provera)	Tab	26000020200310	No	0	No	No	No	No	N/A	No	Yes	No	No
medroxyPROGESTERone 10 MG Tab UD (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Megestrol Acetate Suspension 40 MG/ML													
Megestrol Acetate Oral Susp 40 MG/ML , 480ml (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Megestrol Acetate Oral Susp 40 MG/ML , 240 ML (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Megestrol Acetate Oral Susp 40 MG/ML, 10 ML UD (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Megestrol Acetate Tablet													
Megestrol Acetate 20 MG Tab (Megace)	Tab	21404020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Megestrol Acetate 40 MG Tab (Megace)	Tab	21404020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Megestrol Acetate 40 MG Tab UD	Tab	21404020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Megestrol Acetate 20 MG Tab UD (Megace)	Tab	21404020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Meloxicam Tablet														
	Meloxicam 7.5 MG Tab (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Meloxicam 15 MG Tab (Mobic)	Tab	66100052000330	No	0	No	No	No	No	N/A	No	Yes	No	No
	Meloxicam 7.5 MG Tab UD (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Meloxicam 15 MG Tab UD (Mobic)	Tab	66100052000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.													
Melphalan Injection														
	Melphalan Hydrochloride 50 MG Inj (Alkeran IV)	Sol Recon	21101040102110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Melphalan HCl (PG Free) IV Soln 50 MG (Evomela)	Sol Recon	21101040102115	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Melphalan Tablet														
	Melphalan 2 MG Tab (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Melphalan 2 MG Tab UD (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Memantine HCl Oral Solution 2 MG/ML														
	Memantine HCl Oral Solution 2 MG/ML 360 ML	Sol	62053550102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Memantine HCl Oral Solution 10 MG/5ML UD	Sol	62053550102020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Memantine Tablet														
	Memantine 5 MG Tab (Namenda)	Tab	62053550100320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Memantine 10 MG Tab UD (Namenda)	Tab	62053550100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Memantine 5 MG Tab UD (Namenda)	Tab	62053550100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Memantine 10 MG Tab (Namenda)	Tab	62053550100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Meningococcal (Menactra) ACY&W-135 Conj Inj IM														
	Meningococcal [Menactra] IM Soln (Menactra)	Sol	17200040452000	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meningococcal (Menveo) IM Solution														
	Meningococcal [Menveo] IM Soln (Menveo)	Sol Recon	17200040482100	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Menveo Intramuscular Solution	Sol	17200040482020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meningococcal [Penbraya] IM Suspension														
	Meningococcal [Penbraya] IM Susp (Penbraya)	Susp Recon	17200040601900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meningococcal [Penmenvy] IM Suspension														
	Meningococcal [Penmenvy] IM Susp (Penmenvy)	Susp Recon	17200040621900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meningococcal B Vac (Recomb) IM Syringe														
	Meningococcal B Vac (Recomb) IM Syringe (Trumenba)	Susp Prefilled	1720004012E610	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Mepivacaine HCl Injection 1%													
Mepivacaine HCl Injection Soln 1% 30 ML (Polocaine)	Sol	69100050102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mepivacaine HCl Inj Solution 2 % 50 ML	Sol	69100050102015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Mepivacaine HCl (PF) Inj Soln 1% 30 ML (carbocaine)	Sol	69100050102007	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Mepivacaine HCl Injection 1.5%													
Mepivacaine PF Injection Solution 1.5 % 30 ml (Carbocaine)	Sol	69100050102012	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mepivacaine HCl Injection PF 2%													
Mepivacaine HCl (PF) Inj Solon 2% 20 ML	Sol	69100050102017	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Mercaptopurine Tablet													
Mercaptopurine 50 MG Tab (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Meropenem in NaCl IV Premix													
Meropenem/NaCl 0.9% 1 GM/50 ML (Merrem)	Sol Recon	16150050052130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meropenem/NaCl 0.9% 500 MG/50 ML (Merrem)	Sol Recon	16150050052120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meropenem Injection													
Meropenem Inj 1 GM Vial (Merrem)	Sol Recon	16150050002140	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meropenem Inj 500 MG Vial (Merrem)	Sol Recon	16150050002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Meropenem Inj 2 GM Vial (Merrem)	Sol Recon	16150050002150	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mesalamine Delayed Release Tab 1.2 GM													
Mesalamine 1.2 GM Delayed Release Tab (Lialda Tablet)	Tab DR	52500030000670	No	0	No	No	No	No	N/A	No	Yes	No	No
Mesalamine 1.2 GM Delayed Release Tab UD (Lialda)	Tab DR	52500030000670	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mesalamine Enema													
Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	52500030005105	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Mesalamine (SfRowasa) Rectal Enema 4 GM/60ML (SfRowasa Enema)	Enema	52500030005110	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****													
Mesalamine ER Capsule													
Mesalamine 250 MG ER Cap (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	No	Yes	No	No
Mesalamine 500 MG ER Cap (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	No	Yes	No	No
Mesalamine 250 MG ER Cap UD (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mesalamine 500 MG ER Cap UD (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mesalamine Rectal Kit													
Mesalamine Rectal Kit 4 GM (Rowasa)	Kit	52500030206420	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Mesalamine Suppository													
Mesalamine Rectal Suppository 1000 MG (Canasa)	Supp	52500030005240	No	0	No	No	No	No	N/A	No	Yes	No	No
Mesna Injection													
Mesna IV Sol 100 MG/ML (Mesnex)	Sol	21758050002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mesna Tablet													
Mesna 400 MG Tab (Mesnex)	Tab	21758050000320	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN ER Tablet													
metFORMIN ER 24 Hour 500 MG Tab (Glucophage XR)	Tab ER 24	27250050007520	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN ER 24 Hour 750 MG Tab (Glucophage XR)	Tab ER 24	27250050007530	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN ER 24 Hour 1000 MG Tab (Glucophage XR)	Tab ER 24	27250050007570	No	0	No	No	No	No	N/A	No	Yes	No	No
MetFORMIN HCl ER Tablet 24 Hour 500 MG (Fortamet)	Tab ER 24	27250050007560	No	0	No	No	No	No	N/A	No	Yes	No	No
MetFORMIN HCl ER Tablet 24 Hour 1000 MG (Fortamet)	Tab ER 24	27250050007570	No	0	No	No	No	No	N/A	No	Yes	No	No
MetFORMIN HCl ER (MOD) 24 Hour 1000 MG ER Tab (Glumetza)	Tab ER 24	27250050007590	No	0	No	No	No	No	N/A	No	Yes	No	No
MetFORMIN HCl ER (MOD) 24 Hour 500 MG (Glumetza)	Tab ER 24	27250050007580	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN ER 24 Hour 500 MG Tab UD (Glucophage XR)	Tab ER 24	27250050007520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
metFORMIN Solution 500 MG/5ML													
metFORMIN Solution 500 MG/5ML [473ML] (Riomet)	Sol	27250050002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
metFORMIN Tablet													
metFORMIN HCl 500 MG Tab UD (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
metFORMIN HCl 500 MG Tab (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN HCl 850 MG Tab (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN HCl 1000 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	No	Yes	No	No
metFORMIN HCl 1000 MG Tab UD (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	Yes	Yes	No	No
metFORMIN HCl 850 MG Tab UD (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Methadone HCl Oral Soln 5 MG/5ML (non-OUD)													
Methadone HCl Oral Solution 5 MG/5ML	Sol	65100050102010	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No

Advisories:

**"For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT."
Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment
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 4 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

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Methadone Solution 10 MG/5 ML (non-OUD)													
Methadone HCl Solution 2 MG/ML, 500 ML (Methadone)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Methadone HCl Solution 2 MG/ML (5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (2.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (12.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (6 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (7.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (15 ML)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Methadone HCl Solution 2 MG/ML (10 ML UD)	Sol	65100050102015	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML (25 ML)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Methadone HCl Solution 2 MG/ML 60MG (30ml)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No

Advisories:

****For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT**
Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment
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 4 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 Tablet (non-OUD)													
Methadone 10 MG Tab UD (non-OUD) (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Methadone 5 MG Tab (non-OUD) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Methadone 5 MG Tab UD (non-OUD) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Methadone 10 MG Tab (non-OUD) (Methadose)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No

Advisories:

****For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT**
Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment
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 4 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****

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Initiation Only													
MLP Requires Cosign													
Methenamine Hippurate Tablet													
Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)	Tab	16800020200305	No	0	No	No	No	No	N/A	No	Yes	No	No
Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)	Tab	16800020200305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Methenamine Mandelate Tablet													
Methenamine Mandelate 500 MG Tab (Mandelamine)	Tab	16800020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Methenamine Mandelate 1 GM Tab (Mandelamine)	Tab	16800020100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Methimazole Tablet													
Methimazole 10 MG Tab (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Methimazole 5 MG Tab (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Methimazole 10 MG Tab UD (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Methimazole 5 MG Tab UD (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Methotrexate Sodium Tablet													
Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)	Tab	21300050100310	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Methotrexate Sodium 10 MG Tab	Tab	21300050100340	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Methoxsalen Capsule													
Methoxsalen 10 MG Cap (Oxsoralen-Ultra 10 MG)	Cap	90250560100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Methyldopa Tablet													
Methyldopa 250 MG Tab (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Methyldopa 500 MG Tab (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Methyldopa 250 MG Tab UD (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Methyldopa 500 MG Tab UD (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA***													
Methylene Blue Injection 1%													
Methylene Blue Inj 1%, 10 ML (Methylene Blue)	Sol	93000050002007	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Methylene Blue Intravenous Solution 50 MG/10ML (ProvayBlue)	Sol	93000050002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Methylergonovine Maleate Injection													
Methylergonovine Maleate 200 MCG/ML,1 ML Inj (Methylergonovine Maleate Inj)	Sol	29000020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Methylergonovine Maleate Tablet													
Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Methylergonovine Maleate 200 MCG Tab UD (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
MethylPREDNISolone Acetate Injection														
	methylPREDNISolone Acetate 40 MG/ML,1 ML Inj (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone Acetate 80 MG/ML,5 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone Acetate 80 MG/ML,1 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone Acetate 40 MG/ML, 5ML INJ (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone Acetate Inj Susp 40 MG/ML 10M	Susp	22100030101810	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	MethylPREDNISolone Injection Susp 20 MG/ML 5 ML (Depo- Medrol)	Susp	22100030101805	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
MethylPREDNISolone Sod Succinate Injection														
	methylPREDNISolone SOD Succ 1 GRAM Vial (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone SOD Succ 125 MG/ML,8 ML Inj (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone SOD Succ 125 MG/2 ML Inj (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	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	No	No
	methylPREDNISolone SOD Succ 125 MG/ML,4 ML Inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone SOD Succ 500 MG inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone Inj Solution 2 GM (Solu-Medrol)	Sol Recon	22100030202130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone SOD Succ 125 MG/2ml W/DILUENT (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	methylPREDNISolone SOD Succ 1000MG(PF) Inj Recon (SOLU-Medrol (PF))	Sol Recon	22100030202121	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	MethylPREDNISolone SOD Succ (PF) 500 MG Inj Soln (SOLU-Medrol (PF))	Sol Recon	22100030202116	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	MethylPREDNISolone SOD Succ (PF) 125 MG/2ML inj (SOLU-Medrol (PF))	Sol Recon	22100030202111	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	MethylPREDNISolone Sod Succ (PF) 40 MG Inj (SOLU-Medrol (PF) I)	Sol Recon	22100030202106	No	0	No	No	Yes	No	N/A	No	Yes	No	No
MethylPREDNISolone Tablet														
	methylPREDNISolone 2 MG Tab (Medrol)	Tab	22100030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
	methylPREDNISolone 4 MG Tab (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
	methylPREDNISolone 16 MG Tab (Medrol)	Tab	22100030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	methylPREDNISolone 4 MG Tab UD (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	methylPREDNISolone 32 MG Tab	Tab	22100030000330	No	0	No	No	No	No	N/A	No	Yes	No	No
	methylPREDNISolone 8 MG Tab	Tab	22100030000315	No	0	No	No	No	No	N/A	No	Yes	No	No
MethylPREDNISolone Tablet (Dose Pack 21 Tab)														
	methylPREDNISolone 4 MG Tab [21 count Pack] (Medrol Dospak 4MG -21 TAB)	Tab Therapy	2210003000B705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Metoclopramide Injection														
	Metoclopramide HCL 5 MG/ML, 2 ML Inj (Reglan Injection)	Sol	52300020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No

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

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Metoclopramide Oral Solution 1 MG/ML													
Metoclopramide HCl Soln 10 MG/10 ML [UD Cup] (Reglan)	Sol	52300020102013	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Metoclopramide HCl Oral Solution 5 MG/5ML 480ML (Reglan)	Sol	52300020102013	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.													
Non-Formulary Use Criteria:													
1. Restricted to 12 weeks of therapy for all formulations													
2. If NFR approved, after 12 weeks, get periodic AIMS testing													
Metoclopramide Tablet													
Metoclopramide 10 MG Tab (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoclopramide 10 MG Tab UD (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoclopramide 5 MG Tab (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoclopramide 5 MG Tab UD (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
"limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.													
Non-Formulary Use Criteria:													
1. Restricted to 12 weeks of therapy for all formulations													
2. If NFR approved, after 12 weeks, get periodic AIMS testing													
MetOLazone Tablet													
MetOLazone 10 MG Tab (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	No	Yes	No	No
MetOLazone 2.5 MG Tab (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	No	Yes	No	No
MetOLazone 2.5 MG Tab UD (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
MetOLazone 5 MG Tab (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
MetOLazone 5 MG Tab UD (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
MetOLazone 10 MG Tab UD (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Injection													
Metoprolol 1MG/ML, 5ML Inj (Lopressor Injection)	Sol	33200030102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Metoprolol Succinate XL Tablet 24 Hour													
Metoprolol Succ XL 24 Hour 25 MG Tab (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Succ XL 24 Hour 25 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Succ XL 24 Hour 200 MG Tab (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Succ XL 24 Hour 200 MG Tab UD (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Metoprolol Tartrate Tablet													
Metoprolol Tartrate 100 MG Tab (Lopressor)	Tab	33200030100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Tartrate 100 MG Tab UD (Lopressor)	Tab	33200030100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Tartrate 50 MG Tab UD (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Tartrate 50 MG Tab (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Tartrate 25 MG Tab (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Tartrate 25 MG Tab UD (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Metoprolol Tartrate 12.5 MG Tab (1/2 tab) (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Tartrate 75 MG Tablet (Lopressor)	Tab	33200030100312	No	0	No	No	No	No	N/A	No	Yes	No	No
Metoprolol Tartrate 37.5 MG Tablet (Lopressor)	Tab	33200030100307	No	0	No	No	No	No	N/A	No	Yes	No	No
metroNIDAZOLE Capsule													
metroNIDAZOLE 375 MG Cap (Flagyl)	Cap	16000035000107	No	0	No	No	No	No	N/A	No	Yes	No	No
metroNIDAZOLE Cream 0.75%													
metroNIDAZOLE Topical Cream 0.75% [45GM] (MetroCream)	Cm	90060040003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Utilize 0.75% topical cream unless use is not clinically indicated. 0.75% cream provides substantial pharmacoeconomic advantage over the 1% cream and all gel formulations. Most conditions can be appropriately treated with the 0.75% topical cream."**													
metroNIDAZOLE Cream 1%													
MetroNIDAZOLE External Cream 1 % 60GM	Cm	90060040003720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **Utilize 0.75% topical cream unless use is not clinically indicated. 0.75% cream provides substantial pharmacoeconomic advantage over the 1% cream and all gel formulations. Most conditions can be appropriately treated with the 0.75% topical cream."**													
metroNIDAZOLE Inection													
metroNIDAZOLE 500 MG Inj (Flagyl IV)	Sol	16000035002030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
metroNIDAZOLE Intravenous Solution 500 MG/100ML	Sol	16000035002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
metroNIDAZOLE Tablet													
metroNIDAZOLE 250 MG Tab (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	No	Yes	No	No
metroNIDAZOLE 250 MG Tab UD (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
metroNIDAZOLE 500 MG Tab UD (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
metroNIDAZOLE 500 MG Tab (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	No	Yes	No	No
metroNIDAZOLE Vaginal Gel 0.75%													
metroNIDAZOLE Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)	Gel	55100035004020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mexiletine HCL Capsule													
Mexiletine HCL 150 MG Cap (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Mexiletine HCL 150 MG Cap UD (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mexiletine HCL 200 MG Cap (Mexitil)	Cap	35200025100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Mexiletine HCL 250 MG Cap (Mexitil)	Cap	35200025100115	No	0	No	No	No	No	N/A	No	Yes	No	No
Mexiletine HCL 200 MG Cap UD (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
****CARDIOLOGIST INITIATED THERAPY ONLY****													
Miconazole Cream 2%													
Miconazole Nitrate Cream 2% 28.4 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Miconazole Nitrate Cream 2% 15 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Miconazole Nitrate Cream 2% 42.5 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Miconazole Nitrate Cream 2% 30 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Miconazole Nitrate Cream 2% 57 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolnaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Miconazole Powder (Compounding)													
Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	97800000003200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolnaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Miconazole Powder 2%													
Miconazole External Powder 2% 85 GM (Coloplast)	Pwdr	90154050102910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Miconazole External Powder 2% 43 GM (Dexenex Powder 2 %)	Pwdr	90154050102910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolnaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Miconazole Vaginal Cream 2%													
Miconazole Vaginal Cream 2% [OTC] 45 GM (Monistat-7)	Cm	55104050103710	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
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	No	No
Formulary Restrictions:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Miconazole Vaginal Suppository 100 MG (QTY 7)													
Miconazole Vaginal Supp 100 MG (7 count) (Monistat 7 Vaginal Suppository)	Supp	55104050105205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Miconazole Vaginal Suppository 200 MG (QTY 3)													
Miconazole Vaginal Supp 200 MG (3 count) (Monistat 3)	Supp	55104050105210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Microchamber spacer													
Microchamber Spacer (MicroChamber Spacer)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Midazolam HCL Injection													
Midazolam 10 MG/2 ML Inj (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCL Inj 5 MG/ML, 1 ML (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCL Inj 5 MG/ML, 5 ML (Versed)	Sol	60201025102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Midazolam HCl Injection Solution 2 MG/2ML, 2 ML (Versed)	Sol	60201025102002	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl Injection Solution 5 MG/5ML (Versed)	Sol	60201025102003	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl Injection Solution 10 MG/10ML	Sol	60201025102004	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl Injection Solution 10 MG/2ML 2ML	Sol	60201025102010	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl Injection Solution 50 MG/10ML	Sol	60201025102050	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl (PF) Injection Soln 5 MG/ML 1 ML	Sol	60201025102006	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl (PF) Injection Soln 5 MG/5ML 5 ML	Sol	60201025102009	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl (PF) Inj Soln 2 MG/2ML 2ML	Sol	60201025102008	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Midazolam HCl (PF) Inj Soln 10 MG/2ML 2ML	Sol	60201025102011	No	4	Yes	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****For anesthesia/Surgery OR status epilepticus only****													
MLP Requires Cosign													
Minocycline Capsule/Tablet													
Minocycline HCl 100 MG Cap (Dynacin)	Cap	04000040100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Minocycline HCl 50 MG Cap (Minocin)	Cap	04000040100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Minocycline HCl 100 MG Cap UD (Minocin)	Cap	04000040100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Minocycline HCl 75 MG Cap	Cap	04000040100107	No	0	No	No	No	No	N/A	No	Yes	No	No
Minocycline HCl 50 MG Tab	Tab	04000040100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Minocycline HCl 100 MG Tab	Tab	04000040100310	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Minocycline HCl 75 MG Tab	Tab	04000040100307	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
Minoxidil Tablet													
Minoxidil 10 MG Tab (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Minoxidil 2.5 MG Tab (Loniten)	Tab	36400020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Minoxidil 10 MG Tab UD (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Minoxidil 2.5 MG Tab UD	Tab	36400020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mirtazapine Tablet													
Mirtazapine 30 MG Tab (Remeron)	Tab	58030050000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Mirtazapine 15 MG Tab UD (Remeron)	Tab	58030050000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mirtazapine 15 MG Tab (Remeron)	Tab	58030050000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Mirtazapine 30 MG Tab UD (Remeron)	Tab	58030050000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mirtazapine 45 MG Tab UD (Remeron)	Tab	58030050000345	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mirtazapine 45 MG Tab (Remeron)	Tab	58030050000345	No	0	No	No	No	No	N/A	No	Yes	No	No
Mirtazapine 7.5 MG Tab (Remeron)	Tab	58030050000308	No	0	No	No	No	No	N/A	No	Yes	No	No
Mirtazapine 7.5 MG Tab UD (Remeron)	Tab	58030050000308	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Misoprostol Tablet													
Misoprostol 100 MCG Tab UD (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Misoprostol 100 MCG Tab (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Misoprostol 200 MCG Tab (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Misoprostol 200 MCG Tab UD (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mitomycin Injection													
Mitomycin 20 MG Inj (Mutamycin)	Sol Recon	21200050002110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mitomycin 40 MG Inj (Mutamycin)	Sol Recon	21200050002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mitotane Tablet													
Mitotane 500 MG Tab (Lysodren)	Tab	21402250000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"**													
MitoXANTRONE HCL Injection													
mitoXANTRONE HCl IV Concentrate 20 MG/10ML	Concentrate	21200055001320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
mitoXANTRONE HCl IV Concentrate 30 MG/15ML	Concentrate	21200055001330	No	0	No	No	Yes	No	N/A	No	Yes	No	No
mitoXANTRONE HCl IV Concentrate 25 MG/12.5ML	Concentrate	21200055001325	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria: **1. Prescribed by, or in consultation with, a neurologist or other appropriate specialist for the treated disease state.** **2. Confirmed diagnosis of relapsing forms of multiple sclerosis including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.** **3. Failure (or use contraindicated) of formulary options or justi cation why formulary options cannot be used.** **Medical Referral Center (MRC) Use Only**													
Moderna Bivalent Covid-19 Vaccine N													
Moderna COVID-19 Bival Booster IM 50 MCG/0.5ML	Susp	17100002421835	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Moderna COVID-19 Vaccine IM Susp													
Moderna COVID-19 Vaccine IM 100 MCG/0.5ML 5 ML (Moderna)	Susp	17100002401840	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Moderna COVID-19 Vaccine IM 100 MCG/0.5ML 7 ML	Susp	17100002401840	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Spikevax IM Suspension 50 MCG/0.5ML (Spikevax)	Susp	17100002401836	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Spikevax IM Susp Prefilled Syringe 50 MCG/0.5ML (Spikevax)	Susp Prefilled	1710000240E640	No	0	No	No	Yes	No	N/A	No	Yes	No	No
mNexspike IM Susp Prefilled Syringe 10 MCG/0.2ML	Susp Prefilled	1710000240E637	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Molnupiravir Capsule													
Molnupiravir 200 MG Capsule (Legavrio)	Cap	12700046000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories: **Not for use in pregnancy. May cause embryo-fetal toxicity.**													
Mometasone Furoate 110 MCG/Inh													
Mometasone Furoate Inhal 110 MCG/Inh [30 doses] (Asmanex Twisthaler 30 Metered Doses)	Aero Pwdr	44400036208010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate 220 MCG/Inh													
Mometasone Furoate Inhal 220 MCG/Inh [60 doses] (Asmanex Twisthaler 60 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate Inhal 220 MCG/Inh [30 doses] (Asmanex Twisthaler 30 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate Inhal 220 MCG/Inh [120 doses] (Asmanex Twisthaler 120 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate Inhal 220 MCG/INH [14 doses] (Asmanex Twisthaler 14 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate Nasal													
Mometasone Furoate Nasal Spray 50 MCG/ACT 17 GM (Nasonex Nasal Spray)	Susp	42200045101820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Mometasone Furoate Nasal Spray 50 MCG/ACT 10 ML (Nasonex Nasal Spray)	Susp	42200045101820	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.														
Non-Formulary Use Criteria:														
1. Failure of commissary steroid nasal spray and saline nasal spray (or cromolyn nasal spray) within the last 90 days.														
2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved based on indigent status alone. If renewed, indigent status will be reassessed														
Morphine Concentrated Sulfate Solution 20 MG/ML														
	Morphine Sulf Oral Conc 20 MG/ML 120 ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	No	Yes	Yes	No
	Morphine Sulf Conc Oral Soln 10MG/0.5ML Oral SYR	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes	No
	Morphine Sulf Oral Conc 20 MG/ML 15 ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	No	Yes	Yes	No
	Morphine Sulf Oral Conc 20 MG/ML 30 ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	No	Yes	Yes	No
Advisories:														
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****														
MLP Requires Cosign														
Morphine ER 24 Hour Capsule (AVINza)														
	Morphine ER (AVINza) 24 Hour 90 MG Capsule (AVINza)	Cap ER 24	65100055207040	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine ER (AVINza) 24 Hour 60 MG Capsule (AVINza)	Cap ER 24	65100055207030	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine ER (AVINza) 24 Hour 30 MG Capsule (AVINza)	Cap ER 24	65100055207020	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine ER (AVINza) 24 Hour 120 MG Capsule (AVINza)	Cap ER 24	65100055207050	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Cap ER 24	65100055207025	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine ER (AVINza) 24 Hour 75 MG Capsule (Avinza)	Cap ER 24	65100055207035	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Advisories:														
****ORDER MAY NOT EXCEED 4 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	Yes	No	N/A	No	Yes	No	No
MLP Requires Cosign														
Morphine Sulfate ER 24 Hour Cap (Kadian)														
	Morphine Sulfate ER 24 Hour 100 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 30 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 60 MG Cap [Kadian] (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 20 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 10 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 80 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 50 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate ER 24 Hour 20 MG Cap UDKadian	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	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	No	No
	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	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
	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	No	No
	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	No	No
	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	No	No
	Morphine Sulfate ER 24 Hour 10 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	Advisories:													
	****ORDER MAY NOT EXCEED 4 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 30 MG Tab UD (MS Contin)	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	Morphine SR/ER 12 Hour 15 MG Tab	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine SR/ER 12 Hour 100 MG Tab	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine SR/ER 12 Hour 200 MG Tab	Tab ER	65100055100480	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine SR/ER 12 Hour 15 MG Tab UD (Oramorph)	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	Morphine SR/ER 12 Hour 30 MG Tab	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine SR/ER 12 Hour 60 MG Tab (Oramorph sr 12 hour)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine SR/ER 12 Hour 60 MG Tab UD (Oramorph)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	No
	Advisories:													
	****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
	MLP Requires Cosign													
Morphine Sulfate Injection														
	Morphine Sulfate 2 MG/ML, 1 ML Inj (Morphine Sulfate Injection)	Sol	65100055102005	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate 4 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102010	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate 1 MG/ML (2ml) inj	Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine 1 MG/ML PF Inj (2ml) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate Inj Soln 1 MG/ML [10ML] (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Inj 10 MG/ML carpujet (Morphine carpujet)	Sol	65100055102060	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Inj 4 MG/ML Carpuject (Morphine Carpuject)	Sol	65100055102058	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) 2 MG/ML Inj	Sol	65100055102057	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Intravenous Soln 10 MG/ML	Sol	65100055102060	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Intravenous Soln 8 MG/ML	Sol	65100055102059	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Injection Soln 0.5 MG/ML	Sol	65100055102050	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) IV Soln 4 MG/ML vial	Sol	65100055102058	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Injection Soln 4 MG/ML 1ML	Sol	65100055102011	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Inj Soln 10 MG/ML 1ML vial	Sol	65100055102052	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate IV Soln 50 MG/ML 50 ML	Sol	65100055102049	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate IV Soln 50 MG/ML 20 ML	Sol	65100055102049	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Inj Soln 8 MG/ML	Sol	65100055102013	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
	Morphine Sulfate (PF) Injection Solution 2 MG/ML	Sol	65100055102055	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Morphine Sulfate (PF) Injection Solution 5 MG/ML	Sol	65100055102012	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulfate (PF) 4 MG/ML Prefilled Syringe	Sol	65100055102058	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulfate Intravenous Solution 8 MG/ML	Sol	65100055102014	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Morphine Sulfate Intravenous Solution 4 MG/ML	Sol	65100055102009	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Morphine Sulfate Intravenous Solution 10 MG/ML	Sol	65100055102032	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
MLP Requires Cosign													
Morphine Sulfate Injection (PCA)													
Morphine Sulfate (PCA) 1 MG/ML [30 ml]	Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
MLP Requires Cosign													
Morphine Sulfate IR Tablet													
Morphine Sulfate IR 15 MG Tab (MSIR)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Morphine Sulfate IR 15 MG Tab UD (Morphine)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Morphine Sulfate IR 30 MG Tab	Tab	65100055100315	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Morphine Sulfate IR 30 MG Tab UD	Tab	65100055100315	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
MLP Requires Cosign													
Morphine Sulfate Microinfusion Inj Soln													
Morphine Sulfate Microinfusion Inj 200MG/20ML	Sol	65100055302020	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
Morphine Sulfate Microinfusion Inj 500 MG/20ML (Mitigo)	Sol	65100055302040	No	2	Yes	No	Yes	No	N/A	No	Yes	No	No
MLP Requires Cosign													
Morphine Sulfate Oral Solution 10 MG/5ML													
Morphine Sulf Oral Soln 10 MG/5ML 5 ML UD (Morphine)	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Morphine Sulf Oral Soln 10 MG/5ML 500 ML	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Soln 10 MG/5ML 2.5 ML UD	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Morphine Sulf Oral Soln 10 MG/5ML 100 ML	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Soln 10 MG/5ML 15 ML UD	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Morphine Sulf Oral Syringe 10 MG/5ML 2 ML	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Syringe 10 MG/5ML 2.5 ML	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Syringe 10 MG/5ML 1 ML	Sol	65100055102065	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
****ORDER MAY NOT EXCEED 4 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 Oral Solution 20 MG/5ML													
Morphine Sulf Oral Soln 20 MG/5ML	Sol	65100055102070	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Syringe 20 MG/5 ML 1.5 ML	Sol	65100055102070	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Syringe 20 MG/5ML 2.5 ML	Sol	65100055102070	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Morphine Sulf Oral Syringe 20 MG/5ML 1.25 ML	Sol	65100055102070	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
MLP Requires Cosign													
Moxifloxacin HCL Ophth Solution 0.5%													
Moxifloxacin HCL 0.5% Ophth Soln 3 ML (Vigamox)	Sol	86101038102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Moxifloxacin (Moxeza) Ophthalmic Soln 0.5% 3ML (Moxeza)	Sol	86101038102025	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
*****Do Not Use for MRSA*****													
MResvia IM Susp Prefilled Syringe 50 MCG/0.5ML													
MResvia IM Susp Prefilled Syringe 50 MCG/0.5ML (mResvia)	Susp Prefilled	1710007205E620	No	0	No	No	No	No	N/A	No	Yes	No	No
Multivitamin (Pediatric) Chewable Tablet													
Multivitamin (Pediatric) Chew Tab	Tab Chew	78410000000500	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Non-Formulary Use Criteria:													
1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)													
2. Pregnant patient (prenatal vitamins)													
3. Patient undergoing active detoxification for substance abuse													
4. Patient has a malnutrition/malabsorption disorder													
Multivitamin (Pediatric) With Iron Chew Tab													
Multivitamin (Pediatric) With Iron Chew Tab	Tab Chew	78430000000518	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	From Ordering	Hide
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments															
Multivitamin (Pediatric) With Minerals Chew Tab															
	Multivitamin (Pediatric) With Minerals Chew Tab (Flintstones)	Tab Chew	78420000000501	No	0	No	No	No	No	N/A	No	Yes	No	No	
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments															
Multivitamin [ICaps AREDS] Tablet															
	Multivitamin [ICaps AREDS] Tab (ICaps AREDS)	Tab	78310000000300	No	0	No	No	No	No	N/A	No	Yes	No	No	
Non-Formulary Use Criteria:															
1. Item has been previously reviewed in regards to formulary status with ongoing consultation with a BOP ophthalmologist. Offenders wishing to purchase this item should be referred to, and allowed to purchase, from the commissary through a Special Purchase Order (SPO). This is a non-prescription item. The ophthalmic literature remains controversial on the effect on the course of macular degeneration (wet or dry)."															
2. "Refer all renewals of previously approved non-formulary requests to the BOP National Ophthalmology Consultant."															
Multivitamin [PreserVision AREDS 2] Capsule															
	Multivitamin [PreserVision AREDS 2] Cap (PreserVision AREDS 2)	Cap	78310000000100	No	0	No	No	No	No	N/A	No	Yes	No	No	
Non-Formulary Use Criteria:															
1. "Item has been previously reviewed in regards to formulary status with ongoing consultation with a BOP ophthalmologist. Offenders wishing to purchase this item should be referred to, and allowed to purchase, from the commissary through a Special Purchase Order (SPO). This is a non-prescription item. The ophthalmic literature remains controversial on the effect on the course of macular degeneration (wet or dry)."															
2. "Refer all renewals of previously approved non-formulary requests to the BOP National Ophthalmology Consultant."															
Multivitamin [PreserVision AREDS] Capsule															
	Multivitamin [PreserVision AREDS] Cap (PreserVision AREDS)	Cap	78310000000100	No	0	No	No	No	No	N/A	No	Yes	No	No	
Non-Formulary Use Criteria:															
1. "Item has been previously reviewed in regards to formulary status with ongoing consultation with a BOP ophthalmologist. Offenders wishing to purchase this item should be referred to, and allowed to purchase, from the commissary through a Special Purchase Order (SPO). This is a non-prescription item. The ophthalmic literature remains controversial on the effect on the course of macular degeneration (wet or dry)."															
2. "Refer all renewals of previously approved non-formulary requests to the BOP National Ophthalmology Consultant."															
Multivitamin IV Solution Adult															
	Multivitamin IV Soln 2x5 ML Vial (MVI)	Sol	78200000002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No	
Multivitamin Oral Liquid															
	Multivitamin Liquid 120 ML	Liq	78200000000900	No	0	No	Yes	No	No	N/A	No	Yes	No	No	
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments															
Non-Formulary Use Criteria:															
1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)															
2. Pregnant patient (prenatal vitamins)															
3. Patient undergoing active detoxification for substance abuse															
4. Patient has a malnutrition/malabsorption disorder															

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Multivitamin With Minerals Chewable Tablet													
Multivitamin With Minerals Chew Tab	Tab Chew	78310000000500	No	0	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Non-Formulary Use Criteria:													
1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)													
2. Pregnant patient (prenatal vitamins)													
3. Patient undergoing active detoxification for substance abuse													
4. Patient has a malnutrition/malabsorption disorder													
Multrys Intravenous Solution 60-3-6-1000 MCG/ML													
Multrys Intravenous Solution 60-3-6-1000 MCG/ML	Sol	79909904252010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Mycophenolate Mofetil 250 MG Capsule													
Mycophenolate Mofetil 250 MG Cap (CellCept)	Cap	99403030100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Mycophenolate Mofetil 250 MG Cap UD (Cellcept)	Cap	99403030100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Mycophenolate Mofetil 500 MG Tablet													
Mycophenolate Mofetil 500 MG Tab (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nadolol Tab													
Nadolol 20 MG Tab (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	No	Yes	No	No
Nadolol 40 MG Tab (Corgard)	Tab	33100010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nadolol 40 MG Tab UD	Tab	33100010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nafcillin Sodium Injection													
Nafcillin Sodium Inj Soln 1 GM Vial (Nafcillin)	Sol Recon	01300040102105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin Sodium Inj 10 GM Vial (Nafcillin)	Sol Recon	01300040102127	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin Sodium Inj 2 GM Vial Advantage (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin Sodium Inj 2 GM Vial (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin Sodium Inj Soln 2 GM Vial	Sol Recon	01300040102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin Sodium Inj 1 GM Vial	Sol Recon	01300040102107	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin/Dextrose IV Solution Premix													
Nafcillin/Dextrose IV Soln 1 GM/50ML Premix	Sol	01300040112020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nafcillin/Dextrose IV Soln 2 GM/100ML Premix	Sol	01300040112025	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Nalbuphine Hydrochloride Injection													
Nalbuphine Hydrochloride 10 MG/ML,1ML Inj (Nubain)	Sol	65200030102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nalbuphine Hydrochloride 20 MG/ML,1ML INJ (Nubain)	Sol	65200030102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY****													
Naloxone Hydrochloride Inj													
Naloxone Hydrochloride 400 MCG/ML,1 ML Inj (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)	Sol Prefilled	9340002010E540	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Naloxone Hydrochloride 0.4 MG/ML (10 ml) MDV (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Naloxone HCl Injection Solution 4 MG/10ML	Sol	93400020102030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Naloxone Nasal Liquid 4 MG/0.1ML													
Naloxone Nasal Liquid 4 MG/0.1ML (Narcan)	Liq	93400020100920	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Naltrexone (Vivitrol) IM Suspension 380 MG													
Naltrexone Inj IM Susp 380 MG Vial (Vivitrol)	Susp Recon	93400030001920	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Naltrexone HCl Tablet (non-OUD)													
Naltrexone HCl 50 MG Oral Tab UD (non-OUD) (ReVia)	Tab	93400030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Naltrexone HCl 50 MG Oral Tab (non-OUD) (ReVia)	Tab	93400030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Naltrexone HCL Tablet (OUD)													
Naltrexone HCl 50 MG Oral Tab (OUD) (ReVia)	Tab	93400030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Naltrexone HCl 50 MG Oral Tab UD (OUD) (ReVia)	Tab	93400030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Naphazoline/Pheniramine Ophth Soln 0.025-0.3%													
Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Naphazoline/Pheniramine Soln(Visine-A)0.025-0.3% (VisineA ophth solution)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Naphazoline/Pheniramine Ophth 0.027-0.315% 15ML (Opcon)	Sol	86409902142015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND													
2. Failure of commissary alternatives OR													
3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).													
Naproxen E.C. Tablet													
Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	No	0	No	No	No	No	N/A	No	Yes	No	No
Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **"Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic." "OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**														
Naproxen Suspension 125 MG/5ML														
Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories: **"Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic." "OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**														
Naproxen Tablet														
Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Naproxen 375 MG Tab UD (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: **"Patient on long-term NSAIDs or acetaminophen must be followed in Chronic Care Clinic." "OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**														
Neomy/Polymi/Bacit/HC Ophth Oint														
Neomy/Poly B/Bacit/HC Ophth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Neomycin Sulfate Tablet														
Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Neomycin Sulfate 500 MG Tab UD (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Neomycin/Poly B/Bacitracin Oint														
Neomycin/Polymyxin B/Bacitracin 30 GM Ointment (Triple antibiotic ointment)	Oint	90109803104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Neomycin/Polymyxin B/Bacitracin 28.4 GM Ointment (Triple Antibiotic Ointment)	Oint	90109803104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Neomycin/Polymyxin B/Bacitracin 15 GM Oint (Triple antibiotic ointment)	Oint	90109803104200	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
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	No	No
Neomycin/Poly B/Bacitracin UD Oint													
Neomycin/Polymyxin B/Bacitracin UD Ointment (Triple Antibiotic Oint)	Oint	90109803104200	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories: **"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."**													
Formulary Restrictions: **"Clinic Use only"**													
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	No	No
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	No	No
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	No	No
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	No	No
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	No	No
Neomycin/Poly B/Hydrocort Ophth Susp													
Neomycin/Poly B/Hydrocort Ophth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****													
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	No	No
Neostigmine Methylsulfate Inj													
Neostigmine Methylsulfate IV Soln 5 MG/10ML	Sol	76000040202017	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Neostigmine Methylsulfate IV Solution 10 MG/10ML	Sol	76000040202022	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
NIFEdipine 60 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	N/A	No	Yes	No	No
NIFEdipine 90 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	N/A	No	Yes	No	No
NIFEdipine 30 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007530	Yes	0	No	No	No	No	N/A	Yes	Yes	No	No
NIFEdipine 60 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	N/A	Yes	Yes	No	No
NIFEdipine 90 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Advisories:													
	*****AMLODIPINE IS FIRST LINE DIHYDROPYRIDINE THERAPY ****													
Nirmatrelvir/Ritonavir MG Tab pack (3														
	Nirmatrelvir/Ritonavir 300/100 mg Tab pack (Paxlovid)	Tab Therapy	1299000255B720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nirmatrelvir/Ritonavir 150/100 Tab Therapy Pack (Paxlovid)	Tab Therapy	1299000255B710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	**Requiers Renal dose adjustment: eGFR > or = 30 to < 60 ml/min, doe change to 150 mg nirmatrelvir and 100mg ritonavir twice daily for 5 days.													
	Not recommended in severe renal (eGFR<30ml/min) or hepatic impairment**													
Nitrofurantoin Macrocrystal Cap														
	Nitrofurantoin Macrocrystal 50 MG Cap (Macrodantin)	Cap	16800050100115	No	0	No	No	No	No	N/A	No	Yes	No	No
	Nitrofurantoin Macrocrystal 100 MG Cap (Macrodantin)	Cap	16800050100120	No	0	No	No	No	No	N/A	No	Yes	No	No
	Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrodantin)	Cap	16800050100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrodantin)	Cap	16800050100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Nitrofurantoin Macrocrystal 25 MG Capsule (Macrodantin)	Cap	16800050100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Nitrofurantoin Mono 100 MG (Macrobid) Cap														
	Nitrofurantoin Mono 100 MG Cap [Macrobid] (Macrobid)	Cap	16800050150120	No	0	No	No	No	No	N/A	No	Yes	No	No
	Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)	Cap	16800050150120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nitrofurantoin Suspension USP														
	Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)	Susp	16800050001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitrofurantoin Oral Suspension 25 MG/5ML 240ML	Susp	16800050001810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitrofurantoin Oral Suspension 50 MG/5ML	Susp	16800050001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nitroglycerin Intravenous														
	Nitroglycerin IV 5 MG/ML,10 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nitroglycerin Ointment 2%														
	Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Ointment 2 % 60 GM (Nitropaste)	Oint	32100030004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nitroglycerin Patch														
	Nitroglycerin Patch 0.1 MG/HR (Nitrodur)	Patch 24 Hour	32100030008510	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Patch 0.2 MG/HR (Nitrodur)	Patch 24 Hour	32100030008520	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Patch 0.3 MG/HR (Nitrodur)	Patch 24 Hour	32100030008530	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Patch 0.4 MG/HR (Nitrodur)	Patch 24 Hour	32100030008540	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Patch 0.6 MG/HR (Nitrodur)	Patch 24 Hour	32100030008550	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nitroglycerin Patch 0.8 MG/HR (Nitrodur)	Patch 24 Hour	32100030008560	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Nitroglycerin SR Capsule													
Nitroglycerin SR 2.5 MG Cap (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	No	Yes	No	No
Nitroglycerin SR 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	No	Yes	No	No
Nitroglycerin SR 9 MG Cap (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	No	Yes	No	No
Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nitroglycerin SR 6.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nitroglycerin SR 9 MG Cap UD (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Nitroglycerin Sublingual Tablet													
Nitroglycerin SL 0.3 MG Tab (Nitrostat)	Tab Sublingual	32100030000710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nitroglycerin SL 0.6 MG Tab (Nitrostat)	Tab Sublingual	32100030000720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nitroglycerin SL 0.4 MG Tab [25 count] (Nitrostat)	Tab Sublingual	32100030000715	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nitroglycerin SL 0.4 MG Tab [100 Count] (Nitro stat)	Tab Sublingual	32100030000715	No	0	No	No	No	No	N/A	No	Yes	No	No
Nitroprusside Sodium													
Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)	Sol	36400040102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Norepinephrine Bitartrate Inj													
Norepinephrine Bitartrate 1 MG/ML, 4 ML Inj (Levophed)	Sol	38000090102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Norethindrone (Nor-Q.D.) Tablets													
Norethindrone 0.35 MG Tab	Tab	25100010000305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone (Nora-BE) Oral Tablet 0.35 MG (Nora-BE)	Tab	25100010000305	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone Acetate Tablet													
Norethindrone 5 MG Tab	Tab	26000030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Norethindrone 5 MG Tab UD	Tab	26000030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Norethindrone Acetate/Ethinyl Estra Tablet													
Norethindrone/EE 1 MG/35 MCG (28 D) Tab	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone/EE 0.5 MG/35 MCG Tab	Tab	25990002500310	No	0	No	No	No	No	N/A	No	Yes	No	No
Norethindrone/Ethinyl estra Tablet													
Norethindrone/EE 1 MG/20 MCG Tab	Tab	25990002600310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone/Ethinyl estra + Fe 1.5/30 Tab													
Norethindrone/EE/FF 1.5 MG/30 MCG/75 MG Tab	Tab	25990003610320	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone/Ethinyl estra + Fe 1/20 Tab													
Norethindrone/EE/FF 1 MG/20 MCG/75 MG (21) Tab	Tab	25990003610310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norethindrone/Ethinyl estra 21 Tablet													
Norethindrone/EE 1.5 MG/30 MCG Tab	Tab	25990002600320	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Norgestimate / Ethinyl Estrad Tablet													
Norgestimate/EE 0.18-0.215-0.25 MG/35 MCG Tab	Tab	25992002300320	No	0	No	No	No	No	N/A	No	Yes	No	No
Norgestimate/EE 0.18-0.215-0.25 MG/25 MCG Tab	Tab	25992002300310	No	0	No	No	No	No	N/A	No	Yes	No	No
Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25 MCG	Tab	25992002300310	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Norgestimate/Ethinyl Estradiol Tablet													
Norgestimate/EE 0.25 MG/35 MCG Tab	Tab	25990002950310	No	0	No	No	No	No	N/A	No	Yes	No	No
Nortriptyline Capsule													
Nortriptyline HCl 10 MG Cap (Pamelor)	Cap	58200060100105	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Nortriptyline HCl 10 MG Cap UD (Pamelor)	Cap	58200060100105	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Nortriptyline HCl 25 MG Cap (Pamelor)	Cap	58200060100110	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Nortriptyline HCl 25 MG CAP UD (PAMELOR)	Cap	58200060100110	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Nortriptyline HCl 50 MG Cap UD (Pamelor)	Cap	58200060100115	No	0	No	No	Yes	Yes	N/A	Yes	Yes	No	No
Nortriptyline HCl 75 MG Cap (Pamelor)	Cap	58200060100120	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Nortriptyline HCl 50 MG Cap (Pamelor)	Cap	58200060100115	No	0	No	No	Yes	Yes	N/A	No	Yes	No	No
Nortriptyline Oral solution 10 MG/5ML													
Nortriptyline HCl Oral Soln 10MG/5ML 473ML (Pamelor Solution)	Sol	58200060102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Nutritional Supplement - Standard													
Nutri Sup Clear 1.0 Cal Oral (Ensure Clear)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Fiber 1.0 Cal TF (Jevity Fiber)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Fiber 1.2 Cal TF (Jevity Fiber 1.2)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Fiber 1.5 Cal TF (Jevity Fiber 1.5)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro 1.0 Cal Oral (Boost High Protein)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro 1.0 Cal TF (Replete)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro 1.0 Cal TF/Oral (Promote)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro Low Cal Oral (Ensure High Protein)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro w/ Fiber 1.0 Cal TF (Replete Fiber)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro w/ Fiber 1.0 Cal TF/Oral (Promote Fiber)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup High Pro w/ Fiber 1.5 Cal Oral (Ensure Enlive)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.0 Cal TF (Nutren)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.2 Cal TF (Osmolite 1.2)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.5 Cal Oral (Ensure Plus/Boost Plus)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.5 Cal TF (Osmolite 1.5/Nutren 1.5)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 2.0 Cal TF (Nutren 2)	Liq	81200000000910	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 2.0 Cal TF (carton) (TwoCal HN)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.5 Cal TF (carton) (Osmolite 1.5/Nutren 1.5)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.2 Cal TF (carton) (Osmolite 1.2)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Fiber 1.5 Cal TF (carton) (Jevity Fiber 1.5)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Fiber 1.2 Cal TF (carton) (Jevity Fiber 1.2)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Nutri Sup Standard 1.0 Cal Oral (Ensure/Boost)	Liq	81200000000900	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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 non-formulary use requires clinical justification from BOP dietitian or 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 > 30 days.													
Nystatin Cream 100,000 Unit/GM														
	Nystatin Cream 100,000 UNIT/GM 30 GM (Mycostatin Cream)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Cream 100,000 UNIT/GM 15 GM (Mycostatin)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nystatin Ointment 100,000 Unit/GM														
	Nystatin Oint 100,000 UNIT/GM 15 GM (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Oint 100,000 UNIT/GM 30 GM (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nystatin Powder 100000 UNIT/GM														
	Nystatin Powder 100,000 UNIT/GM 15 GM (Mycostatin)	Pwdr	90150080002920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Powder 100,000 UNIT/GM 60 GM	Pwdr	90150080002920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Powder 100,000 UNIT/GM 30 GM (Nystop)	Pwdr	90150080002920	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nystatin Susp 100,000 UNIT/ML														
	Nystatin Susp 100,000 UNIT/ML 473 ML (Mycostatin)	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Susp 100,000 UNIT/ML UD 5 ML (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
	Nystatin Susp 100,000 UNIT/ML 60 ML	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Nystatin Susp 100,000 UNIT/ML 120ML (repack)	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Nystatin Tablet														
	Nystatin 500,000 Unit Tab (Mycostatin)	Tab	11000060000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Octreotide Acetate Injection														
	Octreotide Acetate Inj 50 MCG/ML (Sandostatin)	Sol	30170070102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Inj 100 MCG/ML (Sandostatin)	Sol	30170070102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Inj 200 MCG/ML,5ML (Sandostatin)	Sol	30170070102015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Inj 1000 MCG/ML	Sol	30170070102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Inj 500 MCG/ML (Sandostatin)	Sol	30170070102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Prefill Syringe 500 MCG/ML	Sol Prefilled	3017007010E520	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Prefilled Syringe 50 MCG/ML	Sol Prefilled	3017007010E505	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Octreotide Acetate Prefilled Syringe 100 MCG/ML	Sol Prefilled	3017007010E510	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Octreotide Acetate LAR Depot Injection													
Octreotide Acetate LAR Depot 20 MG/5ML Inj (Sandostatin LAR DEPOT)	Kit	30170070106420	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Octreotide Acetate LAR Depot 30 MG Inj (Sandostatin LAR)	Kit	30170070106430	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Octreotide Acetate LAR Depot 10 MG Inj (Sandostatin)	Kit	30170070106410	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ofloxacin OPHTH Solution 0.3%													
Ofloxacin Ophthalmic Soln 0.3% 5 ML (Ocuflox)	Sol	86101047002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Ofloxacin Ophthalmic Soln 0.3% 10 ML	Sol	86101047002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
OLANZapine IM													
OLANZapine IM Inj 10 MG Vial (Zyprexa)	Sol Recon	59157060002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
OLANZapine Tablet													
OLANZapine 5 MG Tab UD (Zyprexa)	Tab	59157060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 5 MG Tab (Zyprexa)	Tab	59157060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
OLANZapine 7.5 MG Tab UD (Zyprexa)	Tab	59157060000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 7.5 MG Tab (Zyprexa)	Tab	59157060000315	No	0	No	No	No	No	N/A	No	Yes	No	No
OLANZapine 10 MG Tab UD (Zyprexa)	Tab	59157060000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 10 MG Tab (Zyprexa)	Tab	59157060000320	No	0	No	No	No	No	N/A	No	Yes	No	No
OLANZapine 2.5 MG Tab UD (Zyprexa)	Tab	59157060000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 2.5 MG Tab (ZyPREXA)	Tab	59157060000305	No	0	No	No	No	No	N/A	No	Yes	No	No
OLANZapine 15 MG Tab (Zyprexa)	Tab	59157060000330	No	0	No	No	No	No	N/A	No	Yes	No	No
OLANZapine 15 MG Tab UD (Zyprexa)	Tab	59157060000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 20 MG Tab UD (Zyprexa)	Tab	59157060000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OLANZapine 20 MG Tab (Zyprexa)	Tab	59157060000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Omeprazole Capsule/Tablet													
Omeprazole 20 MG Cap (Prilosec)	Cap DR	49270060006520	No	0	No	No	No	No	N/A	No	Yes	No	No
Omeprazole 10 MG Cap (Prilosec)	Cap DR	49270060006510	No	0	No	No	No	No	N/A	No	Yes	No	No
Omeprazole 40 MG Cap (Prilosec)	Cap DR	49270060006530	No	0	No	No	No	No	N/A	No	Yes	No	No
Omeprazole 20 MG Cap UD (Prilosec)	Cap DR	49270060006520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Omeprazole 20 MG Tab [OTC] 14 Count (Prilosec)	Tab DR	49270060000620	No	0	No	No	No	No	N/A	No	Yes	No	No
Omeprazole 40 MG Cap UD (Prilosec)	Cap DR	49270060006530	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments													
Ondansetron Injection													
Ondansetron HCl Inj 40 MG/20ML Vial (Zofran)	Sol	50250065052030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ondansetron HCl Inj 4 MG/2ML Vial (Zofran)	Sol	50250065052024	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ondansetron HCl Inj 4 MG/2ML Syringe (Zofran)	Sol Prefilled	5025006505E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Ondansetron Oral Solution 4 mg/5ml													
Ondansetron Oral Sol 4MG/5ML 50ml (Zofran Oral Solution)	Sol	50250065052070	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ondansetron Oral Sol 4MG/5ML UD (Zofran Oral Solution)	Sol	50250065052070	No	0	No	Yes	Yes	No	N/A	Yes	Yes	No	No
Ondansetron Tablet													
Ondansetron 4 MG Tab (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	No	Yes	No	No
Ondansetron 4 MG Tab UD (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ondansetron 8 MG Tab (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	No	Yes	No	No
Ondansetron 8 MG Tab UD (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Oxaliplatin													
Oxaliplatin 100 MG INJ (Eloxatin)	Sol Recon	21100028002130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Oxaliplatin Intravenous Solution 100 MG/20ML	Sol	21100028002030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Oxaliplatin Intravenous Solution 50 MG/10ML	Sol	21100028002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Oxaliplatin IV Solution Reconstituted 50 MG	Sol Recon	21100028002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: ***Flush Line with Dextrose ONLY*** **Medical Referral Center (MRC) Use Only**													
OXcarbazepine Suspension 300 MG/5ML													
OXcarbazepine Susp 300 MG/5ML 250 ML (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
OXcarbazepine Susp 300 MG/5ML UD (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics** **2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.** **3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.**													
OXcarbazepine Tablet													
OXcarbazepine 150 MG Tab (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	No	Yes	No	No
OXcarbazepine 300 MG Tab (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	N/A	No	Yes	No	No
OXcarbazepine 600 MG Tab (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	No	Yes	No	No
OXcarbazepine 150 MG Tab UD (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OXcarbazepine 600 MG Tab UD (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
OXcarbazepine 300 MG Tab UD (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Bipolar disorder: Patient failed therapy (or use contraindicated) with lithium, lamotrigine, valproate, and/or second-generation antipsychotics** **2. Pain management: Patient failed therapy (or use contraindicated) with SNRIs, TCAs and gabapentin.** **3. Consider a directly-observed therapy restriction (pill-line only) for patients with a history of medication misuse.**													
Oxybutynin Tablet													
Oxybutynin 5 MG Tab (Ditropan)	Tab	54100045200330	No	0	No	No	No	No	N/A	No	Yes	No	No
Oxybutynin 5 MG Tab UD (Ditropan)	Tab	54100045200330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Oxybutynin 2.5 MG Tab	Tab	54100045200310	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Oxybutynin XL 24 Hour Tab													
Oxybutynin XL 24 Hour 5 MG Tab (Ditropan XL)	Tab ER 24	54100045207520	No	0	No	No	No	No	N/A	No	Yes	No	No
Oxybutynin XL 24 Hour 10 MG Tab (Ditropan XL)	Tab ER 24	54100045207530	No	0	No	No	No	No	N/A	No	Yes	No	No
Oxybutynin XL 24 Hour 15 MG Tab (Ditropan XL)	Tab ER 24	54100045207540	No	0	No	No	No	No	N/A	No	Yes	No	No
Oxybutynin XL 24 Hour 5 MG Tab UD (Ditropan XL)	Tab ER 24	54100045207520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Oxybutynin XL 24 Hour 10 MG Tab UD (Ditropan Xl)	Tab ER 24	54100045207530	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Oxybutynin XL 24 Hour 15 MG Tab UD (Ditropan XL)	Tab ER 24	54100045207540	No	0	No	No	No	No	N/A	Yes	Yes	No	No
oxyCODONE HCl Capsule													
oxyCODONE HCl 5 MG Cap	Cap	65100075100110	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													
oxyCODONE HCl Oral Sol 5 MG/5 ML													
OxyCODONE HCl Oral Solution 5 MG/5ML 5 ML UD	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
OxyCODONE HCl Oral Solution 5 MG/5ML 500mL	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													
oxyCODONE HCl Tablet													
oxyCODONE HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
oxyCODONE HCl 30 MG Tab (Roxicodone tablet)	Tab	65100075100340	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE HCl 15 MG Tab	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE HCl 20 MG Tab	Tab	65100075100330	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE HCl 10 MG Tab (Roxicodone tablet)	Tab	65100075100320	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
oxyCODONE HCl 15 MG Tab UD	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
oxyCODONE HCl 10 MG Tab UD	Tab	65100075100320	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
oxyCODONE HCl 30 MG Tab UD	Tab	65100075100340	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Advisories:													
****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
oxyCODONE/Acetaminophen 5MG/325 MG Tablets													
oxyCODONE/Acetaminophen 5/325 MG Tab (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE/Acetaminophen 5/325 MG Tab UD (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
oxyCODONE/Acetamin 2.5/162.5 MG 1/2 Tab Prepack (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**												
MLP Requires Cosign													
oxyCODONE/Acetaminophen 5MG/325 MG/5ML Sol													
oxyCODONE/APAP 5/325 MG/5 ML Soln (Percocet)	Sol	65990002202005	No	2	Yes	Yes	Yes	No	N/A	No	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													
oxyCODONE/Acetaminophen 7.5MG/325 MG Tab													
oxyCODONE/Acetaminophen 7.5/325 MG Tab (Percocet)	Tab	65990002200327	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE/Acetaminophen 7.5/325 MG Tab UD (Percocet)	Tab	65990002200327	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													
oxyCODONE/Acetaminophen 10MG/325 MG Tablet													
oxyCODONE/Acetaminophen 10/325 MG Tab (Percocet)	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	No	Yes	No	No
oxyCODONE/Acetaminophen 10/325 MG Tab UD (Percocet)	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
Advisories: ****ORDER MAY NOT EXCEED 4 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**													
MLP Requires Cosign													
Oxytocin Injection 10 Unit/ML													
Oxytocin 10 Units/ML, 1 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Oxytocin 10 Units/ML, 10 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
PACLitaxel Intravenous Concentrate 30 MG/5ML (Taxol)	Concentrate	21500012001325	No	0	No	No	Yes	No	N/A	No	Yes	No	No
PACLitaxel Intravenous Concentrate 300 MG/50ML	Concentrate	21500012001350	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Paliperidone ER Tablet													
Paliperidone ER 24 Hour Tab 3 MG (Invega)	Tab ER 24	59070050007510	No	0	No	No	No	No	N/A	No	Yes	No	No
Paliperidone ER 24 Hour Tab 6 MG (Invega)	Tab ER 24	59070050007520	No	0	No	No	No	No	N/A	No	Yes	No	No
Paliperidone ER 24 Hour Tab 9 MG (Invega)	Tab ER 24	59070050007530	No	0	No	No	No	No	N/A	No	Yes	No	No
Paliperidone ER 24 Hour Tab 1.5 MG (Invega)	Tab ER 24	59070050007505	No	0	No	No	No	No	N/A	No	Yes	No	No
Paliperidone ER 24 Hour Tab 9 MG UD	Tab ER 24	59070050007530	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Paliperidone ER 24 Hour Tab 3 MG UD (Invega)	Tab ER 24	59070050007510	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Paliperidone ER 24 Hour Tab 6 MG UD (Invega)	Tab ER 24	59070050007520	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Palonosetron Injection													
Palonosetron 0.25MG/5ML Inj (Aloxi)	Sol	50250070102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Palonosetron HCl Prefilled Syringe 0.25 MG/5ML (Aloxi)	Sol Prefilled	5025007010E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: ****RESTRICTED TO SECOND LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFRAN****													
Medical Referral Center (MRC) Use Only													
Pamidronate Injection													
Pamidronate Disodium Intravenous Soln 90 MG/10ML (Aredia)	Sol	30042060102012	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pamidronate Disodium IV Solution 30 MG/10ML	Sol	30042060102006	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: ****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****													
Pancrelipase (Creon) Delayed Rel Capsule													
Pancrelipase (Creon) 24000/76000/120000 UNIT (Creon)	Cap DR	51200024006760	No	0	No	No	No	No	N/A	No	Yes	No	No
Pancrelipase (Creon) 6000/19000/30000 UNIT (Creon)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	No	Yes	No	No
Pancrelipase (Creon) 12000/38000/60000 UNIT (Creon)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	No	Yes	No	No
Pancrelipase (Creon) 12000/38000/60000 UNIT UD (Creon)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pancrelipase (Creon) 6000/19000/30000 UNIT UD (Creon)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pancrelipase (Creon) 3000/9500/15000 UNIT (Creon)	Cap DR	51200024006705	No	0	No	No	No	No	N/A	No	Yes	No	No
Pancrelipase (Creon) 36000/114000/180000 UNIT (Creon)	Cap DR	51200024006780	No	0	No	No	No	No	N/A	No	Yes	No	No
Pantoprazole Injection													
Pantoprazole IV Soln 40 MG Vial (Protonix)	Sol Recon	49270070102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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**													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Pantoprazole Tablet													
Pantoprazole 40 MG Tab (Protonix)	Tab DR	49270070100620	No	0	No	No	No	No	N/A	No	Yes	No	No
Pantoprazole 20 MG Tab (Protonix)	Tab DR	49270070100610	No	0	No	No	No	No	N/A	No	Yes	No	No
Pantoprazole 40 MG Tab UD (Protonix)	Tab DR	49270070100620	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pantoprazole 20 MG Tab UD (Protonix)	Tab DR	49270070100610	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PARoxetine Tablet													
PARoxetine 20 MG Tab (Paxil)	Tab	58160060000320	No	0	No	No	No	No	N/A	No	Yes	No	No
PARoxetine 20 MG Tab UD (Paxil)	Tab	58160060000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PARoxetine 30 MG Tab (Paxil)	Tab	58160060000330	No	0	No	No	No	No	N/A	No	Yes	No	No
PARoxetine 30 MG Tab UD (Paxil)	Tab	58160060000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PARoxetine 10 MG Tab (Paxil)	Tab	58160060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
PARoxetine 40 MG Tab (Paxil)	Tab	58160060000340	No	0	No	No	No	No	N/A	No	Yes	No	No
PARoxetine 10 MG Tab UD (Paxil)	Tab	58160060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PARoxetine 40 MG Tab UD (Paxil)	Tab	58160060000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: ****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****													
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	Yes	No	No	N/A	No	Yes	No	No
PEG/Electrolyte Solution													
PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)	Sol Recon	46992005302130	No	0	No	Yes	No	No	N/A	No	Yes	No	No
PEG/Electrolyte Solution 4000 ML - Colyte (Colyte- Flavored)	Sol Recon	46992005302140	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Pegfilgrastim-bmez Subcu Soln Syringe 6 MG/0.6ML													
Pegfilgrastim-bmez Subcu Syringe 6 MG/0.6ML (Ziextenzo)	Sol Prefilled	8240157005E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

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.

Table of Contents

45

c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemo-radiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.

d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.**

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

a. Patient receiving hepatitis C therapy; AND

b. Patient develops neutropenia defined as either

i. ANC < 250/mm3; OR

ii. ANC < 500mm3 with one of the following risk factors for developing infection;

a. Cirrhosis, biopsy proven or clinically evident;

b. Pre-or post-liver transplant;

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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** **3. Pegfilgrastim-bmez (Ziextenzo®) is the preferred formulary agent.** Formulary Restrictions: **"Oncologist/Hematologist Use only"** **Medical Referral Center (MRC) Use Only**													
Peginterferon Alfa-2a Injection														
	Peginterferon ALFA 2A 180 MCG/1 ML Inj (Pegasys)	Sol	12353060052020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Peginterferon ALFA 2A 180 MCG/0.5ML Syringe (Pegasys prefilled syringe)	Sol Prefilled	1235306005E540	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Advisories: ****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX**** Formulary Restrictions: ****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment*****													
Penicillamine Capsule														
	Penicillamine 250 MG Cap (Cuprimine)	Cap	99200030000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Penicillin G Benzathine (Extencilline) Injection														
	Penicillin G Benzathine 1.2 MU/5ML Vial (Extencilline)	Susp Recon	01100020001940	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Penicillin G Benzathine 2.4 MU/5ML Vial (Extencilline)	Susp Recon	01100020001960	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Penicillin G Benzathine Injection														
	Penicillin G Benzathine 1.2 MU/2ML Syringe (Bicillin L-A)	Susp Prefilled	0110002000E630	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Penicillin G Benzathine 2.4 MU/4ML Syringe (Bicillin L-A)	Susp Prefilled	0110002000E620	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Penicillin G Benzathine 600000 UNIT/ML Syringe (Bicillin L-A)	Susp Prefilled	0110002000E610	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Advisories: ****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****													
Penicillin G Potassium Injection														
	Penicillin G Potassium Inj 5 MU Vial	Sol Recon	01100010102125	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Penicillin G Potassium Inj 20 MU Vial	Sol Recon	01100010102135	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Penicillin G Potassium/Dextrose IV Premix														
	Penicillin G Pot/Dextrose Premix 1 MU/50ML	Sol	01100010112050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Penicillin G Pot/Dextrose Premix 2 MU/50ML	Sol	01100010112060	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Penicillin G Pot/Dextrose Premix 3 MU/50ML	Sol	01100010112070	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Penicillin G Procaine Injection													
Penicillin G Procaine 600,000 UNIT/ML (Wycillin)	Susp	01100030001820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Penicillin G Sodium Injection													
Penicillin G Sodium Inj 5 MU Vial	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Penicillin VK Suspension													
Penicillin VK Oral Susp 250MG/5ML 100 ML (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Penicillin VK Oral Susp 250MG/5ML 200 ML (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Penicillin VK Oral Soln 125 MG/5ML 100 ML (Pen VK)	Sol Recon	01100040102105	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Penicillin VK Tablet													
Penicillin VK 250 MG Tab UD (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Penicillin VK 250 MG Tab (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Penicillin VK 500 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Penicillin VK 500 MG Tab UD (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pentamidine Isothionate Inhalation													
Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)	Sol Recon	16000045002170	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Pentamidine Isothionate Injection													
Pentamidine Isothionate 300 MG Inj (Pentam 300 MG)	Sol Recon	16000045002130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Permethrin Cream 5%													
Permethrin 5%, 60 GM Cream (Elimite)	Cm	90900035003720	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions: **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	N/A	No	Yes	No	No
Perphenazine Tablet													
Perphenazine 16 MG Tab (Trilafon)	Tab	59200045000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Perphenazine 2 MG Tab (Trilafon)	Tab	59200045000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Perphenazine 4 MG Tab UD (Trilafon)	Tab	59200045000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Perphenazine 4 MG Tab (Trilafon)	Tab	59200045000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Perphenazine 8 MG Tab UD (Trilafon)	Tab	59200045000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Perphenazine 8 MG Tab (Trilafon)	Tab	59200045000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Perphenazine 16 MG Tab UD (Trilafon)	Tab	59200045000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Perphenazine 2 MG Tab UD (Trilafon)	Tab	59200045000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Petrolatum External Ointment 42%													
Petrolatum External Ointment 42% 100 GM	Oint	98600040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Petrolatum External Ointment 42 % 454 GM	Oint	98600040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Failed a 30-day trial of two commissary moisturizers OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	Medical Referral Center (MRC) Use Only													
Petrolatum White Jelly														
	Petrolatum , White Jelly 2.5oz			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petroleum Jelly 30 GM [curad] (Curad)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum Jelly 13 OZ (Vaseline)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum Jelly 1.75 OZ (Vaseline)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum jelly, 3.75 OZ			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum, white Gel 7.5 OZ			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Failed a 30-day trial of two commissary moisturizers OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	Medical Referral Center (MRC) Use Only													
Petrolatum, White, Gel														
	Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petroleum, White, Jelly, 15 GM (Vasoline)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum, White Gel 454 gm (Petrolatum White Gel)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum, White gel 49gm (Vaseline)	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petroleum, White Gel [368 GM]	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum , White External Ointment 5 GM	Oint	98600065004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	White Petrolatum External Ointment 28.35GM	Oint	98600065004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	White Petrolatum External Ointment 454 GM	Oint	98600065004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum, White Gel 5 gm	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Petrolatum, White Gel 113 GM	Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories: **"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."** Non-Formulary Use Criteria: **1. Failed a 30-day trial of two commissary moisturizers OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** Formulary Restrictions: ****Restricted to diabetics, dialysis, inpatients only***** **Medical Referral Center (MRC) Use Only**													
Pfizer COVID-19 Vac Bivalent Im Susp 30MCG/0.3ML													
Pfizer COVID-19 Vac Bivalent Im Susp 30MCG/0.3ML	Susp	17100002441820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pfizer- BionTech Covid 19 Vaccine.													
Pfizer- BionTech Covid 19 Vaccine (Comirnaty)	Susp	17100002401820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pfizer-BioNT COVID-19 Vac-TriS IM 30 MCG/0.3ML	Susp	17100002401824	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Phenazopyridine HCl Tab (OTC version)													
Phenazopyridine HCl 95 MG Tab [OTC]	Tab	56300010100303	No	0	No	No	No	No	N/A	No	Yes	No	No
Phenazopyridine HCl 97.5 MG Tab [OTC]	Tab	56300010100350	No	0	No	No	No	No	N/A	No	Yes	No	No
Phenazopyridine Tablet													
Phenazopyridine HCl 100 MG Tab (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Phenazopyridine HCl 200 MG Tab (Pyridium)	Tab	56300010100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Phenazopyridine HCl 100 MG Tab UD (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Phenazopyridine HCl 200 MG Tab UD	Tab	56300010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PHENobarbital Elixir													
PHENobarbital 4 MG/ML Elixir 473 ML (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	No
PHENobarbital 20 MG/5ML UD (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	No	N/A	Yes	Yes	No	No
Advisories: ****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **Immediate release, non-enteric coated, oral controlled substances are to be crushed prior to administration** **Immediate release controlled substance capsules should be pulled apart and administered in powder form**** Non-Formulary Use Criteria: **1. Diagnosis of seizure, AND** **2. Used in combination with other anticonvulsant medications, AND** **3. Used as 3rd line agent, AND** **4. Compliance > 90% maintained** Formulary Restrictions: **For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment** **MLP Requires Cosign**													
PHENobarbital Tablet													
PHENobarbital 100 MG Tab UD (PHENobarbital)	Tab	60100060000325	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
PHENobarbital 15 MG Tab UD (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
PHENobarbital 15 MG Tab (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 32.4 MG Tab (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
PHENobarbital 32.4 MG Tab UD (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
PHENobarbital 60 MG Tab UD (PHENobarbital)	Tab	60100060000320	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
PHENobarbital 64.8 MG Tab (PHENobarbital)	Tab	60100060000322	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 16.2 MG Tab UD (PHENobarbital)	Tab	60100060000308	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	No
PHENobarbital 60 MG Tab	Tab	60100060000320	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 97.2 MG Tab	Tab	60100060000324	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 100 MG Tab	Tab	60100060000325	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 30 MG Tab	Tab	60100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No
PHENobarbital 16.2 MG Tab	Tab	60100060000308	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	No

Advisories:

****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **Immediate release, non-enteric coated, oral controlled substances are to be crushed prior to administration** **Immediate release controlled substance capsules should be pulled apart and administered in powder form****

Non-Formulary Use Criteria:

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

Formulary Restrictions:

For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment

MLP Requires Cosign

Phenoxybenzamine HCl Capsule													
Phenoxybenzamine HCl 10 MG Capsule (Dibenzyline)	Cap	36300010100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Phenylephrine HCl Injection													
Phenylephrine IV Soln 10 MG/ML (Vazculep)	Sol	38000095102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Phenylephrine HCl Ophth Sol 2.5%													
Phenylephrine HCl Ophth Sol 2.5%, 5 ML (Mydfrin)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Phenylephrine HCl Ophth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Phenylephrine HCl Ophth Sol 2.5%, 2 ML UD (Neo-Synephrine)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Phenylephrine HCl Ophth Sol 2.5% 3 ML	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Phenylephrine HCl Ophth Sol 2.5%, 10 ML	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Phenylephrine HCl Ophth Sol 10%													
Phenylephrine HCl Ophth Sol 10%, 5 ML (AK-Dilate 10% Ophth)	Sol	86350037102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Phenytoin Chewable Tablet													
Phenytoin 50 MG Chewable Tab (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Phenytoin 50 MG Chewable Tab UD (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories:													
"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
Formulary Restrictions:													
****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***													
Phenytoin Sodium ER Capsule													
Phenytoin ER 100 MG Cap (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Phenytoin ER 100 MG Cap UD (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Phenytoin ER 30 MG Cap (Dilantin)	Cap	72200030200105	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Phenytoin ER 30 MG Cap UD	Cap	72200030200105	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Phenytoin Sodium ER 200 MG Capsule (Phenytex)	Cap	72200030200120	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Phenytoin Sodium ER 300 MG Capsule (PHenytex)	Cap	72200030200130	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Phenytoin Sodium Injection 50 MG/ML													
Phenytoin 50 MG/ML, 2ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Phenytoin 50 MG/ML, 5ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes	Yes	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Formulary Restrictions:													
****USE SUSPENSION WITH CAUTION*****													
Phenytoin Suspension 125 MG/5ML													
Phenytoin Oral Susp 125 MG/5ML 237 ML (Dilantin-125 Liquid)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	No	Yes	Yes	No
Phenytoin Oral Susp 125 MG/5ML UD	Susp	72200030001810	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes	No
Phenytoin Oral Susp 100 MG/4ML UD (Dilantin)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Formulary Restrictions:													
****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***													
Phosphorus/Potassium/Sodium Tablet													
Phosphorus/Potass/Sodium 155/852/130 MG Tab (K-Phos-Neutral)	Tab	79600030100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Physostigmine Injection													
Physostigmine 1 MG/ML, 2ML Inj (Antilirium)	Sol	93000060102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Phytonadione Injection													
Phytonadione Inj 10 MG/ML (Vitamin K)	Sol	77204030002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Phytonadione Inj 1 MG/0.5ML (Vitamin K)	Sol	77204030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Phytonadione Tablet													
Phytonadione 5 MG Tab (Vitamin K)	Tab	77204030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Phytonadione 5 MG Tab UD (Vitamin K)	Tab	77204030000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Phytonadione 100 MCG Tab (Vitamin K)	Tab	77204030000360	No	0	No	No	No	No	N/A	No	Yes	No	No
Pilocarpine HCl Ophthalmic Solution 1%													
Pilocarpine HCl Ophth Soln 1% 15 ML	Sol	86501030102015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pilocarpine HCl Ophthalmic Solution 2%													
Pilocarpine HCl Ophth Soln 2% 15 ML	Sol	86501030102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pilocarpine HCl Ophthalmic Solution 4%													
Pilocarpine HCl Ophth Soln 4% 15 ML	Sol	86501030102030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pindolol Tablet													
Pindolol 10 MG Tab (Visken)	Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Pindolol 5 MG Tab (Visken)	Tab	33100030000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Pioglitazone Tablet													
Pioglitazone HCl 15 MG Tab (Actos)	Tab	27607050100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Pioglitazone HCl 30 MG Tab (Actos)	Tab	27607050100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Pioglitazone HCl 45 MG Tab (Actos)	Tab	27607050100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Pioglitazone HCl 30 MG Tab UD (Actos)	Tab	27607050100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pioglitazone HCl 15 MG Tab UD (Actos)	Tab	27607050100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pioglitazone HCl 45 MG Tab UD (Actos)	Tab	27607050100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Advisories:

**1. Second or third line therapy for type 2 diabetes patients with inadequate glycemic control on oral agents, e.g. metformin, glipizide.
2. Not recommended in patients with symptomatic heart failure, risk of bone fractures, hepatic impairment, or fluid retention.
3. Not recommended in combination with insulin therapy.**

Non-Formulary Use Criteria:

1. Failure to achieve target HbA1c goals in type 2 diabetes despite compliance with and adequate duration of a treatment regimen of sulfonylurea plus metformin, insulin plus metformin, insulin plus a sulfonylurea (when metformin is contraindicated), or insulin plus metformin plus a sulfonylurea.

2. Current total insulin dose must be > 1 unit / kg / day of body weight. OR

3. A type 2 diabetic inmate newly-incarcerated in the BOP who arrives on a glitazone with good glycemic control and a past history of failed therapy with or contraindication to metformin. (NOTE: If the inmate has never received treatment with metformin and has no contraindication, metformin should be added to the regimen and the glitazone approved by non-formulary request for 6 months to allow for an adequate trial and titration of metformin.)

4. Pioglitazone is the preferred glitazone when non-formulary use criteria are met. Documentation to be included in non-formulary request: type of diabetes (1 or 2), current treatment regimen and duration at current doses, and most recent HbA1c value with date.

Piperacillin/Tazobactam Injection													
Piperacillin/Tazobac Inj 2 GM/0.25 GM Vial (Zosyn)	Sol Recon	01990002702120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Inj 3 GM/0.375 GM Vial (Zosyn)	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Inj 4 GM/0.5 GM Vial (Zosyn)	Sol Recon	01990002702140	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Inj 36 GM/4.5 GM Vial (Zosyn)	Sol Recon	01990002702170	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Inj 3 GM/0.375 GM Vial Adv (Zosyn)	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Piperacillin/Tazobactam IV Premix													
Piperacillin/Tazobac Premix 2.25 GM/50 ML (Zosyn)	Sol	01990002722020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Premix 3.375 GM/50 ML (Zosyn)	Sol	01990002722030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Piperacillin/Tazobac Premix 4.5 GM/100 ML (Zosyn)	Sol	01990002722025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Pneumococcal Vac 13 Val Conj Inj													
Pneumococcal Vac 13 Val Conj Inj Syringe (Prevnar 13)	Susp	17200065301800	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Pneumococcal Vac 21 Val Conj Inj													
Pneumococcal Vac 21 Val Conj Prefill Syr 0.5 ML (Capvaxive)	Sol Prefilled	1720006550E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Pneumococcal Vac 23 Polyvalent Injection													
Pneumococcal Vac 23 Val Inj 25 MCG/0.5 ML (Pneumovax 23)	Sol	17200065002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Pneumococcal Vac 23 Val Prefill Syr 25 MCG/0.5ML (Pneumovax 23)	Sol Prefilled	1720006500E510	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Polyethylene Glycol Powder (PEG 3350)													
Polyethylene Glycol 3350 Powder 510/527 GM (MiraLax)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Polyethylene Glycol 3350 Powder 238GM 17GM/Tbl (MiraLax)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Polyethylene Glycol 3350 Powder 17GM Packet UD (Miralax)	Packet	46600033003020	No	0	No	No	No	No	N/A	No	Yes	No	No
Polyethylene Glycol 3350 Oral Powder 119 GM (PEG 3350)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Polyethylene Glycol 3350 Oral Powder 850GM (PEG 3350)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Requests for colonoscopy preparation will be approved for 30 days.													
Polymyxin B/Trimethoprim Ophth Soln													
Polymyxin B/Trimethoprim Ophth Sol 10 ML (Polytrim)	Sol	86109902602020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Polysaccharide Iron Complex Caps													
Polysaccharide Iron Complex 150 MG Cap (Niferex 150)	Cap	82300050000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Polysaccharide Iron Complex 150 MG UD Caps (Niferex)	Cap	82300050000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO DIALYSIS PATIENTS****													
Polysaccharide Iron Complex Elixir/Soln													
Polysaccharide Iron Complex Oral Liquid 15 MG/ML	Liq	82300050000950	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO DIALYSIS PATIENTS****													
Potassium Acetate Inj													
Potassium Acetate 2 mEq/ML, 20 ML Inj	Sol	79700010002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Potassium Acetate 2 MEQ/ML, 50 ML Inj	Sol	79700010002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
****Caution - this is a concentrated electrolyte****													
Potassium Chloride ER Capsule													
Potassium Chloride 10 mEq ER Cap (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 8 mEq ER Capsule	Cap ER	79700030000205	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 10 mEq ER Cap UD (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride ER Tablet (Klor-Con)													
Potassium Chloride 10 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride ER 20 MEQ Tab	Tab ER	79700030000445	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride ER 20 MEQ Tab UD	Tab ER	79700030000445	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride 8 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride 15 mEq ER Tablet	Tab ER	79700030000435	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride ER Tab (K-Dur/Klor-con M)													
Potassium Chloride 20 mEq ER Tab UD (Klor-Kon)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride 20 mEq ER Tab [Klor-Con M] (Klor-Con)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 10 mEq ER Tab [KlorCon M] (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 10 mEq ER Tab (KlorCon M) UD (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride 15 mEq ER Tablet [KlorconM15] (Klor-Con)	Tab ER	79700030100435	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Chloride 15 mEq ER Tab (KlorconM15) UD (Klor-Con)	Tab ER	79700030100435	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Potassium Chloride Injection (Concentrate)													
Potassium Chloride Inj 2 mEq/ML, 10ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride IV conc 10 mEq/100ML	Sol	79700030002050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride IV conc 20 mEq/100ML	Sol	79700030002060	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride IV conc 10 mEq/50ML	Sol	79700030002055	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride IV conc 20 mEq/50ML	Sol	79700030002070	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride IV conc 40 mEq/100ML	Sol	79700030002075	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride Inj 2 mEq/ML, 5 ML	Sol	79700030002005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Medical Referral Center (MRC) Use Only													
Potassium Chloride IV 20 mEq/0.9% NaCl 1000ML													
Potassium Chloride IV 20 mEq/0.9% NaCl 1000ML	Sol	79992002102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Potassium Chloride IV 40 mEq/0.9% NaCl 1000ML													
Potassium Chloride IV 40 mEq/0.9% NaCl 1000ML	Sol	79992002102030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium Chloride Oral packet													
Potassium Chloride Powder 20 mEq Pak (Kay Ciel)	Packet	79700030003015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Potassium Chloride Oral Solution													
Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD	Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Potassium Chlor Oral Sol 10%, 473ML	Sol	79700030002085	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution)	Sol	79700030002095	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Potassium Chlor Oral Sol 20% (40mEq), 15ML UD	Sol	79700030002095	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
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	No	No
Potassium Citrate Tablet													
Potassium Citrate 1080 MG ER Tab [10 MEQ] (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Citrate 540 MG ER Tab [5 MEQ] (Urocit-K)	Tab ER	56202010200420	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Citrate 1620 MG (15 MEQ) ER Tab (Urocit-K)	Tab ER	56202010200460	No	0	No	No	No	No	N/A	No	Yes	No	No
Potassium Citrate/Citric Acid Oral Solution													
Pot Citrate/Citric Acid Oral Soln1100-334 MG/5ML (Cytra-K)	Sol	56202022002025	No	0	No	No	No	No	N/A	No	Yes	No	No
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	No	No
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	No	No
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	No	No
Potassium Phosphates 45 MMOLE/15ML IV soln	Sol	79600010052030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Potassium/Sodium/Phosphorus Powder													
Phosphorus/Potass/Sodium Packet 280/160/250MG (Phos-NaK Oral Packet)	Packet	79600030003012	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
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	No	No
Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Povidone-Iodine External Solution 10%													
Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine External Solution 10% ,118 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine External Solution 10% 15ML (Betadine)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Povidone-Iodine Scrub 7.5%													
Povidone-Iodine Scrub 7.5%, ML 473 ML (Betadine Surgical Scrub)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine Scrub Soln 7.5% 946 ML (Betadine)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine Scrub External Soln 7.5% 120 ML	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Povidone-Iodine Swab 10%													
Povidone-Iodine Swab 10% (Betadine Swabsticks)	Swab	92200040009420	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pramipexole Tablet													
Pramipexole 0.125 MG Tab (Mirapex)	Tab	73203060100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 0.25 MG Tab (Mirapex)	Tab	73203060100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 1 MG Tab (Mirapex)	Tab	73203060100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 1.5 MG Tab (Mirapex)	Tab	73203060100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 0.5 MG Tab (Mirapex)	Tab	73203060100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 0.75 MG Tab (Mirapex)	Tab	73203060100317	No	0	No	No	No	No	N/A	No	Yes	No	No
Pramipexole 0.25 MG Tab UD (Mirapex)	Tab	73203060100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prasugrel HCl Tab													
Prasugrel HCl 5 MG Tab (Effient)	Tab	85158060100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Prasugrel HCl 10 MG Tab (Effient)	Tab	85158060100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Prasugrel HCl 10 MG Tab UD (Effient)	Tab	85158060100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prasugrel HCl 5 MG Tab UD (Effient)	Tab	85158060100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pravastatin Tablet													
Pravastatin 10 MG Tab (Pravachol)	Tab	39400065100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Pravastatin 20 MG Tab (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Pravastatin 40 MG Tab (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Pravastatin 80 MG Tab (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	No	Yes	No	No
Pravastatin 80 MG Tab UD (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pravastatin 10 MG Tab UD	Tab	39400065100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pravastatin Sodium 20 MG Tab UD (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pravastatin Sodium 40 MG Tab UD (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prazosin Capsule													
Prazosin 1 MG Cap (Minipress)	Cap	36202030100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Prazosin 1 MG Cap UD (Minipress)	Cap	36202030100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prazosin 2 MG Cap (Minipress)	Cap	36202030100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Prazosin 2 MG Cap UD (Minipress)	Cap	36202030100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prazosin 5 MG Cap (Minipress)	Cap	36202030100115	No	0	No	No	No	No	N/A	No	Yes	No	No
Prazosin 5 MG Cap UD (Minipress)	Cap	36202030100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
prednisoLONE Ace Ophth Susp 0.12%														
	prednisoLONE Ace. Ophth Susp 0.12%, 5ml (Pred Mild)	Susp	86300050101809	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	prednisoLONE Ace. Ophth Susp 0.12%, 10ML	Susp	86300050101809	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED****													
prednisoLONE Ace Ophth Susp 1%														
	prednisoLONE Ace. Ophth Susp 1%, 5 ml (Pred Forte)	Susp	86300050101815	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	prednisoLONE Ace. Ophth Susp 1%, 10 ml (Pred Forte)	Susp	86300050101815	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	prednisoLONE Ace. Ophth Susp 1%, 15 ml (Pred Forte)	Susp	86300050101815	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	PrednisoLONE Forte Ophth Suspension 1% 1 ML (Pred Forte)	Susp	86300050101815	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED****													
prednisoLONE Sod Phos ophth Solution 1%														
	prednisoLONE Sod Phos ophth 1%, 10ml (AK-Pred Ophthalmic Solution)	Sol	86300050202015	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED****													
predniSONE 10 mg Dosepak (21)														
	predniSONE 10 MG Therapy Pack [21 ct] (Sterapred DS)	Tab Therapy	2210004500B720	No	0	No	Yes	No	No	N/A	No	Yes	No	No
predniSONE 10 mg Dosepak (48)														
	predniSONE 10 MG Therapy Pack [48 ct] (Sterapred DS)	Tab Therapy	2210004500B725	No	0	No	Yes	No	No	N/A	No	Yes	No	No
predniSONE 5 mg Dosepack #21														
	predniSONE 5 MG Therapy Pack [21 ct] (Deltasone)	Tab Therapy	2210004500B705	No	0	No	Yes	No	No	N/A	No	Yes	No	No
predniSONE 5 mg Dosepack #48														
	predniSONE 5 MG Therapy Pack [48 ct] (Sterapred DS)	Tab Therapy	2210004500B710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
predniSONE Solution 1 MG/ML														
	predniSONE Solution 1 MG/ML, 5ML UD	Sol	22100045002005	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
	predniSONE Solution 1 MG/ML	Sol	22100045002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
predniSONE Solution 5 MG/ML														
	predniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)	Concentrate	22100045001310	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
predniSONE Tablet													
predniSONE 1 MG Tab (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 1 MG Tab UD (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
predniSONE 10 MG Tab (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 2.5 MG Tab (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 2.5 MG Tab UD (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
predniSONE 20 MG Tab (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 20 MG Tab UD (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
predniSONE 5 MG Tab UD (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
predniSONE 5 MG Tab (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 50 MG Tab (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	No	Yes	No	No
predniSONE 50 MG Tab UD (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	Yes	Yes	No	No
predniSONE 10 MG Tab UD (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
PreHevbrio Intramuscular Suspension 10 MCG/ML													
Hepatitis B vac PreHevbrio IM Susp 10 MCG/ML (PreHevbrio)	Susp	17100010401820	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Prenatal With Ferrous Carbonyl-Folic Acid Tablet													
Prenatal with Fe Carb-FA 29-1 MG Tab	Tab	78512010000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Carb-FA 50-1.25 MG Tab	Tab	78512010000352	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prenatal With Ferrous Fumarate-Folic Acid Tablet													
Prenatal with Fe Fum-FA 27-1 MG Tab	Tab	78512015000324	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Fum-FA 29-1 MG Chew Tab	Tab Chew	78512015000530	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Fum-FA 28-0.8 MG Tab	Tab	78512015000328	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Fum-FA 27-0.8 MG Tab	Tab	78512015000322	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Fum-FA 29-1 MG Tab	Tab	78512015000332	No	0	No	No	No	No	N/A	No	Yes	No	No
Prenatal with Fe Fum-FA 27-0.8 MG Tab UD	Tab	78512015000322	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
Formulary only if pregnancy indication exists.													
Prenatal With Iron-Folic Acid Tablet													
Prenatal with Fe-FA 27-0.8 MG Tab	Tab	78512000000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Prevnar 20 IM Susp Prefilled Syringe 0.5 ML													
Prevnar 20 IM Susp Prefilled Syringe 0.5 ML	Susp Prefilled	1720006540E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Primidone Tablet													
Primidone 250 MG Tab UD (Mysoline)	Tab	72600060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Primidone 250 MG Tab (Mysoline)	Tab	72600060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Primidone 50 MG Tab (Mysoline)	Tab	72600060000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Primidone 50 MG Tab UD (Mysoline)	Tab	72600060000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Primidone 125 MG Tab (Mysoline)	Tab	72600060000307	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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	N/A	No	Yes	No	No
Probenecid 500 MG Tab UD (Benemid)	Tab	68100010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Procainamide Injection													
Procainamide HCl 100 MG/ML Inj (Pronestyl Inj)	Sol	35100020102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Procainamide HCl Injection Soln 500 MG/ML [2 ML]	Sol	35100020102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Procainamide HCl Inj Soln 100 MG/ML 10 ml	Sol	35100020102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Procarbazine HCL													
Procarbazine HCL 50 MG Cap (Matulane)	Cap	21700050100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Prochlorperazine Injection													
Prochlorperazine Edisylate Inj Soln 10 MG/2ML (compazine)	Sol	59200055202010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Prochlorperazine Oral Tablet													
Prochlorperazine Maleate 10 MG Tab (Compazine)	Tab	59200055100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Prochlorperazine Maleate 10 MG Tab UD (Compazine)	Tab	59200055100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Prochlorperazine Maleate 5 MG Tab (Compazine)	Tab	59200055100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Prochlorperazine Maleate 5 MG Tab UD (Compazine)	Tab	59200055100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****													
Medical Referral Center (MRC) Use Only													
Prochlorperazine Suppository													
Prochlorperazine Maleate Suppository 25 MG, 12PK (Compazine Suppository)	Supp	59200055005215	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Progesterone Injection													
Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Progesterone Oral Capsule													
Progesterone Micronized Cap 100 MG (Prometrium)	Cap	26000040000120	No	0	No	No	No	No	N/A	No	Yes	No	No
Progesterone Micronized Cap 200 MG (Prometrium)	Cap	26000040000140	No	0	No	No	No	No	N/A	No	Yes	No	No
Progesterone Vaginal Gel 8%													
Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Progesterone Vaginal Gel 8 % 21.75 gm (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Progesterone Vaginal Gel 8 % 1.125GM (Crinone)	Gel	55370060004020	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Promethazine Oral Syrup 6.25 MG/5ML													
Promethazine Oral Syrup 6.25MG/5ML 473 ML (Phenergan)	Sol	41400020102060	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**													
Promethazine Suppository													
Promethazine Suppository 50 MG (Phenadoz)	Supp	41400020105215	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Promethazine Suppository 25 MG (Phenadoz)	Supp	41400020105210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Promethazine Suppository 12.5 MG (Phenadoz)	Supp	41400020105205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Promethazine Tablet													
Promethazine HCl 25 MG Tab UD (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Promethazine HCl 25 MG Tab (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Promethazine HCl 50 MG Tab (Phenergan)	Tab	41400020100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Promethazine HCl 12.5 MG Tab (Phenergan)	Tab	41400020100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Promethazine HCl 12.5 MG Tab UD	Tab	41400020100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY**** **Medical Referral Center (MRC) Use Only**													
Propafenone ER 12 Hour Cap													
Propafenone ER 12 Hour Cap 325 MG (Rythmol SR)	Cap ER 12	35300050006930	No	0	No	No	No	No	N/A	No	Yes	No	No
Propafenone ER 12 Hour Cap 225 MG (Rythmol SR)	Cap ER 12	35300050006920	No	0	No	No	No	No	N/A	No	Yes	No	No
Propafenone ER 12 Hour Cap 425MG (Rythmol SR)	Cap ER 12	35300050006940	No	0	No	No	No	No	N/A	No	Yes	No	No
Propafenone ER 12 Hour Cap 325 MG UD (Rythmol SR)	Cap ER 12	35300050006930	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY*****													
Propafenone Tablet													
Propafenone 150 MG Tab UD (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propafenone 150 MG Tab (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Propafenone 225 MG Tab UD (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propafenone 225 MG Tab (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Propafenone 300 MG Tab UD (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propafenone 300 MG Tab (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY*****													
Proparacaine Ophth Solution 0.5%													
Proparacaine HCl Ophth Soln 0.5%, 15ML (Ophthetic 0.5%)	Sol	86750020102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Propofol Injection 10 MG/ML													
Propofol Intravenous Emulsion 500 MG/50ML	Emul	70400050001656	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Propofol Intravenous Emulsion 1000 MG/100ML	Emul	70400050001660	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Propofol Intravenous Emulsion 200 MG/20ML	Emul	70400050001652	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Propofol Intravenous Emulsion 100 MG/10ML	Emul	70400050001640	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Propranolol HCl Oral Solution 40 MG/5ML													
Propranolol HCl Oral Solution 40 MG/5ML	Sol	33100040102060	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Propranolol Injection													
Propranolol 1 MG/ML, 1 ML Inj (Inderal Injection)	Sol	33100040102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Propranolol LA 24 Hour Capsule													
Propranolol LA 24 Hour 120 MG Cap (Inderal LA)	Cap ER 24	33100040107035	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol LA 24 Hour 160 MG Cap (Inderal LA)	Cap ER 24	33100040107040	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol LA 24 Hour 60 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol LA 24 Hour 60 MG Cap UD (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol Oral Tablet													
Propranolol 10 MG Tab UD (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol 10 MG Tab (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol 20 MG Tab UD (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol 20 MG Tab (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol 40 MG Tab UD (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol 40 MG Tab (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol 60 MG Tab (Inderal)	Tab	33100040100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Propranolol 80 MG Tab UD (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Propranolol 80 MG Tab (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	No	Yes	No	No
Propylthiouracil Oral Tablet													
Propylthiouracil 50 MG Tab (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Propylthiouracil 50 MG Tab UD (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Protamine Sulfate Injection													
Protamine Sulfate 10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Protamine Sulfate 10 MG/ML, 25ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Purified Protein Derivative Injection													
Purified Protein Derivative 5 Units/0.1ML 5ML (Tubersol)	Sol	94300070002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Purified Protein Derivative 5 UNIT/0.1ML 1ML (Tubersol)	Sol	94300070002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pyrantel Pamoate 144 MG/ML (50 MG/ml) Susp													
Pyrantel Pamoate Susp 144 MG/ML 30 ML	Susp	15000060101805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pyrazinamide Tablet													
Pyrazinamide 500 MG Tab UD (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Pyrazinamide 500 MG Tab (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pyridostigmine Bromide Oral Syrup 60 MG/5ML													
Pyridostigmine Bromide Oral Syr 60 MG/5ML 473ML	Sol	76000050102060	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Pyridostigmine Bromide Oral Syr 60 MG/5ML UD	Sol	76000050102060	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Pyridostigmine Injection													
Pyridostigmine Bromide IV Soln 10 MG/2ML	Sol	76000050102010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Pyridostigmine LA Tablet													
Pyridostigmine LA 180 MG Tab (Mestinon)	Tab ER	76000050100405	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridostigmine Tablet													
Pyridostigmine 60 MG Tab (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridostigmine 60 MG Tab UD (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pyridostigmine Bromide 30 MG Tablet	Tab	76000050100304	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridoxine Tablet													
Pyridoxine HCl 100 MG Tab (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridoxine HCl 25 MG Tab (Vitamin B6)	Tab	77105010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridoxine HCl 50 MG Tab (Vitamin B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyridoxine HCl 50 MG Tab UD (Vitamin B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pyridoxine HCl 100 MG Tab UD (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Pyrimethamine Tablet													
Pyrimethamine 25 MG Tab (Daraprim)	Tab	13000040000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Pyrimethamine 25 MG Tab UD	Tab	13000040000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Raltegravir (RAL) Tablet													
Raltegravir Potassium (RAL) 400 MG Tab (Isentress)	Tab	12103060100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Raltegravir Potassium (RAL) 400 MG Tab UD (Isentress)	Tab	12103060100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Raltegravir Potassium (RAL) 100 mg Chewable Tab (Isentress Chew)	Tab Chew	12103060100540	No	0	No	No	No	No	N/A	No	Yes	No	No
Raltegravir Potassium (RAL) 25 MG Chewable Tab	Tab Chew	12103060100510	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria: **1. Regimen has been established in consultation with Regional HIV Consultant Pharmacist, expert consultation service or Regional Medical Director.** **2. Patient must be highly treatment-experienced.** **3. HAART selection must be directed by appropriate resistance testing.** **4. The ability exists to construct a HAART regimen to include: 3 active and proper antretroviral drugs or, at least 1 active drug plus an appropriate antiretroviral drug combination with some residual activity.** **5. All supporting documents must be attached to include, at a minimum, copies of all available viral loads and CD4 counts, copies of all available resistance tests, description of all known previous HAART regimens, assessment of patient's adherence to HAART, and the complete HAART regimen being requested.** **6. Maraviroc requests must include results of the CCR5 co-receptor tropism assay.** **7. None of the antiretroviral drugs of the new/proposed HAART regimen should be started until the non-formulary requests are approved. (same as other HIV medications)**													
Raltegravir HD (RAL) 600 MG Tablet														
	Raltegravir (RAL) HD Oral Tablet 600 MG (Isentress HD)	Tab	12103060100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Ranolazine ER 12 Hour Tablet														
	Ranolazine ER 12 Hour 500 MG Tab (Ranexa)	Tab ER 12	32200040007420	No	0	No	No	No	No	N/A	No	Yes	No	No
	Ranolazine ER 12 Hour 1000 MG Tab (Ranexa)	Tab ER 12	32200040007430	No	0	No	No	No	No	N/A	No	Yes	No	No
	Ranolazine ER 12 Hour 1000 MG Tab UD (Ranexa)	Tab ER 12	32200040007430	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Ranolazine ER 12 Hour 500 MG Tab UD	Tab ER 12	32200040007420	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Regadenoson Injection														
	Regadenoson 0.4 MG/5 ML, 5 ML vial (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes	No	No
	Regadenoson 0.4 MG/5 ML, 5 ML inj (Lexiscan)	Sol	94200079002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	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	No	No
	Ribavirin 200 MG CAP UD	Cap	12353070000120	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	Advisories: ****Use drug entry " Hepatitis C Treament algorithm request" for all Hep C requests via BEMR RX**** Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****													
Ribavirin Tablet														
	Ribavirin 200 MG Tab (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Ribavirin 200 MG Tab UD (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	Advisories: ****Use drug entry " Hepatitis C Treament algorithm request" for all Hep C requests via BEMR RX**** Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****													
RifaBUTIN Capsule														
	RifaBUTIN 150 MG Cap (Mycobutin)	Cap	09000075000120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	RifaBUTIN 150 MG Cap UD	Cap	09000075000120	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Rifampin Capsule													
riFAMpin 300 MG CAP (Rifadin)	Cap	09000080000110	No	0	No	No	No	No	N/A	No	Yes	No	No
riFAMpin 150 MG CAP (Rifadin)	Cap	09000080000105	No	0	No	No	No	No	N/A	No	Yes	No	No
riFAMpin 300 MG CAP UD (Rifadin)	Cap	09000080000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
riFAMpin 150 MG CAP UD (Rifadin)	Cap	09000080000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
Do Not Use as Single Agent for MRSA													
Rifampin Injection													
riFAMpin 600 MG Inj, 10 ML (Rifadin)	Sol Recon	09000080002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
Do Not Use as Single Agent for MRSA*													
Rifapentine Oral Tablet 150 MG													
Rifapentine 150 MG Tab UD (Priftin)	Tab	09000085000320	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
Advisories:													
**"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	Yes	No	N/A	No	Yes	No	No
risperiDONE Long-Acting Inj													
risperiDONE Long-Acting Inj 37.5 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G230	No	0	No	No	Yes	No	N/A	No	Yes	No	No
risperiDONE Long-Acting Inj 50 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G240	No	0	No	No	Yes	No	N/A	No	Yes	No	No
risperiDONE Long-Acting Inj 25 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G220	No	0	No	No	Yes	No	N/A	No	Yes	No	No
risperiDONE Long-Acting Inj 12.5 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G210	No	0	No	No	Yes	No	N/A	No	Yes	No	No
risperiDONE Oral Solution 1 MG/ML													
risperiDONE (30ML) 1MG/ML SOLN (Risperdal)	Sol	59070070002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
risperiDONE Oral Tablet													
risperiDONE 1 MG Tab UD (Risperdal)	Tab	59070070000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
risperiDONE 1 MG Tab (Risperdal)	Tab	59070070000310	No	0	No	No	No	No	N/A	No	Yes	No	No
risperiDONE 2 MG Tab UD (Risperdal)	Tab	59070070000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
risperiDONE 2 MG Tab (Risperdal)	Tab	59070070000320	No	0	No	No	No	No	N/A	No	Yes	No	No
risperiDONE 3 MG Tab UD (Risperdal)	Tab	59070070000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
risperiDONE 3 MG Tab (Risperdal)	Tab	59070070000330	No	0	No	No	No	No	N/A	No	Yes	No	No
risperiDONE 4 MG Tab UD (Risperdal)	Tab	59070070000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
risperiDONE 4 MG Tab (Risperdal)	Tab	59070070000340	No	0	No	No	No	No	N/A	No	Yes	No	No
risperiDONE 0.25 MG Tab (Risperdal)	Tab	59070070000303	No	0	No	No	No	No	N/A	No	Yes	No	No
risperiDONE 0.5 MG Tab UD (Risperdal)	Tab	59070070000306	No	0	No	No	No	No	N/A	Yes	Yes	No	No
risperiDONE 0.5 MG Tab (Risperdal)	Tab	59070070000306	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
risperiDONE 0.25 MG Tab UD (Risperdal)	Tab	59070070000303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ritonavir (RTV) 100 MG Tablet													
Ritonavir (RTV) 100 MG Tab (Norvir)	Tab	12104560000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Ritonavir (RTV) 100 MG Tab UD (Norvir)	Tab	12104560000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ritonavir (RTV) Packet 100 MG													
Ritonavir (RTV) Packet 100 MG (Norvir packet)	Packet	12104560003020	No	0	No	No	No	No	N/A	No	Yes	No	No
Ritonavir (RTV) Solution 80 MG/ML													
Ritonavir (RTV) 80 MG/ML solution (Norvir)	Sol	12104560002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Rizatriptan Benzoate Tablet													
Rizatriptan Benzoate 10 MG TAB (Maxalt)	Tab	67406060100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Rizatriptan Benzoate 5 MG Tab (Maxalt Oral Tablet)	Tab	67406060100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Rizatriptan Benzoate 5 MG Tab UD (Maxalt)	Tab	67406060100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Rizatriptan Benzoate 10 MG TAB UD (Maxalt)	Tab	67406060100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories: **"Maximum dispensing limit of 9 tablets per patient per month."**													
rOPINIRole HCl Tablet													
rOPINIRole HCl 0.25 MG TAB (Requip)	Tab	73203070100310	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 1 MG TAB (Requip)	Tab	73203070100320	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 2 MG TAB (Requip)	Tab	73203070100330	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 5 MG TAB (Requip)	Tab	73203070100350	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 4 MG TAB (Requip)	Tab	73203070100344	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 3 MG TAB (Requip)	Tab	73203070100337	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 0.5 MG Tab (Requip)	Tab	73203070100315	No	0	No	No	No	No	N/A	No	Yes	No	No
rOPINIRole HCl 0.25 MG Tab UD (Requip)	Tab	73203070100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
rOPINIRole HCl 1 MG Tablet UD (Requip)	Tab	73203070100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
rOPINIRole HCl 4 MG TAB (repack) (Requip)	Tab	73203070100344	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ropivacaine HCl Injection													
Ropivacaine HCL INJ 2 MG/ML (Naropin)	Sol	69100070102008	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Ropivacaine HCl Inj Soln 5 MG/ML 20 ML (Naropin)	Sol	69100070102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ropivacaine HCl Inj Soln 7.5 MG/ML 20 ML (Naropin)	Sol	69100070102030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ropivacaine HCl Inj Soln 10 MG/ML 10 ML (Naropin)	Sol	69100070102040	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ropivacaine HCl Inj Soln 10 MG/ML 20 ML (Naropin)	Sol	69100070102040	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Ropivacaine HCl Inj Soln 5 MG/ML 30 ML (Naropin)	Sol	69100070102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Medical Referral Center (MRC) Use Only													
Rosuvastatin Tablet													
Rosuvastatin Calcium 10 MG Tab (Crestor)	Tab	39400060100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Rosuvastatin Calcium 20 MG Tab (Crestor)	Tab	39400060100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Rosuvastatin Calcium 40 MG Tab (Crestor)	Tab	39400060100340	No	0	No	No	No	No	N/A	No	Yes	No	No
Rosuvastatin Calcium 5 MG Tab (Crestor)	Tab	39400060100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Rosuvastatin Calcium 20 MG Tab UD (repack) (Crestor)	Tab	39400060100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Rosuvastatin Calcium 40 MG Tab UD (Crestor)	Tab	39400060100340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Rosuvastatin Calcium 10 mg Tab UD (Crestor)	Tab	39400060100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Rosuvastatin Calcium 5 MG Tab UD (Crestor)	Tab	39400060100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Rosuvastatin Calcium 20 MG Tab UD (Crestor)	Tab	39400060100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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	Yes	No
Sacubitril-Valsartan 49-51 MG Tablet (Entresto)	Tab	40992002600330	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Sacubitril-Valsartan 97-103 MG Tablet (Entresto)	Tab	40992002600340	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Sacubitril-Valsartan 15-16 MG Sprinkle Capsule (Entresto)	Cap Sprinkle	40992002606830	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Sacubitril-Valsartan 6-6 MG Sprinkle Capsule (Entresto)	Cap Sprinkle	40992002606820	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Saliva Substitute													
Saliva Substitute 30 ml (Caphosol) (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Saliva Substitute(Caphosol) 15ML (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Saliva Substitute(Moi-Stir Mouth/Throat Soln 4oz	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Saliva Substitute (Mouth Kote) 60 ML (Mouth Kote)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Salsalate Tablet													
Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Salsalate 500 MG Tab UD (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Salsalate 750 MG Tab UD (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sargramostim Injection													
Sargramostim Inj (Powd for Reconst) 250 MCG	Sol Recon	82402050002120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS													
Scopolamine Transdermal Patch 1MG/3 Days	Patch 72 Hour	50200060008610	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria: **1. Motion sickness refractory to oral formulation meclizine or dimenhydrinate OR** **2. Surgery with anesthesia within 24 hours of rst dose, approved up to 24 hours after surgery OR** **3. Terminal secretions not otherwise managed with sublingual atropine**													
Secretin Acetate IV 16 MCG														
	Secretin Acetate IV Soln Reconstituted 16 MCG (SecreFlo)	Sol Recon	94200080102120	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Selegiline Capsule/Tablet														
	Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Selegiline 5 MG Cap UD (Eldedpryl)	Cap	73300030100120	No	0	No	No	Yes	No	N/A	Yes	Yes	No	No
	Selegiline 5 MG Cap	Cap	73300030100120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	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)****													
Semaglutide (Ozempic) Subcu Pen-injector														
	Semaglutide (1 MG/DOSE) SQ Pen-inj 4 MG/3ML (Ozempic)	Sol Pen-injector	2717007000D222	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Semaglutide (2 MG/DOSE) SQ Pen-inj 8 MG/3ML (Ozempic)	Sol Pen-injector	2717007000D225	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Semaglutide (0.25 or 0.5 MG/DOSE) SQ Pen-inj 3ML (Ozempic)	Sol Pen-injector	2717007000D221	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Non-Formulary Use Criteria: **1) May be approved for type 1 diabetes for comorbid conditions, not primarily for glycemic control.** **2) WEIGHT LOSS -- INITIAL REQUEST:** **3) WEIGHT LOSS -- POST TRIAL REQUEST:** **4) MASH (non-cirrhotic metabolic dysfunction-associated steatohepatitis, with moderate to advanced liver fibrosis consistent with stages F2 to F3 fibrosis)** **a. Body Mass Index (BMI) > 35 kg/m2 or BMI > 27 kg/m2 with at least 1 weight-related comorbidity (e.g., hypertension, type 2 diabetes, dyslipidemia, chronic kidney disease, heart failure with preserved ejection fraction, previous myocardial infarction or stroke, symptomatic peripheral vascular disease, obstructive sleep apnea, osteoarthritis, metabolic dysfunction-associated steatotic liver disease (MASLD), AND** **a. Has the patient been compliant with lifestyle interventions (i.e. participation in at-risk programs if available, commissary purchase review)? If not, requests for renewal will not be approved** **b. Has patient lost = or > than 5% body weight from baseline? If not, requests for renewal will not be approved.** **b. Verified lifestyle interventions (diet, physical activity, and counseling) for 6 months. Food and exercise logs, weight checks, commissary purchase records, and counseling with appropriate staff are verified in EHR. Inmate should be enrolled in at-risk program if available AND** **c. Completion of medication review to identify medications that can cause weight gain and change to alternatives when clinically appropriate AND** **d. Initial trial will be issued for 180 days with tirzepatide preferred.**													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Senna Tablet													
Senna 8.6 MG Tab (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	No	Yes	No	No
Senna 8.6 MG Tab UD (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sennosides Oral Syrup 8.8 MG/5ML													
Sennosides Oral Syrup 8.8 MG/5 ML 240 ML	Syrup	46200060201220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sertraline Oral Concentrate													
Sertraline Soln 20 MG/ML 60 ML (Zoloft)	Concentrate	58160070101320	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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**													
Sertraline Tablet													
Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Sertraline HCl 25 MG Tab UD (Zoloft)	Tab	58160070100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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**													
Sevelamer Carbonate Tablet													
Sevelamer Carbonate 800 MG Tab (Renvela)	Tab	52800070050340	No	0	No	No	No	No	N/A	No	Yes	No	No
Sevelamer Carbonate 800 MG Tab UD	Tab	52800070050340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sevoflurane Inhalation Solution													
Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver & Potassium Nitrate Applicator 75-25%													
Silver & Potassium Nitrate App 75%/25% EA (Silver Nitrate Applicators)	Miscellaneous	90509902406340	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%													
Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Silver Sulfadiazine Cream 1%, 1000 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Simethicone/Bicarb/Citric Acid Packet													
Simethicone/bicarb/citric acid 40 MG Packet (E-Z Gas)	Packet	48991003803025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sincalide Injection													
Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Acetate IV Solution													
Sodium Acetate Inj 2MEQ/ML, 50 ML	Sol	79050010002005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Acetate Intravenous Solution 4 MEQ/ML	Sol	79050010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate Injection													
Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML PFS (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate IV Soln 7.5% PFS 50ml	Sol	79050020002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate IV Soln 8.4% 10 ML syringe	Sol	79050020002025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate IV Soln 4.2% 10ML syringe	Sol	79050020002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate IV Soln 4.2% 5ML vial	Sol	79050020002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Bicarbonate Tablet													
Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)	Tab	48200010000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate)	Tab	48200010000325	No	0	No	No	No	No	N/A	No	Yes	No	No
Sodium Bicarbonate 650 MG (10GR) Tab UD (Sodium Bicarbonate Tablet)	Tab	48200010000325	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sodium Chloride (Saljet) Rinse Ext Soln 0.9 %													
Sodium Chloride (Saljet) Rinse Ext Soln 0.9 % (Saljet)	Sol	90970080002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride 0.9% Nebulization Solution													
Sodium CHLORIDE 0.9% Inhalation 3 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium CHLORIDE 0.9% Inhalation 5 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium CHLORIDE 0.9% Inhalation 15 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium Chloride 2% Ophth Solution													
Sodium Chloride Ophth 2% Soln [15 ML] (Muro 128 2% Ophth)	Sol	86804030102003	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride 3% Inhalation Nebulization Soln													
Sodium CHLORIDE 3% Inhalation Nebul Soln	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium CHLORIDE 3% Inhalation Nebul Soln 4 ML	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium Chloride 3% Intravenous Solution 500 ML													
Sodium Chloride 3% Intravenous Solution 500 ML	Sol	79750010002030	No	0	No	No	No	No	N/A	No	Yes	No	No
Sodium Chloride 7% Nebulization Solution													
Sodium CHLORIDE 7% Inhalation PF 4 ML UD	Nebulization	43400010002535	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Advisories: **Caution -This is a concentrated Solution.**													
Sodium Chloride Bacteriostatic Inj Soln 0.9 %													
Sodium Chloride-Benzyl Alcohol Inj 0.9 %[10 ml]	Sol	98401040002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Bacteriostatic Inj Soln0.9% 30ML	Sol	98401040002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Bacteriostatic SOL 0.9% 20ML	Sol	98401040002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Flush Intravenous Soln 0.9%													
Sodium Chloride Flush Intravenous Soln 0.9% 10ml (normal saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Flush Intravenous Soln 0.9% 5ml (normal saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Flush IV Soln 0.9% 2.5 ML	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride 0.9% Flush IV Solution 0.9% 3 ML (Normal Saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Injection 0.45%													
Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.45% Inj 500 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.45% Inj 250 ML	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.45% Inj 100 ML	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.45% Inj 50 ML	Sol	79750010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Injection 0.9% Soln													
Sodium CHLORIDE 0.9% Inj 100 ML [ADD-Vantage] (Sodium Chloride 0.9% 100 ML ADD-Vantage)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 1000 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 500 ML (Sodium Chloride Injection 0.9%)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 250 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 50 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 100 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vantage)	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 100 ML [Mini-Bag]	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 50 ML [Mini Bag]	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 50 ML [ADD-Vantage]	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 150 ML	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 100 ML Vial-Mate Compat (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Intravenous Soln 0.9% 25 ML	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 2 ML Syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 3 ML Syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride (PF) 0.9% soln 10 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride (PF) 0.9% Inj Soln 20 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride (PF) 0.9% Inj Soln 50 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride (PF) 0.9% Inj soln 2 ml Vial	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Chloride (PF) 0.9% Inj Soln 5 ml syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Inj 250 ML Vial-Mate Compat (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Sodium CHLORIDE 0.9% Inj 50 ML Vial-Mate Compat	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride Injection 14.6% (2.5 MEQ/ML)													
Sodium CHLORIDE Conc 2.5 MEQ/ML Inj	Sol	79750010002050	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****Caution - this is a concentrated electrolyte****													
Sodium Chloride Injection 23.4%													
Sodium CHLORIDE 23.4 % Inj 250 ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sodium Chloride IV Soln 23.4% 4 MEQ/ML 100ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****Must be diluted prior to administration***													
Caution - this is a concentrated electrolyte**													
Sodium Chloride Injection 4 MEQ/ML													
Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%)	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
****Caution - this is a concentrated electrolyte****													
Sodium Chloride Nebulization Solution 10 %													
Sodium CHLORIDE 10% Inhalation Solution 15ML	Nebulization	43400010002540	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories:													
Caution -This is a concentrated Solution.													
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	No	No
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	No	No
Sodium CHLORIDE Ophth Soln 5% [30 ML] (Muro)	Sol	86804030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride Topical Irrigation 0.9%													
Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Irrigation Bottle 250 ml (Sodium Chloride Irrigation)	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Irrigation 500 ML	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride 0.9% Irrigation Solution 3000 ML	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride 0.9% Irrigation Solution 1500ML	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride 0.9% Irrigation Solution 2000ML	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium CHLORIDE 0.9% Irrigation Bottle 1000 ml (Sodium Chloride Irrigation)	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Chloride Irrigation Solution 0.9 % 110ml	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Sodium Citrate (Lock Flush / Anticoagulant)													
Sodium Citrate 40mg/ml Lock Flush Soln 30ml Vial	Sol	83350070002020	No	0	No	No	No	No	N/A	No	Yes	No	No
Sodium Citrate/Citric Acid Sol													
Sodium Citrate/Citric Acid Sol, 480ML (Shohls Solution)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium CITRATE/Citric Acid Sol 15ml UD (Cytra-2)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Oracit Oral Solution 490-640 MG/5ML 500ML (Oracit Oral)	Sol	56202020002020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Oracit Oral Solution 490-640 MG/5ML 15 ML UD (Oaracit)	Sol	56202020002020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Oracit Oral Solution 490-640 MG/5ML 30 ML UD (Oracit)	Sol	56202020002020	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sodium CITRATE/Citric Acid Sol 30ml UD (Cytra-2)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions:													
****RESTRICTED TO CHRONIC RENAL DISEASE*****													
Sodium Phosphate Mono/Dibasic Enema													
Sodium Phosphate Mono/Dibasic Enema 133 ML (Fleet)	Enema	46109902125100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Phosphate Mono/Dibasic Enema 230 ML (Fleet)	Enema	46109902125100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Phosphates Intravenous Soln 15 MMOLE/5ML													
Sodium Phosphates Intravenous Soln 15 MMOLE/5ML	Sol	79600020102020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Phosphates Intravenous Soln 45 MMOLE/15ML	Sol	79600020102030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sodium Polystyrene Sulfonate Susp 15 GM/60 ML													
Sodium Polystyrene Sulf Susp 15 GM/60ML UD (Kayexalate)	Susp	99450010001805	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Polystyrene Sulf Rectal Susp 30 GM/120ML	Susp	99450010001870	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Polystyrene Sulf Susp 15 GM/60ML 473 ML (Kayexalate)	Susp	99450010001805	No	0	No	No	No	No	N/A	No	Yes	No	No
Sodium Thiosulfate 25%													
Sodium Thiosulfate 25% Inj 250MG/ML [50ML]	Sol	93000075002025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Formulary Restrictions:													
*****MRC USE ONLY**													
Oncology Use Only**													
Medical Referral Center (MRC) Use Only													
Sodium Zirconium Cyclosilicate Oral Packet													
Sodium Zirconium Cyclosilicate Oral Packet 5 GM (Lokelma oral packet)	Packet	99450020003020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sodium Zirconium Cyclosilicate Oral Packet 10 GM (Lokelma)	Packet	99450020003040	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria:													
1. Persistent or recurrent serum potassium of 5.5 mEq/L despite the following measures to manage hyperkalemia:													
1a. Adjustment or discontinuation of medications that may contribute to hyperkalemia (i.e. potassium supplements, ACE inhibitors, ARBs, ARN inhibitors, MRAs, NSAIDs), if appropriate. Consider clinical practice guidelines and risk vs. benefit of continued use													
1b. Initiation or adjustment of diuretic therapy (loop or thiazide), if appropriate													
1c. Patient education regarding a low potassium diet and avoidance of potassium salt substitutes													
2. If inmate has Chronic Kidney Disease (CKD), consultation with nephrology													
Medical Referral Center (MRC) Use Only													

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Solifenacin Succinate Tab													
Solifenacin 5 MG Tablet (VESIcare)	Tab	54100055200320	No	0	No	No	No	No	N/A	No	Yes	No	No
Solifenacin 10 MG Tablet (VESIcare)	Tab	54100055200330	No	0	No	No	No	No	N/A	No	Yes	No	No
Solifenacin 5 MG Tablet UD (VESIcare)	Tab	54100055200320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Solifenacin Succ LS Oral Suspension 5 MG/5ML (VESIcare)	Susp	54100055201820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
SORAfenib Tosylate Tablet													
SORAfenib Tosylate 200 MG Tab (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	No	Yes	No	No
SORAfenib Tosylate 200 MG Tab UD (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: **"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"** **Medical Referral Center (MRC) Use Only**													
Sorbitol Oral Solution 70%													
Sorbitol Oral Solution 70%, 480 ML (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sorbitol Solution 70%													
Sorbitol Solution 70 % , 480 ML (Sorbitol)	Sol	98402040002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sorbitol Solution 70 % 30 ML	Sol	98402040002000	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sotalol AF Tablet													
Sotalol HCl AF 120 MG Tab (Betapace AF)	Tab	33100045120315	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol HCl AF 80 MG Tab (Betapace AF)	Tab	33100045120310	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol HCl (AF) Oral Tablet 160 MG	Tab	33100045120320	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****													
Sotalol Tablet													
Sotalol 240 MG Tab (Betapace)	Tab	33100045100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol 120 MG Tab (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol 120 MG Tab UD (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sotalol 160 MG Tab (Betapace)	Tab	33100045100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol 80 MG Tab (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Sotalol 80 MG Tab UD (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sotalol 160 MG Tab UD (Betapace)	Tab	33100045100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sotalol 240 MG Tab UD (Betapace)	Tab	33100045100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****													
Spironolactone Oral Tablet													
Spironolactone 25 MG Tab (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Spironolactone 25 MG Tab UD (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Spironolactone 100 MG Tab (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	N/A	No	Yes	No	No
Spironolactone 50 MG Tab (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Spironolactone 50 MG Tab UD (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Spironolactone 100 MG Tab UD (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Sterile Water for Injection													
Sterile Water for Injection, 20 ML	Sol	98401010002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sterile Water for Injection 1000 ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Injection 10ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Injection Soln 100 ml	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Injection Solution 5 ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Injection IV Solution 250 ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Injection IV Solution 500ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Inj Soln (1000 ML)	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Inj Prefilled syringe 10ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Sterile Water for Irrigation USP													
Sterile Water for Irrigation USP (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Streptomycin Sulfate IM Injection													
Streptomycin Sulfate IM Inj 1GM	Sol Recon	07000060102105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Streptozocin IV Solution													
Streptozocin IV Sol Reconstituted 1 GM (Zanosar)	Sol Recon	21102030002105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
Protect From Light													
Medical Referral Center (MRC) Use Only													
Succinylcholine Chloride Injection													
Succinylcholine Chloride 20 MG/ML, 10 ML Inj (Anectine)	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Sucralfate Suspension 100 MG/1ML													
Sucralfate Suspension 100 MG/ML 10ML UD (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Sucralfate Suspension 100 MG/ML 420 ML (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sucralfate Tablet													
Sucralfate 1 GM Tab (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Sucralfate 1 GM Tab UD (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sulfacetamide Sod ophth Solution 10%													
Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
sulfADIAZINE Tablet													
sulfADIAZINE 500 MG Tab (SulfaDIAZINE)	Tab	08000020000305	No	0	No	No	No	No	N/A	No	Yes	No	No
sulfADIAZINE 500 MG Tab UD	Tab	08000020000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Sulfamethoxazole/Trimeth 400-80 Mg Tablet													
Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet													
Sulfamethoxazole/Trimeth 800mg /160mg tab (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	No	Yes	No	No
Sulfamethoxazole/Trimeth 800mg /160mg UD (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
Sulfamethoxazole/Trimeth Injection													
Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)	Sol	16990002302010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Sulfamethoxazole/Trimeth Susp 200-40 MG/5ML													
Sulfamethox/Trimeth 200mg/40mg/5 susp, 473ML (Bactrim Suspension)	Susp	16990002301810	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Sulfamethoxazole-Trimeth Susp 200-40 MG/5ML 20ML	Susp	16990002301810	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria: **1. Acne: Treatment of moderate or severe acne** **2. Acne: Failure of at least 2 topical agents**													
sulfaSALAzine (DR) Enteric Coated Tablet													
sulfaSALAzine DR, 500 MG Tab EC (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	No	Yes	No	No
sulfaSALAzine DR, 500 MG Tab EC UD (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	Yes	Yes	No	No
sulfaSALAzine Oral Tablet													
sulfaSALAzine 500 MG Tab (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	N/A	No	Yes	No	No
SulfaSALAzine 500 MG Tab UD (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sulindac Tablet													
Sulindac 150 MG Tab (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	No	Yes	No	No
Sulindac 150 MG Tab UD (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Sulindac 200 MG Tab (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Sulindac 200 MG Tab UD (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUMAtriptan Injection													
SUMAtriptan 6 MG/0.5 ML Inj (Imitrex)	Sol	67406070102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
SUMAtriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)	Sol Auto-	6740607010D520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
SUMAtriptan Succinat Refill Cartridge 6 MG/0.5ML (Imitrex)	Sol Cartridge	6740607010E220	No	0	No	No	Yes	No	N/A	No	Yes	No	No
SUMAtriptan Succinat Refill Cartridge 4 MG/0.5ML	Sol Cartridge	6740607010E210	No	0	No	No	Yes	No	N/A	No	Yes	No	No
SUMAtriptan Succinate Soln Auto-injec 4 MG/0.5ML	Sol Auto-	6740607010D510	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****													
SUMAtriptan Tablet													
SUMAtriptan 25 MG Tab (Imitrex)	Tab	67406070100305	No	0	No	No	No	No	N/A	No	Yes	No	No
SUMAtriptan 50 MG Tab (Imitrex)	Tab	67406070100310	No	0	No	No	No	No	N/A	No	Yes	No	No
SUMAtriptan 100 MG Tab (Imitrex)	Tab	67406070100320	No	0	No	No	No	No	N/A	No	Yes	No	No
SUMAtriptan 100 MG Tab UD (Imitrex)	Tab	67406070100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUMAtriptan 50 MG Tab UD (Imitrex)	Tab	67406070100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUMAtriptan 25 MG Tab UD (Imitrex)	Tab	67406070100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUMAtriptan 50 MG Tab Unit of Use Blister Pack	Tab	67406070100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED**													
"Maximum dispensing limit of 9 tablets per patient per month."**													
SUNitinib Malate Capsule													
SUNitinib Malate 50 MG Cap (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	No	Yes	No	No
SUNitinib Malate 12.5 MG Cap (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	No	Yes	No	No
SUNitinib Malate 25 MG Cap (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	No	Yes	No	No
SUNitinib Malate 12.5 MG Cap UD (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUNitinib Malate 25 MG Cap UD (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUNitinib Malate 50 MG Cap UD (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
SUNitinib Malate 37.5 MG Cap (Sutent)	Cap	21533070300135	No	0	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:													
"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
Sunscreen SPF-28 Cream													
Sunscreen (PreSun) SPF-28 Cream (PreSun SPF28 Cream)	Cm	90920000003700	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
Non-Formulary Use Criteria:													
1. Prescribed an essential medication causing documented photosensitivity OR													
2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
3. Requests due to unavailability of protective clothing will be disapproved.													
4. Approvals will be for SPF 30 products only.													
Formulary Restrictions:													
****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS**													
RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****													
Sunscreen SPF-29													
Sunscreen (PreSun) SPF-29 Lotion, 118ML (Presun Sensitive Skin spf29 Lotion)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Prescribed an essential medication causing documented photosensitivity OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	3. Requests due to unavailability of protective clothing will be disapproved.													
	4. Approvals will be for SPF 30 products only.													
	Formulary Restrictions:													
	****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY******													
Sunscreen SPF-30														
	Sunscreen (PreSun) SPF-30 Cream, 113GM (Presun Ultra SPF30)	Cm	90920000003700	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Sunscreen (Coppertone Sunblock)SPF30 Lotion237ml (Coppertone Sunblock SPF30)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Sunscreen (Chapstick Ultra SPF30 External Stick)	Stick	90920000009300	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Sunscreen (Blue Lizard) SPF30 Sensitive Lotion (Blue lizard)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Prescribed an essential medication causing documented photosensitivity OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	3. Requests due to unavailability of protective clothing will be disapproved.													
	4. Approvals will be for SPF 30 products only.													
	Formulary Restrictions:													
	****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY******													
Sunscreen SPF-30 Lotion (Banana Boat Sport)														
	Sunscreen (Banana boat sport SPF 30) 8 oz Lotio (Banana Boat)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Sunscreen (Coppertone Sport) Lotion SPF 30 7 OZ (Coppertone)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Prescribed an essential medication causing documented photosensitivity OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	3. Requests due to unavailability of protective clothing will be disapproved.													
	4. Approvals will be for SPF 30 products only.													
	Formulary Restrictions:													
	****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS**													

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
	RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****													
Sunscreen SPF-30 Lotion (Banana Boat)														
	Sunscreen (Banana Boat SPF 30) Lotion 240ML (Banana boat)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Prescribed an essential medication causing documented photosensitivity OR													
	2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	3. Requests due to unavailability of protective clothing will be disapproved.													
	4. Approvals will be for SPF 30 products only.													
	Formulary Restrictions:													
	****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS**													
	RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****													
Symtuza Oral Tablet 800-150-200-10 MG														
	Darunavir-COBI-FTC-TAF 800-150-200-10MG Tab (symtuza)	Tab	12109904200320	No	0	No	No	No	No	N/A	No	Yes	No	No
Tacrolimus Capsule														
	Tacrolimus 5 MG Cap UD (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Tacrolimus 5 MG Cap (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tacrolimus 0.5 MG Cap (Prograf)	Cap	99404080000105	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tacrolimus 1 MG Cap (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tacrolimus 1 MG Cap UD (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Tacrolimus 0.5 MG Cap UD (Prograf)	Cap	99404080000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Formulary Restrictions:													
	**** FOR ORGAN REJECTION PROPHYLAXIS****													
Tacrolimus Ointment 0.03%														
	Tacrolimus Ointment 0.03%, 60 GM (Protopic)	Oint	90784075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tacrolimus Ointment 0.03%, 30GM (Protopic)	Oint	90784075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tacrolimus Ointment 0.03%, 100 GM (Protopic)	Oint	90784075004210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Non-Formulary Use Criteria:													
	1. Patient has failed topical emollients/moisturizers.													
	2. Patient has failed topical corticosteroids.													
	3. Patient requires application to sensitive areas such as face or skin folds.													
Tacrolimus Ointment 0.1%														
	Tacrolimus Ointment 0.1%, 30 GM (Protopic)	Oint	90784075004230	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tacrolimus Ointment 0.1%, 60 GM (Protopic)	Oint	90784075004230	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tacrolimus Ointment 0.1%, 100 GM (Protopic)	Oint	90784075004230	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Non-Formulary Use Criteria: **1. Patient has failed topical emollients/moisturizers.** **2. Patient has failed topical corticosteroids.** **3. Patient requires application to sensitive areas such as face or skin folds.**													
Tamoxifen Tablet													
Tamoxifen 10 MG Tab (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Tamoxifen 20 MG Tab (Nolvadex)	Tab	21402680100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Tamoxifen 10 MG Tab UD (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Tamoxifen Citrate Oral Solution 10 MG/5ML (Soltamox)	Sol	21402680102020	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tamsulosin HCl Capsule													
Tamsulosin HCl 0.4 MG Cap (Flomax)	Cap	56852070100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Tamsulosin HCl 0.4 MG Cap UD (Flomax)	Cap	56852070100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Tbo-Filgrastim Subcu prefilled Syringe													
Tbo-Filgrastim Subcu Syringe 480 MCG/0.8ML (Granix)	Sol Prefilled	8240152070E540	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tbo-Filgrastim Subcu Syringe 300 MCG/0.5ML (Granix)	Sol Prefilled	8240152070E530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tbo-Filgrastim Subcutaneous Solution 300 MCG/ML (Granix)	Sol	82401520702020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tbo-Filgrastim Subcutaneous Soln 480 MCG/1.6ML (Granix)	Sol	82401520702030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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/mm3; or ii. ANC < 500mm3 with one of the following risk factors for developing infection; a. Cirrhosis, biopsy proven or clinically evident; b. Pre-or post-liver transplant; c. HIV/HCV co-infection d. Receiving HCV triple therapy; AND c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction.** **Medical Referral Center (MRC) Use Only**													

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Tears, Artificial	Ophth Soln 1.4%(polyvinyl)													
	Tears, Artificial (PVA 1.4%) 15 ML [OTC] (Artificial Tears)	Sol	86200050002030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND													
	2. Failure of commissary alternatives OR													
	3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).													
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	No	No
	Tears, Ophth Sol, 30 UD (Refresh Classic) UD (Refresh Classic Solution)	Sol	86209902502022	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
	Tears, FreshKote PF Ophth Soln 2.7-2% 10ML (FreshKote)	Sol	86209902502042	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND													
	2. Failure of commissary alternatives OR													
	3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).													
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	No	No
	Tears, Ophth Oint 3.5 GM 2-15-83 % [AKWA reform]	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tears, Ophthalmic Ointment 83-15% 1 GM (Puralube)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND													
	2. Failure of commissary alternatives OR													
	3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).													
Tears, Mineral Oil/Petro 42.5%/57.3% Oph Ont														
	Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tears, Ophth Ointment 3.5 GM (Lacri-Lube S.O.P.) (Lacri-Lube Ophth Ointment)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tears, Refresh Lacri-Lube Ophth Ointment 7 GM (Refresh)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND													
	2. Failure of commissary alternatives OR													
	3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).													
Temozolomide Capsule														
	Temozolomide 20 MG Cap (Temodar)	Cap	21104070000120	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 100 MG Cap (Temodar)	Cap	21104070000140	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 250 MG Cap (Temodar)	Cap	21104070000150	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 5 MG Cap (Temodar)	Cap	21104070000110	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 100 MG Cap UD (Temodar)	Cap	21104070000140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Temozolomide 20 MG Cap UD (Temodar)	Cap	21104070000120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Temozolomide 5 MG Cap UD (Temodar)	Cap	21104070000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Temozolomide 140 MG Cap (Temodar)	Cap	21104070000143	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 180 MG Cap (Temodar)	Cap	21104070000147	No	0	No	No	No	No	N/A	No	Yes	No	No
	Temozolomide 250 MG Cap UD (Temodar)	Cap	21104070000150	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Temozolomide 140 MG Cap UD (Temodar)	Cap	21104070000143	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Temozolomide 180 MG Cap UD (Temodar)	Cap	21104070000147	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Formulary Restrictions:													
	"Limit to 14 days dispensing if cost is > $25 per tablet/capsule"													
	Medical Referral Center (MRC) Use Only													
Tenofovir (TDF) Tablet														
	Tenofovir (TDF) 300 MG Tab (Viread)	Tab	12108570100320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tenofovir (TDF) 300 MG Tab UD (Viread)	Tab	12108570100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Tenofovir (TDF) 150 MG Tab (Viread)	Tab	12108570100305	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tenofovir (TDF) 200 MG Tablet (Viread)	Tab	12108570100310	No	0	No	No	No	No	N/A	No	Yes	No	No
	Tenofovir (TDF) 250 MG Tablet (Viread)	Tab	12108570100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Terazosin Capsule														
	Terazosin HCl 1 MG Cap (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	No	Yes	No	No
	Terazosin HCl 2 MG Cap (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	No	Yes	No	No
	Terazosin HCl 10 MG Cap (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	No	Yes	No	No
	Terazosin HCl 5 MG Cap (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	No	Yes	No	No
	Terazosin HCl 5 MG Cap UD (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Terazosin HCl 1 MG Cap UD (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Terazosin HCl 10 MG Cap UD (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Terazosin HCl 2 MG Cap UD (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Terbutaline Inj													
Terbutaline 1 MG/ML, 1 ML Inj (Brethine Inj)	Sol	44201060202005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Terbutaline Tablet													
Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	No	0	No	No	No	No	N/A	No	Yes	No	No
Terbutaline 5 MG Tab (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	No	Yes	No	No
Terbutaline 5 MG Tab UD (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
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	No	No
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	No	No
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	No	No
Teriflunomide Tablet													
Teriflunomide 7 MG Tab (Aubagio)	Tab	62404070000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Teriflunomide 14 MG Tab (Aubagio)	Tab	62404070000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. Prescribed by, or in consultation with, a neurologist or other appropriate specialist for the treated disease state.** **2. Confirmed diagnosis of relapsing forms of multiple sclerosis including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.** **3. Failure (or use contraindicated) of formulary options or justi cation why formulary options cannot be used.**													
Testosterone Cypionate Injection													
Testosterone Cypionate Inj 100MG/ML (Depo-Testosterone)	Sol	23100030102010	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Testosterone Cypionate Inj 200MG/ML,10ML (Depo-Testosterone)	Sol	23100030102015	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Testosterone Cypionate Inj 200 MG/ML, 1ML (Depo-Testosterone)	Sol	23100030102015	No	3	Yes	No	Yes	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. Evidence of pituitary adenoma, hypothalamic adenoma, or other confirmed disease of the testes, pituitary or hypothalamus.** **2. Testosterone supplementation is not approved or continued for unlabeled uses, e.g., strength training, increased libido.** **3. A six-month washout period is required for patients with no confirmed disease of the testes, pituitary or hypothalamus.** **4. Laboratory AND clinical evidence of testosterone deficiency (e.g., fatigue, depression, mood swings; decrease in pubic hair, hematocrit etc.) is confirmed after the 6-month washout period.** **5. Two baseline serum total testosterone levels of < 300 ng/dL within the last 12 months, at least 1 week apart, drawn fasting, between 8:00 a.m. and 10:00 a.m.** Formulary Restrictions: ****NON-FORMULARY REQUEST APPROVALS WILL BE FOR INJECTABLE SOLUTION ONLY**** **MLP Requires Cosign**													
Tetanus Immune Globulin 250 Unit/ml													
Tetanus Immune Globulin 250 UNIT/ML Syringe (HyperTET)	Sol Prefilled	1910006000E520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Formulary Restrictions:													
THIS is not the vaccine! To order the vaccine use the scheduler, to administer a vaccine use the flow sheet. This Entry is for Immune globulin treatment only.													
Tetanus-Diphtheria Toxoids													
Tetanus-Diphtheria [Decavac] 2-2 LF/0.5 ML Vial (Decavac)	Susp	18990002201805	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetanus-Diphtheria [Tenivac] 5-2 LF/0.5 ML Vial (Tenivac)	Susp	18990002201808	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetanus/Diphth/Pertus (Adacel) Tdap													
Tetanus/Dipth/Pertus [Adacel] 0.5 ML Vial (Adacel)	Susp	18990003221815	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetanus/Dipth/Pertus [Adacel] 0.5 ML Syringe (Adacel)	Susp Prefilled	1899000322E615	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetanus/Diphth/Pertus (Boostrix) Tdap													
Tetanus/Dipth/Pertus [Boostrix] 0.5 ML Vial (Boostrix)	Susp	18990003221820	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tetanus/Dipth/Pertus [Boostrix] 0.5 ML Syringe (Boostrix)	Susp Prefilled	1899000322E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetanus/Diphth/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	No	No
Infanrix Intramuscular Suspension 25-58-10	Susp	18990003201840	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Tetracaine HCl Injection													
Tetracaine HCl Injection Solution 1 % (Pontocaine)	Sol	69200080102015	No	0	No	No	Yes	No	N/A	No	Yes	No	No
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	No	No
Tetracaine HCl Ophth Soln 0.5%, 15 ML (Pontocaine HCL)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tetracaine HCl Ophth Soln 0.5%, 5 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tetracaine HCl Ophth Soln 0.5%, 4 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tetracaine HCl Ophth Soln 0.5%, 2 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tetracycline HCL Capsule													
Tetracycline 250 MG Cap UD (Tetracycline HCL)	Cap	04000060100105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Tetracycline 250 MG Cap (Achromycin V)	Cap	04000060100105	No	0	No	No	No	No	N/A	No	Yes	No	No
Tetracycline 500 MG Cap (Sumycin)	Cap	04000060100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Tetracycline 500 MG Cap UD (Tetracycline HCL)	Cap	04000060100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Non-Formulary Use Criteria:													
1. Acne: Treatment of moderate or severe acne													
2. Acne: Failure of at least 2 topical agents													
Thalidomide Capsule													
Thalidomide Cap 100 MG (Thalomid)	Cap	99392070000130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Thalidomide Cap 200 MG (Thalomid)	Cap	99392070000140	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Thalidomide Cap 50 MG (Thalomid)	Cap	99392070000120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Thalidomide Cap 150 MG (Thalomid)	Cap	99392070000135	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Advisories:													
***** Must be registered in the STEPS program *****													
Non-Formulary Use Criteria:													
1. Request must include confirmation of REMS enrollment.													
Formulary Restrictions:													
****RESTRICTED TO ONCOLOGY USE ONLY****													
Medical Referral Center (MRC) Use Only													
Theophylline 24 Hour ER Capsule													
Theophylline 24 Hour ER 200 MG Cap	Cap ER 24	44300040007030	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 24 Hour ER 400 MG Cap (Theo-24 Oral Capsule ER)	Cap ER 24	44300040007050	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 24 Hour ER 300 MG Cap (Theo-24 capsule)	Cap ER 24	44300040007040	No	0	No	No	No	No	N/A	No	Yes	No	No
Theo-24 Oral Caps ER 24 Hour 100 MG	Cap ER 24	44300040007020	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Theophylline 24 Hour ER Tablet													
Theophylline 24 Hour ER 400 MG Tab	Tab ER 24	44300040007540	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 24 Hour ER 600 MG Tab	Tab ER 24	44300040007560	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 24 Hour ER 600 MG Tab UD (repack)	Tab ER 24	44300040007560	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Theophylline 24 Hour ER 400 MG Tab UD	Tab ER 24	44300040007540	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Theophylline ER 12 Hour Tablet													
Theophylline 12 Hour ER 200 MG Tab (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 12 Hour ER 200 MG Tab UD (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Theophylline 12 Hour ER 300 MG Tab (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 12 Hour ER 100 MG Tab (Theochron)	Tab ER 12	44300040007420	No	0	No	No	No	No	N/A	No	Yes	No	No
Theophylline 12 Hour ER 300 MG Tab UD (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Theophylline 12 Hour ER 450 MG Tab (Theocron)	Tab ER 12	44300040007455	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Thiamine HCL Injection 100 MG/ML													
Thiamine HCl Inj 100 MG/ML 1 ML Vial (Vitamin B1)	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Thiamine HCl Inj 100 MG/ML 2 ML Vial (Vitamin B1)	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Thiamine HCL Tablet													
Thiamine HCl 100 MG Tab (Vitamin B1)	Tab	77101010100330	No	0	No	No	No	No	N/A	No	Yes	No	No
Thiamine HCl 100 MG Tab UD (Vitamin B1)	Tab	77101010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Thiamine HCl 50 MG Tab UD (Vitamin B1)	Tab	77101010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Thiamine HCl 50 MG Tab (Vitamin B1)	Tab	77101010100320	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Thiamine Mononitrate Tablet														
Thiamine Mononitrate 100 MG Tab UD (Vitamin B1)	Tab	77101010200320	No	0	No	No	No	No	No	N/A	Yes	Yes	No	No
Thiamine Mononitrate 100 MG Tab (Vitamin B1)	Tab	77101010200320	No	0	No	No	No	No	No	N/A	No	Yes	No	No
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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."														
Thioguanine Tablet														
Thioguanine 40 MG Tab (Tabloid)	Tab	21300060000305	No	0	No	No	No	No	No	N/A	No	Yes	No	No
Formulary Restrictions:														
"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	No	N/A	No	Yes	No	No
Thiotepa Injection Solution Reconstituted 100 MG (Tepadina)	Sol Recon	21100040002150	No	0	No	No	Yes	No	No	N/A	No	Yes	No	No
Thrombin (Recothrom) Ext Solution 20000 UNIT														
Thrombin External Solution 20000 UNIT (Recothrom)	Sol Recon	84200050102130	No	0	No	No	Yes	No	No	N/A	No	Yes	No	No
Thrombin 2000 Unit External Kit														
Thrombin External Kit 20000 Unit	Kit	84200050006420	No	0	No	No	Yes	No	No	N/A	No	Yes	No	No
Thrombin 5000 Unit External Solution														
Thrombin 5000 Unit External Soln (Thrombin- JMI)	Sol Recon	84200050002110	No	0	No	No	Yes	No	No	N/A	No	Yes	No	No
Thyrotropin Alfa														
Thyrotropin Alfa IM Sol 0.9 MG (Thyrogen)	Sol Recon	94200090102115	No	0	No	No	Yes	No	No	N/A	No	Yes	No	No
Ticagrelor Oral Tablet														
Ticagrelor 90 MG Tablet (Brilinta)	Tab	85158470000320	No	0	No	No	No	No	No	N/A	No	Yes	No	No
Ticagrelor 90 MG Tablet UD (Brilinta)	Tab	85158470000320	No	0	No	No	No	No	No	N/A	Yes	Yes	No	No
Ticagrelor 60 MG Tablet (Brilinta)	Tab	85158470000315	No	0	No	No	No	No	No	N/A	No	Yes	No	No
Advisories:														
"Patients should remain on antiplatelet therapy as originally prescribed until their non-formulary request has been reviewed."														
Non-Formulary Use Criteria:														
1. Documented failure of, contraindication to, or inability to utilize clopidogrel and prasugrel														
2. Recommended by a cardiologist.														
Timolol Maleate Ophth GFS 0.5%														
Timolol Maleate Ophth GFS 0.5% (2.5ml) XE (Timoptic-XE)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes	No	No	
Timolol Maleate Ophth GFS 0.5% (5ML) XE (Timoptic GFS)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes	No	No	

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Timolol Maleate Ophth GFS 0.25%													
Timolol Maleate Ophth GFS 0.25% (5ML) XE	Gel Forming	86250030107620	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No
Timolol Maleate Ophth Soln 0.25% 10 ML (Timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Timolol Maleate Ophth Soln 0.25% 15 ML (timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Timolol (Ocudose) Ophth Soln 0.25% UD 60 (timoptic Ocudose)	Sol	86250030102006	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Timolol Maleate Ophth Solution 0.5%													
Timolol Maleate Ophth Soln 0.5% 15 ML (Timoptic 0.5% soln)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Timolol Maleate Ophth Soln 0.5% 10 ML (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Timolol Maleate Ophth Soln 0.5% 5 ML (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Timolol (Ocudose) Ophth Soln 0.5% UD 60 (Timoptic Ocudose)	Sol	86250030102011	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Tiotropium Br-Olodaterol Inhal 2.5-2.5MCG/ACT													
Tiotropium/Olodaterol Inh 2.5-2.5MCG/ACT 60 INH (Stiolto Respimat)	Aero Sol	44209902923420	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tiotropium/Olodaterol Inh 2.5-2.5MCG/ACT 10 INH (Stiolto Respimat)	Aero Sol	44209902923420	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Non-Formulary Use Criteria: **1. ASTHMA: Only to be used as part of a combination product with inhaled corticosteroid. Long-acting betaagonist (LABA) not to be used as single-agent product or as combination product with long-acting muscarinic-antagonist (LAMA) in asthma.** **2. Non-formulary requests for LABA/LAMA that meet criteria will be approved for most cost-effective agent.**													
Tiotropium Bromide Inhalation Cap													
Tiotropium Bromide HandiHaler 30 Cap 18 MCG Inh (Spiriva HandiHaler)	Cap	44100080080130	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tiotropium Bromide HandiHaler 90 Cap 18 MCG Inh (Spiriva HandiHaler)	Cap	44100080080130	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tiotropium Bromide HandiHaler 5 Cap 18 MCG (Spiriva HandiHaler)	Cap	44100080080130	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Injection													
Tirzepatide [Mounjaro] Pen-inj 2.5 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D510	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Pen-inj 15 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D535	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Pen-inj 10 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D525	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Pen-inj 5 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D515	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Pen-inj 7.5 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tirzepatide [Mounjaro] Pen-inj 12.5 MG/0.5ML (Mounjaro)	Sol Auto-	2717308000D530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria: **1) May be approved for type 1 diabetes for comorbid conditions, not primarily for glycemic control.** **2) WEIGHT LOSS -- INITIAL REQUEST:** **3) WEIGHT LOSS -- POST TRIAL REQUEST:** **4) MASH (non-cirrhotic metabolic dysfunction-associated steatohepatitis, with moderate to advanced liver fibrosis consistent with stages F2 to F3 fibrosis)** **a. Body Mass Index (BMI) > 35 kg/m2 or BMI > 27 kg/m2 with at least 1 weight-related comorbidity (e.g., hypertension, type 2 diabetes, dyslipidemia, chronic kidney disease, heart failure with preserved ejection fraction, previous myocardial infarction or stroke, symptomatic peripheral vascular disease, obstructive sleep apnea, osteoarthritis, metabolic dysfunction-associated steatotic liver disease (MASLD), AND** **a. Has the patient been compliant with lifestyle interventions (i.e. participation in at-risk programs if available, commissary purchase review)? If not, requests for renewal will not be approved** **b. Has patient lost = or > than 5% body weight from baseline? If not, requests for renewal will not be approved.** **b. Verified lifestyle interventions (diet, physical activity, and counseling) for 6 months. Food and exercise logs, weight checks, commissary purchase records, and counseling with appropriate staff are verified in EHR. Inmate should be enrolled in at-risk program if available AND** **c. Completion of medication review to identify medications that can cause weight gain and change to alternatives when clinically appropriate AND** **d. Initial trial will be issued for 180 days with tirzepatide preferred.**												
Tirzepatide [Zepbound] Injection														
	Tirzepatide [Zepbound] Auto-inj 10 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D535	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Auto-inj 15 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D545	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Auto-inj 2.5 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D520	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Auto-inj 5 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D525	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Auto-inj 7.5 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D530	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Auto-inj 12.5 MG/0.5ML (Zepbound)	Sol Auto-	6125258000D540	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 2.5 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D220	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 5 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D225	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 7.5 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D230	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 10 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D235	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 12.5 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D240	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
	Tirzepatide [Zepbound] Pen-inj 15 MG/0.6ML (Zepbound)	Sol Pen-injector	6125258000D245	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Non-Formulary Use Criteria:													
	1) May be approved for type 1 diabetes for comorbid conditions, not primarily for glycemic control.													
	2) WEIGHT LOSS -- INITIAL REQUEST:													
	3) WEIGHT LOSS -- POST TRIAL REQUEST:													
	4) MASH (non-cirrhotic metabolic dysfunction-associated steatohepatitis, with moderate to advanced liver fibrosis consistent with stages F2 to F3 fibrosis)													
	a. Body Mass Index (BMI) > 35 kg/m2 or BMI > 27 kg/m2 with at least 1 weight-related comorbidity (e.g., hypertension, type 2 diabetes, dyslipidemia, chronic kidney disease, heart failure with preserved ejection fraction, previous myocardial infarction or stroke, symptomatic peripheral vascular disease, obstructive sleep apnea, osteoarthritis, metabolic dysfunction-associated steatotic liver disease (MASLD), AND													
	a. Has the patient been compliant with lifestyle interventions (i.e. participation in at-risk programs if available, commissary purchase review)? If not, requests for renewal will not be approved													
	b. Has patient lost = or > than 5% body weight from baseline? If not, requests for renewal will not be approved.													
	b. Verified lifestyle interventions (diet, physical activity, and counseling) for 6 months. Food and exercise logs, weight checks, commissary purchase records, and counseling with appropriate staff are verified in EHR. Inmate should be enrolled in at-risk program if available AND													
	c. Completion of medication review to identify medications that can cause weight gain and change to alternatives when clinically appropriate AND													
	d. Initial trial will be issued for 180 days with tirzepatide preferred.													
	Medical Referral Center (MRC) Use Only													
Tobramy/Dexameth Ophth Susp 0.3-0.1%														
	Tobramycin/Dexameth Ophth Susp 5 ML 0.3%/0.1% (Tobradex)	Susp	86309902801820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tobramycin/Dexameth Ophth Susp 10 ML 0.3-0.1 % (Tobradex)	Susp	86309902801820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Tobramycin/Dexameth Ophth Susp 2.5 ml 0.3-0.1% (Tobradex)	Susp	86309902801820	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY*****													
Tobramycin Inhal Nebulization Soln 300 MG/4ML														
	Tobramycin Inhalation Nebuliz Soln 300 MG/4ML (Bethkis)	Nebulization	07000070002530	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tobramycin Inhalation Sol 300 MG/5Ml														
	Tobramycin Inhalation Sol 300 MG/5 ML Amp (Tobi)	Nebulization	07000070002520	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tobramycin Sulfate Inj														
	Tobramycin Sulfate Injection Solution 80 MG/2ML	Sol	07000070102034	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Tobramycin Sulfate Inj Solution 1.2 GM	Sol Recon	07000070102105	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Tobramycin Sulfate Injection Solution 10 MG/ML	Sol	07000070102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Tobramycin Sulfate Inj Soln 1.2 GM/30ML	Sol	07000070102038	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Formulary Restrictions:													
	****USE ONLY AFTER DEMONSTRATED GENTAMICIN FAILURE OR RESISTANCE****													
Tobramycin Sulfate Ophth Oint 0.3%														
	Tobramycin Sulfate Ophth 0.3%, 3.5 GM Oint (Tobrex)	Oint	86101070004205	No	0	No	Yes	No	No	N/A	No	Yes	No	No
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	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Tolterodine Tartrate LA Capsule													
Tolterodine Tartrate LA 2 MG Cap (Detrol LA)	Cap ER 24	54100060207020	No	0	No	No	No	No	N/A	No	Yes	No	No
Tolterodine Tartrate LA 4 MG Cap (Detrol LA)	Cap ER 24	54100060207030	No	0	No	No	No	No	N/A	No	Yes	No	No
Tolterodine Tartrate LA 4 MG Cap UD (Detrol)	Cap ER 24	54100060207030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Tolterodine Tartrate LA 2 MG Cap UD (Detrol LA)	Cap ER 24	54100060207020	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Topiramate Tablet													
Topiramate 25 MG Tab (Topamax)	Tab	72600075000310	No	0	No	No	No	No	N/A	No	Yes	No	No
Topiramate 100 MG Tab (Topamax)	Tab	72600075000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Topiramate 200 MG Tab (Topamax)	Tab	72600075000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Topiramate 50 MG Tab (Topamax)	Tab	72600075000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Topiramate 200 MG Tab UD (Topamax)	Tab	72600075000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Topiramate 100 MG Tab UD (Topamax)	Tab	72600075000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Topiramate 25 MG Tab UD (Topamax)	Tab	72600075000310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Topiramate 50 MG Tab UD (Topamax)	Tab	72600075000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Advisories:													
****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****													
Non-Formulary Use Criteria:													
1. Medication is being used for the treatment of Refractory Bipolar Disorder or Refractory Borderline Personality Disorder.													
2. Bipolar Disorder: Patient has failed treatment with or has contraindication to formulary options: valproic acid/divalproex, lithium, aripiprazole, olanzapine, risperidone, and carbamazepine.													
3. Borderline Personality Disorder: Provider is targeting symptoms of affective dysregulation, impulsivity, and/or aggression.													
4. Borderline Personality Disorder: Patient has failed treatment with or has contraindications to multiple formulary agents (E.G., valproic acid/divalproex, aripiprazole, ziprasidone, olanzapine, and haloperidol).													
5. Seizures: Prescribed for the treatment of generalized focal seizures or tonic-clonic seizures.													
Topotecan Inj													
Topotecan 1 MG/ML (Hycamtin)	Sol Recon	21550080102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Topotecan HCl Intravenous Solution 4 MG/4ML (Hycamtin)	Sol	21550080102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
TPN Electrolytes Inj													
TPN Electrolytes Intravenous Solution	Concentrate	79992000001300	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Trace Elements Inj (Multitrace 4)													
Multitrace-4 Ped IV Soln 1-100-25-1000 MCG/ML	Sol	79909904102010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Medical Referral Center (MRC) Use Only													
Tralement IV Soln 300-55-60-3000 MCG/ML													
Tralement IV Soln 300-55-60-3000 MCG/ML	Sol	79909904252020	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Trastuzumab-anns (Kanjinti) IV Soln 420 MG (new)													
Trastuzumab-anns (Kanjinti) IV Solution 150 MG (Kanjinti)	Sol Recon	21170070142110	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Trastuzumab-anns (Kanjinti) IV Soln 420 MG (Kanjinti)	Sol Recon	21170070142121	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
traZODone Tablet													
traZODone HCl 100 MG Tab UD (Desyrel)	Tab	58120080100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
traZODone HCl 100 MG Tab (Desyrel)	Tab	58120080100310	No	0	No	No	No	No	N/A	No	Yes	No	No
traZODone HCl 150 MG Tab (Desyrel)	Tab	58120080100315	No	0	No	No	No	No	N/A	No	Yes	No	No
traZODone HCl 50 MG Tab (Desyrel)	Tab	58120080100305	No	0	No	No	No	No	N/A	No	Yes	No	No
traZODone HCl 50 MG Tab UD (Desyrel)	Tab	58120080100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
traZODone HCl 150 MG Tab UD (Desyrel)	Tab	58120080100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
traZODone HCl 300 MG Tab (Desyrel)	Tab	58120080100325	No	0	No	No	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% Cream													
Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 454 GM Cream (Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 15 GM Cream	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.025% Lotion													
Triamcinolone 0.025% 60 ML Lotion (Aristocort Lotion)	Lotion	90550085104105	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% Ointment													
Triamcinolone 0.1% 15 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 80 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 454 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone 0.1% 30 GM Ointment	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Triamcinolone Acetonide Inj													
Triamcinolone Acetonide 10 MG/ML Inj 5ML (Kenalog)	Susp	22100050101805	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Triamcinolone Acetonide 40 MG/ML Inj (Kenalog)	Susp	22100050101810	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Triamcinolone Acetonide 40 MG/ML, 5ML (Kenalog)	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Triamcinolone Acetonide 40 MG/ML, 10ML (Kenalog)	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Triamcinolone Acetonide 80 MG/ML inj, 5 ML (Kenalog)	Susp	22100050101835	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Triamcinolone Acetonide 80 MG/ML inj , 1 ML (Kenalog)	Susp	22100050101835	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
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	No	No
Triamterene Capsule													
Triamterene 100 MG Cap (Dyrenium)	Cap	37500030000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	No	0	No	No	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Triamterene/ HCTZ Capsule													
Triamterene/ HCTZ 37.5 MG/25 MG Cap (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	No	Yes	No	No
Triamterene/ HCTZ 37.5 MG/25 MG Cap UD (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Triamterene/ HCTZ Tablet													
Triamterene/ HCTZ 37.5 MG/25 MG Tab UD (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	No	Yes	No	No
Triamterene/ HCTZ 75 MG/50 MG Tab (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	No	Yes	No	No
Trifluoperazine HCL Tablet													
Trifluoperazine HCL 1 MG Tab (Stelazine)	Tab	59200085100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Trifluoperazine HCL 1 MG Tab UD (Stelazine)	Tab	59200085100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Trifluoperazine HCL 10 MG Tab (Stelazine)	Tab	59200085100320	No	0	No	No	No	No	N/A	No	Yes	No	No
Trifluoperazine HCL 10 MG Tab UD (Stelazine)	Tab	59200085100320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Trifluoperazine HCL 2 MG Tab (Stelazine)	Tab	59200085100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Trifluoperazine HCL 2 MG Tab UD (Stelazine)	Tab	59200085100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Trifluoperazine HCL 5 MG Tab UD (Stelazine)	Tab	59200085100315	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Trifluoperazine HCL 5 MG Tab (Stelazine)	Tab	59200085100315	No	0	No	No	No	No	N/A	No	Yes	No	No
Trifluridine Ophth Solution 1%													
Trifluridine Ophth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution)	Sol	86103020002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Trimethobenzamide Capsule													
Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Trimethobenzamide HCl 300 MG Cap (repack) (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Trimethobenzamide HCL Injection													
Trimethobenzamide HCL 100 MG/ML Inj (Tigan 100 MG / ML, 2 ML Injection)	Sol	50200070102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Trimethobenzamide HCL 100 MG/ML Syringe (Tigan 100 MG / ML, 2 ML Syringe)	Sol	50200070102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Tropicamide Ophth Solution 0.5%													
Tropicamide Ophth Soln 0.5%, 15 ML - Mydriacyl (Mydriacyl 0.5% Ophth Soln)	Sol	86350050002005	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tropicamide Ophth Solution 1%													
Tropicamide Ophth Soln 1%, 15 ML (Mydriacyl)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tropicamide Ophth Soln 1%, 3 ML (Mydriacyl 1 %, 3 ML Ophth Soln)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Tropicamide Ophthalmic Soln 1%, 2ml	Sol	86350050002010	No	0	No	No	No	No	N/A	No	Yes	No	No
Umeclidinium Bromide Inhal Aerosol 62.5MCG/INH													
Umeclidinium Bromide Inhal 62.5 MCG/INH [30] (Incruse Ellipta)	Aero Pwdr	44100090208030	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Umeclidinium Bromide Inhal 62.5 MCG/INH [7] (Incruse Ellipta)	Aero Pwdr	44100090208030	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Valproate Sodium Injection 100 MG/ML													
Valproate Sodium Inj 500MG/5ML (Depacon)	Sol	72500020102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Valproic Acid Capsule													
Valproic Acid 250 MG Cap UD (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Valproic Acid 250 MG Cap (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	No	Yes	No	No
Advisories: ***"*"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Valproic Acid Solution 250MG/5ML													
Valproic Acid Oral Soln 50 MG/ML 480 ML (Depakene)	Sol	72500020102060	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Valproic Acid Oral Soln 50 MG/ML 10 ML UD (Depakene)	Sol	72500020102060	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Valproic Acid Oral Soln 50 MG/ML 5 ML UD (Depakene)	Sol	72500020102060	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
Advisories: **)**" *"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Valsartan Oral Solution 4 MG/ML													
Valsartan Oral Solution 4 MG/ML (120ML)	Sol	36150080002025	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Valsartan Tablet													
Valsartan 320 MG Tab (Diovan)	Tab	36150080000340	No	0	No	No	No	No	N/A	No	Yes	No	No
Valsartan 80 MG Tab (Diovan)	Tab	36150080000320	No	0	No	No	No	No	N/A	No	Yes	No	No
Valsartan 80 MG Tab UD (Diovan)	Tab	36150080000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Valsartan 160 MG Tab (Diovan)	Tab	36150080000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Valsartan 160MG Tab UD (Diovan)	Tab	36150080000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Valsartan 40 MG Tab (Diovan)	Tab	36150080000310	No	0	No	No	No	No	N/A	No	Yes	No	No
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 .**													
Vancomycin HCl Injection													
Vancomycin HCl Inj 1 GM Vial	Sol Recon	16280080102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj ADVantage 1 GM (Vancocin)	Sol Recon	16280080102120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 500 MG Vial	Sol Recon	16280080102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj ADVantage 500 MG (Vancocin)	Sol Recon	16280080102110	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 5 GM Vial	Sol Recon	16280080102125	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 750 MG Vial	Sol Recon	16280080102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj ADVantage 750 MG (vanc)	Sol Recon	16280080102115	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 10 GM Vial	Sol Recon	16280080102130	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 1.25 GM Vial	Sol Recon	16280080102121	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 1.5 GM Vial	Sol Recon	16280080102122	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 1500 MG/300 ML (Vancocin)	Sol	16280080102068	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Vancomycin HCl IV Soln 1000 MG/200 ML	Sol	16280080102058	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 2000 MG/400 ML	Sol	16280080102073	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 500 MG/100ML	Sol	16280080102040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 1250 MG/250ML	Sol	16280080102063	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 750 MG/150 ML	Sol	16280080102053	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl IV Soln 1750 MG/350ML	Sol	16280080102072	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Inj 2 GM Vial	Sol Recon	16280080102124	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl in Dextrose Premix													
Vancomycin/Dextrose 5% 500 MG/100 ML Premix (Vancocin)	Sol	16280080122020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/Dextrose 5% 1 GM/200 ML Premix (Vancocin)	Sol	16280080122040	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/Dextrose 5% 750 MG/150 ML Premix (Vancocin)	Sol	16280080122030	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/Dextrose 5% 1.25 GM/250 ML Premix (Vancocin)	Sol	16280080122055	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/Dextrose 5% 1.5 GM/300 ML Premix (Vancocin)	Sol	16280080122062	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl in NaCl Premix													
Vancomycin/NaCl 0.9% 1 GM/200 ML	Sol	16280080142036	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/NaCl 0.9% 500 MG/100 ML	Sol	16280080142020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin/NaCl 0.9% 750 MG/150 ML	Sol	16280080142024	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vancomycin HCl Oral Capsule													
Vancomycin HCL 125 MG Cap (Vancocin HCL)	Cap	16280080100110	No	0	No	No	No	No	N/A	No	Yes	No	No
Vancomycin HCL 250 MG Cap (Vancocin HCL)	Cap	16280080100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Vancomycin HCL 125 MG Cap UD (Vancocin)	Cap	16280080100110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Vancomycin HCL 250 MG Cap UD (Vancocin)	Cap	16280080100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Vancomycin HCl Oral solution													
Vancomycin Oral Solution 50 MG/ML 80ML	Sol Recon	16280080102170	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
available in both 25mg/ml or 50 mg ml													
Vancomycin Oral (Firvanq) solution													
Vancomycin Oral Solution 50 MG/ML 150ML (Firvanq)	Sol Recon	16280080102170	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Vancomycin Oral Solution 25 MG/ML 150 ML (Firvanq)	Sol Recon	16280080102160	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Vancomycin Oral Solution 25 MG/ML 300ML (Firvanq)	Sol Recon	16280080102160	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Advisories:													
available in both 25mg/ml or 50 mg ml													
Vasopressin Injection													
Vasopressin Intravenous Soln 20 UNIT/ML (Vasostrict)	Sol	30201030002015	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
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	No	No	No	No	N/A	No	Yes	No	No
Venlafaxine ER/XR 24 Hour Cap 37.5 MG UD (Effexor XR)	Cap ER 24	58180090107020	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Venlafaxine ER/XR 24 Hour Cap 75 MG (Effexor XR)	Cap ER 24	58180090107030	No	0	No	No	No	No	N/A	No	Yes	No	No
Venlafaxine ER/XR 24 Hour Cap 75 MG UD (Effexor XR)	Cap ER 24	58180090107030	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Venlafaxine ER/XR 24 Hour Cap 150 MG (Effexor XR)	Cap ER 24	58180090107050	No	0	No	No	No	No	N/A	No	Yes	No	No
Venlafaxine ER/XR 24 Hour Cap 150 MG UD (Effexor XR)	Cap ER 24	58180090107050	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil ER 24 Hour Oral Capsule													
Verapamil HCl ER 180 MG 24 Hour Cap	Cap ER 24	34000030107025	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 100 MG 24 Hour Cap (Verlan PM)	Cap ER 24	34000030107015	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 360 MG 24 Hour Cap	Cap ER 24	34000030107045	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 24 Hour 240 MG Cap	Cap ER 24	34000030107035	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 120 MG 24 Hour Cap	Cap ER 24	34000030107020	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 24 Hr 300 MG Cap	Cap ER 24	34000030107040	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 120 MG 24 Hour Cap UD	Cap ER 24	34000030107020	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil ER Oral Tab													
Verapamil HCl ER 240 MG Tab (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 120 MG Tab (Calan)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 180 MG Tab	Tab ER	34000030100415	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 120 MG Tab [Calan] (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 120 MG Tab UD (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil HCl ER 180 MG Tab [Calan] (Calan / Isoptin SR)	Tab ER	34000030100415	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 180 MG Tab UD (Calan SR)	Tab ER	34000030100415	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil HCl ER 240 MG Tab [Calan] (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl ER 240 MG Tab UD (Calan)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil ER PM 24 Hour Capsule													
Verapamil HCl PM ER 200 MG Caps 24 Ho 200 (Verelan)	Cap ER 24	34000030107030	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil Inj													
Verapamil HCL 2.5 MG/ML Inj (Calan / Isoptin 2.5 MG / ML)	Sol	34000030102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Verapamil HCL 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)	Sol	34000030102005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Verapamil Oral Tab													
Verapamil HCl 80 MG Tab UD (Calan)	Tab	34000030100305	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Verapamil HCl 120 MG Tab (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl 40 MG Tab (Calan / Isoptin)	Tab	34000030100303	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl 80 MG Tab (Calan / Isoptin)	Tab	34000030100305	No	0	No	No	No	No	N/A	No	Yes	No	No
Verapamil HCl 120 MG Tab UD (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly	High Risk	Hide From Ordering
Vials 9 dram (475/box)													
Vials 9 dram (475/box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 13 dram													
Vials 13 dram			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials - McK 11111			No	0	No	No	No	No	N/A	No	Yes	No	No
vials 16 dram (270/box)													
Vials 16 dram (270/box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 20 dram (box)													
Vials 20 dram (vials)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 30 dram (140/box)													
Vials 30 dram (140/box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 40 dram (110 /box)													
Vials 40 dram (110 /box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 60 dram (70/box)													
Vials 60 dram (70/box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials 9 dram box													
Vials child proof caps 9dram (250/bag)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
Vials 9 dram Caps													
Vial EZ-open Caps 9 dram (300/bag) (caps)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials child proof caps 9dram (250/bag)													
Vial cap snap 12/20 Dram (200 box)			No	0	No	No	No	No	N/A	No	Yes	No	No
Vials EZ-open 13/16 dram (200/bag)													
Vials EZ-open cap 13/16 dram (200/bag) (caps)			No	0	No	No	No	No	N/A	No	Yes	No	No
vials Non safety cap 30/40/60 (100/bag)													
Vials Non safety cap 30/40/60 (100/bag) (Non-safety)			No	0	No	Yes	No	No	N/A	No	Yes	No	No
vinBLAStine Sulfate Inj													
VinBLAStine Sulfate 1 MG/ML IV Soln 10ML	Sol	21500030102020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
vinCRIStine Sulfate Inj													
vinCRIStine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
vinCRIStine Sulfate 1 MG/ML, 2ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vinorelbine Tartrate													
Vinorelbine Tartrate IV Soln 10 MG/ML 1ML (Navelbine)	Sol	21500050802020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Vinorelbine Tartrate IV Soln 50 MG/5ML (Navelbine)	Sol	21500050802025	No	0	No	No	Yes	No	N/A	No	Yes	No	No

Doctor Name	Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
	Medical Referral Center (MRC) Use Only													
Vitamin A & D Ointment														
	Vitamin A & D Ointment 5 GM Packets (Vit A&D Ointment Packet)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	Yes	Yes	No	No
	Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Vitamin A+D Prevent External Ointment 42.5 GM (A+D Prevent External Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Vitamin A & D Ointment 113 GM	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Vitamin A & D Ointment 120 GM	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Vitamin A & D Prevent External Oint 85 GM (Vitamin A & D)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	Yes	No	No
	Advisories:													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Non-Formulary Use Criteria:													
	1. Diabetes with Neuropathy OR													
	2. 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 OR													
	3. Patient is indigent AND treatment medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
Vitamin B Complex Tablet														
	Vitamin B Complex with C & FA Tab [Nephro-Vite] (Nephro-Vite)	Tab	78133000000325	No	0	No	No	No	No	N/A	No	Yes	No	No
	Vitamin B Complex with C & FA Tab [Dialyvite] (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	N/A	No	Yes	No	No
	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. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."													
	Medical Referral Center (MRC) Use Only													
Voriconazole inj														
	Voriconazole 200 MG Inj (Vfend IV)	Sol Recon	11407080002120	No	0	No	No	Yes	No	N/A	No	Yes	No	No
	Medical Referral Center (MRC) Initiation Only													
Voriconazole Oral Tab														
	Voriconazole 200 MG Tab (Vfend)	Tab	11407080000340	No	0	No	No	No	No	N/A	No	Yes	No	No
	Voriconazole 50 MG Tab (Vfend)	Tab	11407080000320	No	0	No	No	No	No	N/A	No	Yes	No	No
	Voriconazole 50 MG Tab UD (Vfend)	Tab	11407080000320	No	0	No	No	No	No	N/A	Yes	Yes	No	No
	Voriconazole 200 MG Tab UD (Vfend)	Tab	11407080000340	No	0	No	No	No	No	N/A	Yes	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Warfarin Tablet													
Warfarin 4 MG Tab UD (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 4 MG Tab (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 2 MG Tab UD (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 2 MG Tab (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 3 MG Tab UD (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 3 MG Tab (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 6 MG Tab (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 6 MG Tab UD (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 1 MG Tab UD (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 1 MG Tab (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 10 MG Tab (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 10 MG Tab UD (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 2.5 MG Tab (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 2.5 MG Tab UD (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 5 MG Tab UD (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin 5 MG Tab (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 7.5 MG Tab (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	No	Yes	Yes	No
Warfarin 7.5 MG Tab UD (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Warfarin Sodium 0.5 MG (1/2 tablet) repack (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	Yes	Yes	Yes	No
Advisories:													
***"Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."**													
Water For Irrigation, Sterile													
Water For Irrigation, Sterile 1000 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Water for Irrigation, Sterile 2000 ML (sterile water)	Sol	99750005002000	No	0	No	No	No	No	N/A	No	Yes	No	No
Water for Irrigation, Sterile 3000 ML (sterile water)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Water, Sterile Injection													
Sterile Water for Injection, 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Xylocaine-MPF/Epinephrine													
Xylocaine-MPF/Epinephrine Inj Soln 1 %-1:200000	Sol	69991002402009	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Xylose Powder													
Xylose Powder GM (D-XYLOSE)	Pwdr	94200040002900	No	0	No	Yes	No	No	N/A	No	Yes	No	No

Doctor Name / Item	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmlry	High Risk	Hide From Ordering
Zidovudine (ZDV) Capsule													
Zidovudine (ZDV) 100 MG Cap (Retrovir)	Cap	12108085000110	No	0	No	No	No	No	N/A	No	Yes	No	No
Zidovudine (ZDV) 100 MG Cap UD (Retrovir)	Cap	12108085000110	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Zidovudine (ZDV) Oral Syrup 10 MG/ML													
Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir)	Syrup	12108085001210	No	0	No	Yes	No	No	N/A	No	Yes	No	No
Zidovudine (ZDV) Tablet													
Zidovudine (ZDV) 300 MG Tab (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	No	Yes	No	No
Zidovudine (ZDV) 300 MG Tab UD (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Zinc Sulfate injec													
Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	No	0	No	No	No	No	N/A	No	Yes	No	No
Zinc Sulfate Intravenous Solution 5 MG/ML	Sol	79800010002015	No	0	No	No	No	No	N/A	No	Yes	No	No
Zinc Sulfate Intravenous Solution 3 MG/ML	Sol	79800010002008	No	0	No	No	No	No	N/A	No	Yes	No	No
Ziprasidone Oral Capsule													
Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	No	0	No	No	No	No	N/A	No	Yes	No	No
Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	No	0	No	No	No	No	N/A	No	Yes	No	No
Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	No	0	No	No	No	No	N/A	No	Yes	No	No
Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	No	0	No	No	No	No	N/A	No	Yes	No	No
Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Ziprasidone 80 MG Cap UD (Geodon)	Cap	59400085100150	No	0	No	No	No	No	N/A	Yes	Yes	No	No
Zoledronic Acid Inj													
Zoledronic Acid 4MG/5ML Inj (Zometa)	Concentrate	30042090001320	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Zoledronic Acid Intravenous Soln 4 MG/100ML (Zometa)	Sol	30042090002016	No	0	No	Yes	Yes	No	N/A	No	Yes	No	No
Zoledronic Acid (Reclast) IV Solution 5 MG/100ML (Reclast)	Sol	30042090002020	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Advisories:													
Do not use Calcium Containing Solutions													
Medical Referral Center (MRC) Use Only													
Zoster Vaccine [Shingrix] Recombinant Adjuvanted													
Zoster [Shingrix] 50 MCG/0.5ML Vial (Shingrix)	Susp Recon	17100095401920	No	0	No	No	Yes	No	N/A	No	Yes	No	No
Zoster [Shingrix] 50 MCG/0.5ML Syringe (Shingrix)	Susp Prefilled	1710009540E620	No	0	No	No	Yes	No	N/A	No	Yes	No	No