Federal Bureau of Prisons

National Formulary Part 1

Approved:

Dr. Elizabete Stahl, DO, Medical Director

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National BOP Formulary Mission and Procedural Statement

Purpose

A formulary system, as defined in ASHP Statement on the Formulary System, is the ongoing process through which a health care organization establishes practices "…on the use of drugs, therapies, and drug-related products and identifies those that are most medically appropriate and cost-effective to best serve the health interests of a given population." The primary goals of BOP formulary management are to optimize therapeutic outcomes, maintain cost effectiveness of medications, and ensure medication use is conducive within the correctional environment.

Participants of the Pharmacy and Therapeutics (P&T) Meeting are responsible for the development, maintenance, and approval recommendations of the formulary to the BOP Medical Director. Periodically, medications are reassessed and extensively reviewed for inclusion in, exclusion from, or restrictions in the formulary as applicable per current evidence-based practices and security concerns. Regular maintenance of the BOP formulary ensures optimal treatment options are uniformly and readily available.

Non-Formulary Request Expectations

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

- Institution administration (Health services administrator (HSA), Associate Warden, and Warden) are expected to support and ensure compliance with the BOP National Formulary. Administrative decisions regarding medical care are expected to be consistent with the BOP National Formulary and not conflict with the medically necessary provision of medications and restrictions set forth in the BOP National Formulary.
- Consultant Physicians are expected to utilize and stay within the guidelines of the BOP National Formulary when making recommendations and to provide specific and adequate justification if formulary medications cannot be used.
- Court orders recommending or ordering specific treatments should be referred to the appropriate BOP attorney(s). All such orders/recommendations are still subject to the non-formulary request process.
- It is expected that all institution inventory and ordering procedures will be conducive to acceptable inventory practices (e.g. two-week par levels on the shelf maintained with, at minimum, weekly medication ordering).

Compliance

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

Continuity of Care Provision

There are times when patients are processed into a facility after normal working hours, weekends, and holidays. In these cases, continuation of non-formulary medications prior to approval may be medically necessary because of the following reasons:

- There is no formulary substitute or changing to a formulary substitute will not allow for appropriate follow up monitoring until the next workday, **AND**
- Not providing the medication would pose a significant risk to the patient.

When continuation of a non-formulary medication prior to approval is medically necessary, an allowance is given to dispense/administer the medication for 4 days while awaiting approval. **This 4-day allowance is to only be utilized for urgent continuity of care purposes and not for the purpose of initiating routine/non-emergency non-formulary medications without appropriate approval.**

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

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

Definitions & Rules

Formulary Rules

- Brand name products are for reference only
- The least expensive generic and/or biosimilar product is to be utilized, when available. Otherwise, non-formulary approval is required.
- Use against specific restrictions (i.e., directly observed therapy required, crush, etc.) requires non-formulary approval.
- Use of a formulation not specifically included in the national formulary (e.g., extended release, nasal, topical, ophthalmic, rapid dissolve tablet, combination product) is not authorized and requires non-formulary approval.

Compounding

Compounding is defined as the combining, mixing, or altering of ingredients by a pharmacist in response to a physician's prescription to create a medication tailored to the needs of an individual patient. All compounded prescription drugs are deemed "new drugs" under the Federal Food, Drug, and Cosmetic Act (FDCA). Unless approved by National P&T, compounded medications are considered non-formulary and will go through the same non-formulary and addition to formulary processes as individual, commercially available medications.

DEA Controlled Substances

- All controlled substances are restricted to directly observed therapy.
- Immediate release, non-enteric coated, oral controlled substances are crushed prior to administration.
- Immediate release-controlled substance capsules are pulled apart and administered in powder form.

Directly Observed Therapy ("Pill Line") Only

"Directly observed therapy only" is a restriction placed on controlled substances and some other drugs requiring that a single dose of the drug be administered to a patient by a qualified employee at a designated time and place. A report of medications that are restricted to directly observed therapy only is available in the BOP electronic medical record (BEMR). Some medications are designated as directly observed therapy only for only certain indications (see National Formulary Part II for details).

FDA Medication Guides and Side Effects Statement

FDA WEBSITE: http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm

Provision of FDA medication guides and display of the side effects statement ARE NOT required when the patient is:

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

FDA medication guides and display of the side effects statement ARE required to be provided to the patient when the patient is:

- Being released to the community (including writs and furloughs)
- Sent to a Residential Reentry Center (RRC) (e.g., halfway house).

Inclusionary Diagnosis

Medications with an inclusionary diagnosis are formulary for specific diagnoses as approved by National P&T. Prescriptions written for patients without the approved diagnosis will require non-formulary review.

Immediate Use Pens

Epinephrine Auto-Injector (EpiPen®)

EpiPen® may be issued to patients with known anaphylaxis utilizing the procedure outlined below.

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

Icatibant Acetate Auto-Injector (Firazyr®)

- Orders for icatibant acetate injection (Firazyr®) will be entered into BEMR as DOT.
- The following statement will appear on the label after the directions: **must present device and needle to pill line daily for integrity inspection**
- Compliance with daily integrity inspection will be monitored.
- The patient should be counseled regarding the potential consequences and adverse actions that may occur if tampering is evident or the product is lost or manipulated.

Keep On Person (KOP), Self-Carry Medications

Medications are generally excluded (i.e., not Keep On Person (KOP) / self-carry eligible) if:

- Potential for abuse or misuse (e.g., controlled substances) with risk of negative outcomes
- Injectable drugs (except for those specifically permitted by the National Formulary)
- Close monitoring required (e.g., TB meds)
- Caustic or harmful agents (e.g., podofilox)
- Refrigeration required
- Potential for misuse of packaging (e.g., glass containers, inhalers with piercing devices)
- Cost

Look-Alike/Sound-Alike Medications

Both The Joint Commission (JC) and the Accreditation Association for Ambulatory Health Care (AAAHC) require health care organizations to identify look-alike/sound-alike medications utilized at their site. A look-alike/sound-alike medication list is available from the Institute for Safe Medication Practices (ISMP).

BOP institutions must incorporate look-alike/sound-alike drugs into the agendas of local Pharmacy and Therapeutics Committee Meetings and review them on an annual basis. Discussions, decisions, and local policy must follow the requirements set forth by accrediting bodies (JC, AAAHC).

This responsibility is deferred to the local level owing to the varying functions of our institutions (e.g., medical referral centers, ambulatory institutions, detention centers, implementation of levels of care) and the fact that not all institutions carry the same items from the BOP National Formulary.

Resources:

- The Joint Commission, http://www.jointcommission.org.
- Institute for Safe Medication Practices (ISMP), https://www.ismp.org/.
- ISMP, "List of Confused Drug Names,"https://home.ecri.org/blogs/ismp-resources/list-of-confused-drug-names
- The Accreditation Association for Ambulatory Health Care, https://www.aaahc.org/.

Medical Center Only

Medical center only is a restriction placed on some medications requiring that the drug only be used within a Federal Medical Center.

Medication Restrictions

Medication restrictions are prescribing restrictions (e.g., days supply) placed on certain medications. Variance from restrictions requires non-formulary authorization.

MLP Requires Cosign

"MLP requires cosign" is a restriction placed on some medications requiring that a physician sign the medical record each time the drug is prescribed. Subsequent medication orders for the drug must also include the signature of a physician.

Multi-Dose Single-Patient Pens (semaglutide, insulin, etc.)

Multidose, single-patient injection pens may be issued to patients utilizing the procedure outlined below.

- The injection pen medication order is processed as Directly Observed Therapy with the BEMR directions: ***must present this device to pill-line [weekly, daily, etc.] for integrity inspection***
- When a dose is due, patients will return to the health service department for a new pen needle, self-inject, and immediately dispose of the needle appropriately under staff supervision
- Pen needles will not be dispensed to patients and will be controlled and inventoried according to policy.

Over the Counter Medications

Over the counter (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. Per Program Statement 6541.03 Over-the-Counter Medications, during institution triage / sick call, medical staff will refer patients to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor ailments.

Placebos – Statement on Use

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

References:

- **American Medical Association:** "In the clinical setting, the use of a placebo without the patient's knowledge may undermine trust, compromise the patient-physician relationship, and result in medical harm to the patient."
- **American Society of Health-System Pharmacists:** " . . . the use of placebos in clinical practice is ethically acceptable only when patients have been informed of and agree to such use as a component of treatment . . . ."

Risk Evaluation and Mitigation Strategies (REMS)

Risk Evaluation and Mitigation Strategies (REMS) are defined by the FDA as programs for managing a known or potential serious risk associated with a drug or biologic product. Medications with a REMS designation require increased levels of monitoring and control, with the most extreme requiring written contracts between the pharmacy/physician and the manufacturer.

Institution pharmacists and physicians should not sign any agreements without review by the BOP chief pharmacist or a designee. The BOP chief pharmacist / designee will consult with the BOP Office of General Counsel as appropriate. A list of current REMS drugs can be found at http://www.accessdata.fda.gov/scripts/cder/rems/index.cfm.

BOP institutions with patients requiring "specialty pharmacy restricted REMS medications" (e.g., Revlimid®) should contact their regional chief pharmacist or the chief of pharmacy logistics support for guidance. Institutions may be directed to obtain certain complex REMS medications from a single BOP pharmacy. Institutions and providers should not obtain REMS medications from a non-BOP pharmacy until all internal processes are exhausted and Central Office Pharmacy staff have instructed them to do so.

All medications which require REMS program enrollment will include the non-formulary use criteria "Request must include confirmation of REMS enrollment."

Use Criteria

Select medications may require clinical review to ensure safe and effective utilization. Use Criteria are intended to prompt the exchange of information pertinent to patient-specific cases with the goal of improving care.

Worksheet for Use of Nutritional Supplements

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

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

Ideal Weight Range (lb):__to _____

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

Percent Weight Loss(%), unintentional:

Over past month_, past 3 months__, past 6 months__

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

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

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

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

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

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

Additional notes:

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

Procedure for Submitting Nutritional Supplement Algorithm:

- Scan into BEMR Document Manager as .pdf file
- Attach to BEMR non-formulary request for selected nutritional supplement and/or protein powder/liquid when the patient has not been evaluated by a BOP dietitian.
- For nutritional supplement use > 30 days and ALL protein-only supplement requests:
- a BOP registered dietitian nutritional assessment consult must be attached (completed locally at MRCs or via tele-nutrition at all others)

Non-Sterile Compounding Worksheet

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

Requesting Institution _____ Date_____

Who is making the compound?

Outside Pharmacy

Attach copy of medication label +/- recipe (if will give) **OR** include the following in the request:

- Pharmacy Name
- Pharmacy Phone Number
- Pharmacy Address
- RX # (if available)
- Any directions and/or ingredients if available.

Label Product per 2011 National P&T Minutes:

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

BOP Pharmacy

Is the compound in BEMR already?

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

Complete the **MASTER FORMULATION RECORD WORKSHEET** on the next page and submit to the BEMR Informatics team for addition to the National Drug File.

Complete the **COMPOUNDING RECORD WORKSHEET** on the following pages and store in Document Manager

MASTER FORMULATION RECORD WORKSHEET

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

Intended Use:_____ Intended Route of Administration: _____

Formula:

Ingredient	Quantity	Physical Description	Solubility	Function

Compatibility/Stability Information (Literature Search):

Special Equipment, if any: _____

Calculations:

Method/Directions for Preparation:

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

Description of Finished Product:_____

Quality Control Tests:

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

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

Packaging: _____

Labeling: _____ (Product content and auxiliary labels)

COMPOUNDING RECORD WORKSHEET

Name of Master Formulation Record:_____ Rx#: _____

Date Compounded: _____ Preparer Name: _____

Ingredient	Amount	Manufacturer/Source	Lot #	Expiration Date

Total quantity compounded: _____

Assigned Beyond-Use Date: _____

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

Copy of Label:

Description of final preparation: _____

Pharmacist Verification: _____

QC Completed by: _____

Results of QC: _____

Any QC issues that arose: _____

Any reported Adverse Drug Reactions: _____

Urgent Care Cart and Kit Content

Non-MRCs are not authorized to stock medications in “column A” (Advanced Cardiac Life Support (ACLS) medications) unless approved through a policy waiver routed through the Regional Medical Director and approved by the BOP Medical Director. Medical Referral Centers (MRC) that want to utilize ACLS protocols as part of their emergency response may elect to stock their Urgent Care Cart with “A” list medications. MRCs stocking medications in Column A must have an appropriate written plan in their Institution Supplement. The plan should include verification of ACLS certification training requirements, equipment maintenance, and appropriately provisioned crash carts. All other institutions not approved to provide ACLS will stock only medications on the “B” list. Staff using "Urgent Care Cart" supplies for resuscitation should be trained and privileged by the Clinical Director (CD) in accordance with established protocols approved by the CD. Refer to the Program Statement **Patient Care** for additional guidance on emergency and urgent care.

Medication	MRCs and approved	All others
Adenosine 6 mg	A	
Amiodarone50 mg/ml	A	
Aspirin 81 mg tabs	A	B
Atropine1 mg/10ml	A	
Benztropine1mg/ml injection	A	B
D5W	A	B
Dextrose 50% injection	A	B
Digoxin 0.5 mg injection	A	
Dopamine 400 mg/5ml	A	
Epinephrine1:10000 syringe	A	
Epinephrine1:1000amps	A	
Epinephrine auto-injector 0.3	A	B
Furosemide injection	A	
Glucagon injection	A	B
Glucose paste/tabs	A	B
Haloperidol lactate inj 5mg/ml	A	B
Hydrocortisone OR methylprednisolone injection	A	B
Lactated Ringers	A	B
Lorazepam OR midazolam injection	A	B
Magnesium sulfate injection	A	
Morphine Sulfate injection	A	B
Naloxone 0.4 mg/ml injection	A	B
Nitroglycerin S.L. 0.4 mg tabs	A	B
Normal Saline	A	B
Procainamide100 mg	A	
Propranolol1 mg/ml	A	
List continues on next page		

Sodium Bicarbonate 50 mEq	A	
Sodium Chloride 0.9% injection	A	B
Other items to consider having quick access to in the Urgent Care Room, but not necessarily stored in the cart		
Medication	**MRCs and approved Care 3**	**All others**
Albuterol Inhaler	A	B
Albuterol Solution	A	B
Charcoal	A	B
Diphenhydramine 50 mg injection	A	B
Nitroglycerin 50mg/10ml	A	

High Priority Medical Conditions/Diagnoses

- Diabetes Mellitus (high blood sugar)
- Hypertension (high blood pressure)

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

- Anyone taking warfarin (Coumadin®) or other blood thinners*****
- HIV infection
- Cirrhosis of the liver
- Uncontrolled asthma/COPD (emphysema) or have run out of medications*****
- Uncontrolled seizures or have run out of seizure medicine*****
- Any cases of active pulmonary tuberculosis*****
- Mental health conditions such as bipolar disorder, psychotic disorders (e.g. schizophrenia); any psychiatric condition requiring antipsychotics, mood stabilizers or benzodiazepines are high risk*****
- Hepatitis C infection - currently being treated with interferon/ribavirin, with or without protease inhibitors*****
- Medications with withdrawal potential - chronic benzodiazepines, barbiturates, chronic narcotics, etc.*****
- Dialysis
- Cancer receiving active treatment
- Antirheumatic DMARDs, non-biologic or biologic (non-urgent) *****

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

Therapeutic Substitution on Intake

Introduction

This document authorizes the process of therapeutic substitution by pharmacists for intake orders within the confines of the following tables. This authorization is limited to intake orders only. Any institution implementing additional agents for therapeutic substitution must obtain approval through their local P&T.

Therapeutic substitution is defined as the dispensing of a drug that is therapeutically equivalent to, but chemically different from, the drug originally prescribed by a physician or other authorized prescriber. When properly established, a therapeutic substitution program may reduce costs, prevent unnecessary non-formulary requests, increase workplace efficiency, enhance medication access, and improve inventory management.

Requirements

As noted below, each institution utilizing therapeutic substitution on intake must develop a process to notify both the original prescriber and the patient that therapeutic substitution has taken place. A description of this notification process should be placed in the local institution's P&T minutes. Copies of the institution's substitution program must be available to all providers in Health Services. Institutional Chief Pharmacists should educate applicable health care providers of this process prior to its implementation. Participation in a collaborative practice agreement (CPA) is not required for therapeutic substitution as authorized here.

NOTE: The listed equivalencies below have been approved via the National P&T Meeting and are the only ones eligible for therapeutic substitution on intake. Requests for additions to the approved list may be submitted for consideration to the National P&T Meeting via the P&T mailbox. Any other parameters desired for substitution must be discussed with the prescriber first, on a patient-by-patient basis.

Process

The following process will be adhered to by the pharmacist when performing therapeutic substitution of an intake medication order:

- After receipt of an intake order for a non-formulary medication that is eligible for automatic therapeutic substitution, the pharmacist will write a BEMR admin note using the "Pharmacy Note" and "Pharmacy Therapeutic Interchange" designations.

All notes will discontinue the non-formulary drug order and add a drug order for the equivalent drug and strength found in the below equivalency tables.

a. For pharmacists without a CPA covering the new drug in question, a TO/VO order is required. A co-signature from the prescriber selected on the original intake order is required **OR**
b. For pharmacists with a CPA covering the new drug in question, a regular admin note will suffice with a review by the prescriber selected on the original intake order.

For each prescription interchanged, pharmacy staff will manually add the short sig code "PTI" in the sig field of the new order. (PTI expands to "**Pharmacy Therapeutic Interchange.**")
The institution should develop a mechanism to inform the patient of the therapeutic change.
Local P&T meetings should periodically review substitution procedures for quality assurance.

Medication Dose Equivalency Guide by Drug Class

ACE Inhibitors	Generic Name	Dose Equivalents (mg/day)			
	Short-acting				
	Captopril	No sub	No sub	No sub	No sub
	Intermediate-acting				
	Benazepril	5	10	20	40
	Enalapril	5	10	20	40
	Moexipril	-	7.5	15	30
	Quinapril	5	10	20	40
	Ramipril	2.5	5	10	20
	Long-acting				
	Lisinopril	5	10	20	40
	Fosinopril	5	10	20	40
	Perindopril	2	4	4–8	8–16
	Trandolapril	–	1	2	4–8

Antipsychotic Long-Acting Injectables	Generic name	Approximate Dose Equivalents				
	Paliperidone ER tablet	3 mg/day		6 mg/day	9 mg/day	12 mg/day
	Paliperidone monthly IM injection	39 mg (25 mg as base)	78 mg (50 mg as base)	117 mg (75 mg as base)	156 mg (100 mg as base)	234 mg (150 mg as base)
	Paliperidone 3-month IM injection*	x	273 mg (175 mg as base)	410 mg (263 mg as base)	546 mg (350 mg as base)	819 mg (525 mg as base)
	Paliperidone 6-month IM injection ǂ	x	X	X	1,092 mg	1,560 mg
	Risperidone ER IM injection	X	25 mg every 2 weeks	37.5 mg every 2 weeks	50 mg every 2 weeks	X
	Risperidone tablet	1 mg/day	2 mg/day	3 mg/day	4 mg/day	5 mg/ day
	*Initiation of paliperidone 12-week LAI may occur only after a patient has been established on monthly paliperidone LAI for a period of at least four months, with the last two months at the same dose. ǂ Initiation of paliperidone six-month LAI may occur after the individual has been established on paliperidone (monthly) LAI for a minimum of four months or paliperidone 12-week LAI for at least one cycle (three months).					

Angiotensin Receptor Blockers	Generic name	Dose Equivalents (mg/day)	
	Candesartan	8	16
	Eprosartan	400	600
	Irbesartan	75	150
	Losartan	25	50
	Olmesartan	10	20
	Telmisartan	20	40
	Valsartan	40	80

Benzodiazepines	Generic name	Approximate Dose Equivalents
	Alprazolam	0.25
	Chlordiazepoxide	10
	Clonazepam	0.25 - 0.5
	Diazepam	5
	Lorazepam	1
	Oxazepam	15 - 30
	triazolam	0.25
	temazepam	10

Biologic Agents (Parent Compound)	Any VA Contract FDA-approved biosimilar corresponding to the originated parent biologic as found in the FDA Purple Book (https://purplebooksearch.fda.gov).

Bupropion	Formulation	Dose Equivalent & Frequency		
	Two Pill Lines			
	Bupropion XL	N/A	150mg QD	300mg QD
	Bupropion SR	100mg BID	N/A	150mg BID
	Bupropion IR	100mg BID	75mg BID	150mg BID
	Three Pill Lines			
	Bupropion XL		150mg QD	300mg QD
	Bupropion SR	100mg BID	150mg BID	
	Bupropion IR			

Corticosteroids (inhaled)	Generic Name	Low Daily Dose	Medium Daily Dose	High Daily Dose
	Mometasone DPI	110–220 mcg	330–440 mcg	> 440 mcg
	Beclomethasone HFA	80–240 mcg	280–480 mcg	> 480 mcg
	Ciclesonide HFA	160–320 mcg	> 320–640 mcg	> 640 mcg
	Budesonide DPI	180–600 mcg	630–1200 mcg	> 1200 mcg
	Flunisolide HFA	320 mcg	> 320–640 mcg	> 640 mcg
	Fluticasone HFA	88–264 mcg	> 264–440 mcg	> 440 mcg
	Fluticasone DPI	100–300 mcg	> 300–500 mcg	> 500 mcg

Corticosteroids (nasal)	Generic Name	Dose (*each nostril)*
	Fluticasone propionate	2 sprays daily
	Fluticasone furoate	2 sprays daily
	Beclomethasone	1–2 sprays BID
	Budesonide	1–4 sprays daily
	Ciclesonide	2 sprays daily
	Flunisolide	2 sprays BID/TID
	Mometasone	2 sprays daily
	Triamcinolone	1–2 sprays daily

Corticosteroids (topical)	Potency	Generic Name	Dosage Form	Strength (%)
	Super-high potency (group 1)	Betamethasone dipropionate augmented	Lotion, gel	0.05
			Ointment, lotion, gel	
		Clobetasol propionate	Cream, cream (emollient base), gel (scalp), ointment, shampoo, spray aerosol, foam aerosol, solution (scalp)	0.05
		Fluocinonide	Cream	0.1
		Flurandrenolide	Tape (roll)	4 mcg/cm2
		Halobetasol propionate	Lotion, cream, ointment, foam	0.05
	High Potency (group 2)	Amcinonide	Ointment	0.1
		Betamethasone dipropionate	Ointment: cream augmented form	0.05
		Clobetasol propionate	Cream	0.025
		Desoximetasone	Cream, ointment, spray	0.25
			Gel	0.05
		Diflorasone diacetate	Ointment, cream (emollient)	0.05
		Fluocinonide	Gel, solution	0.05
			Cream, ointment	
		Halcinonide	Cream, ointment, solution	01
		Halobetasol propionate	Lotion	0.01
	High Potency (group 3)	Amcinonide	Cream, lotion	0.1
		Betamethasone dipropionate	Cream (hydrophilic emollient)	0.05
		Betamethasone valerate	Ointment	0.1
			Foam	0.12
		Desoximetasone	Cream, ointment	0.05
		Diflorasone diacetate	Cream	0.05
		Fluocinonide	Cream (aqueous emollient)	0.05
		Fluticasone propionate	Ointment	0.005
		Mometasone furoate	Ointment	0.1
		Triamcinolone acetonide	Cream, ointment	0.5

Corticosteroids (topical) ***Continued***	Potency	Generic Name	Dosage Form	Strength (%)
	Medium potency (group 4)	Betamethasone dipropionate	Spray	0.05
		Clocortolone pivalate	Cream	0.1
		Fluocinonide acetonide	Ointment	0.025
		Flurandrenolide	Ointment	0.05
		Fluticasone propionate	Cream	0.02
		Hydrocortisone valerate	Ointment	0.2
		Mometasone furoate	Cream, lotion, solution	0.1
		Triamcinolone acetonide	Cream, ointment, dental paste	0.1
			Ointment	0.05
	Lower-mid potency (group 5)	Betamethasone dipropionate	Lotion	0.05
		Betamethasone valerate	Cream	0.1
		Desonide	Gel	0.05
			Ointment	
		Fluocinolone acetonide	Cream	0.025
		Flurandrenolide	Cream, lotion	0.05
		Fluticasone propionate	Lotion	0.05
		Hydrocortisone butyrate	Cream, lotion, ointment, solution	0.1
		Hydrocortisone probutate	Cream	0.1
		Hydrocortisone valerate	Cream	0.2
		Prednicarbate	Cream (emollient), ointment	0.1
		Triamcinolone acetonide	Lotion	0.1
			Ointment	0.025
	Low potency (group 6)	Alclometasone dipropionate	Cream, ointment	0.05
		Betamethasone valerate	Lotion	0.1
		Desonide	Cream, lotion, foam	0.05
		Fluocinolone acetonide	Cream, solution, shampoo, oil	0.01
		Triamcinolone acetonide	Lotion	0.025
			Cream, lotion	0.025
	Lowest potency	Hydrocortisone (base, ≥ 2%)	Cream, ointment, solution	2.5
			Lotion	2
		Hydrocortisone (base <2%)	Cream	1
			Ointment, gel, lotion, spray, solution,	
			Cream, ointment	0.5
		Hydrocortisone acetate	Cream	2.5
			Cream	1
			Lotion	2

ICS/LABA (inhaled corticosteroid /long-acting beta-agonist)	Generic Name	Low Daily Dose	Medium Daily Dose	High Daily Dose
	Fluticasone propionate/ Salmeterol HFA	45/21	115/21	230/21
	Fluticasone propionate/ Salmeterol RespiClick®	55/14	113/14	232/14
	Fluticasone propionate/ Salmeterol Diskus/inhub	100/50	250/50	500/50
	Budesonide/ formoterol HFA	80/4.5	160/4.5	x
	Mometasone furoate/ formoterol	x	100/5	200/5
	Fluticasone furoate/ vilanterol	x	100/25	200/25

GLP-1 (glucagon-like peptide-1) agonists	Generic Name	Frequency	Approximate Dose Equivalents				
	Semaglutide	QW (weekly)		0.25 mg	0.5 mg	1 mg	2 mg
	Dulaglutide	QW		0.75 mg	1.5 mg	3 mg	4.5 mg
	Exenatide	QW			2 mg		
	Liraglutide	QD (daily)	0.6 mg	1.2 mg	1.8 mg		
	Lixisenatide	QD	10 mcg	20 mcg			
	Semaglutide (oral)	QD	3 mg	7 mg	14 mg		
	Exenatide	BID (twice daily)	5 mcg	10 mcg			

HMG-CoA Reductase Inhibitors (“Statins”)	Generic name	Dose Equivalents (mg/day)			
		Intensity	Low	Moderate	High
	Atorvastatin		--	10-20	40-80
	Fluvastatin		20-40	80	--
	Lovastatin		20	40-80	--
	Pitavastatin		--	1-4	--
	Pravastatin		10-20	40-80	--
	Rosuvastatin		--	5-10	20-40
	Simvastatin		10	20-40	--

SNRIs (serotonin and norepinephrine reuptake inhibitors)	Generic name	Usual starting dose (mg/day)	Usual total dose (mg/day)
	Desvenlafaxine	25 – 50	50 – 100
	Duloxetine	30 – 60	60
	Levomilnacipran	20	20 – 40
	Milnacipran	12.5	100 –200
	Venlafaxine	37.5 - 75	75 – 375
	Venlafaxine XR	37.5 - 75	75 – 225

SGLT2 (sodium-glucose cotransporter-2) inhibitors	Generic name	Initial dose (mg/day)	Maintenance dose (mg/day)
	Canagliflozin	100	300
	Dapagliflozin	5	10
	Empagliflozin	10	25
	Ertugliflozin	5	15

Naloxone Protocol & Standing Order

Indication

Naloxone is indicated for the emergency treatment of known or suspected opioid overdose, presenting with symptoms of respiratory or central nervous system depression.

- Symptoms of central nervous system depression may include unresponsive or unconscious, stuporous or dulled/slowed responsiveness, constricted or pinpoint pupils.
- Symptoms of respiratory depression may include slow or shallow breathing, absence of breathing, choking or snoring sounds, blue lips.

These symptoms may be caused by other conditions, including cardiac arrest. Upon first encountering the situation, activate emergency response right away and if drug overdose cannot be ruled out:

- **Non-medical professionals** should immediately administer naloxone and if unconscious and unresponsive without a pulse, begin CPR.
- **Licensed medical professionals** should assess the individual, if in cardiac arrest, focus on providing high quality CPR and ask a second staff member, when one becomes present, to administer naloxone.

Note: there is minimal to no harm in administering naloxone to an individual who is not having an opioid overdose.

Formulation

Naloxone nasal spray 4mg/0.1ml, or equivalent is the product that will be purchased, stocked, and used by all FBOP employees for treatment of known or suspected opioid overdose with symptoms of respiratory or central nervous system depression. Other formulations may be stocked in Health Services for use by medical employees as determined by the FBOP National Formulary.

Administration

All FBOP employees who have successfully completed the required training are expected to administer naloxone for the treatment of known or suspected overdose.

Cautions and Contraindications

Pregnancy – Administration is permitted in pregnant females if overdose is suspected by the responder. Since administration of naloxone to the mother may cause opioid withdrawal in the fetus, medical personnel responding to the emergency must be notified of the pregnancy and administration of naloxone.

Breast feeding – It is unknown whether naloxone is excreted into human milk or the effects on a breast fed infant.

Contraindications – Allergy (hypersensitivity) to naloxone or any other ingredients.

Step 1. Don nitrile gloves, then lay the person on his/her back to receive a dose of naloxone nasal spray.

Step 2. Remove naloxone nasal spray from the box. Peel back the tab with the circle to open the naloxone nasal spray.

Step 3. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.

Step 5. Press the plunger firmly to give the dose of naloxone nasal spray.

Step 6. Remove the naloxone nasal spray from the nostril after giving the dose.

Step 7. If pulseless, start or resume CPR. If there is a pulse and breathing, move the person on their side (recovery position) after giving naloxone nasal spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally, another dose may be given.

Naloxone nasal spray may be given every 2 to 3 minutes in alternating nostrils.

Repeat steps 2 through 6 using a new naloxone nasal spray to give another dose in the other nostril. Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.

Step 8. Place the used naloxone nasal spray(s) back into its box and return to Health Services for disposal and replacement. Health Services employees document administration in BEMR.

Standing Order

Health Services staff may dispense/distribute to appropriate staff in sufficient quantities to meet local procedures for administration to persons who are suspected of experiencing an opioid overdose.

_____ _____

Dr. Elizabete Stahl, DO — Date

Medical Director

National Permitted Night Stock Items

For night stock items authorized at sites covered by Central Pharmacy Services (CPS), please refer to CPS procedures.

Nightstock Item
NS Acetaminophen 325 MG Tablet 3-day Pack (24)
NS Acetaminophen Tablet 3-day Pack (12)
NS Acyclovir 200 mg Caps 3-day (15) Bottle
NS Acyclovir 400 MG Tablet 3-day pack (9)
NS Acyclovir 800 MG Tablet 3-day pack (15)
NS Albuterol 8.5 GM Inhaler
NS Amlodipine Tablet 3-day pack (3) 5 MG Each
NS Amoxicillin Capsule 3-day pack (9) 250 MG Bottle
NS Amoxicillin 500 MG Capsule 3-day pack (9)
NS Amoxicillin Dental pack 2GM (4 x500mg caps)
NS Apixaban 2.5mg tablet 3-day pack (6)
NS Apixaban 5mg tablet 3-day pack (6)
NS Aspirin 325 MG Tablet 1 Day pack (1)
NS Aspirin E.C. 325 MG Tablet 3-day Pack (24)
NS Atenolol 25 MG Tablet 3-day Pack (3)
NS Atenolol 50 MG tablet 3-day pack (3)
NS Augmentin 875/125MG Tablet 3-day Pack (6)
NS Augmentin 500mg Tablet 3-day pack (6)
NS Azithromycin 250 MG Z-Pack
NS Sulfamethoxazole/Trimeth 800mg /160mg Tablet 3-day pak (6)
NS Bisacodyl 5 MG Tablet prep (4)
NS Captopril 12.5 MG Tablet 1 dose
NS Carvedilol 6.25 MG tablet 3-day pack (6)
NS Carvedilol 25 MG tablet 3-day pack (6)
NS Cefuroxime 500 MG tablet 3-day pack (6)
NS Cephalexin Capsule 3-day 250 MG Bottle
NS Cephalexin 500 MG Capsule 3-day Pack (9)
NS Cephalexin 500 MG Capsule (12) Pack
NS Ciprofloxacin 500 MG tablet 3-day pack (6)
NS Clarithromycin 500 MG Tablet 3-day Pack (6)
NS Clindamycin 300 MG Capsule 3-day Pack (12)
NS Clindamycin 150 MG Capsule 3-day Pack (24)
NS Clonidine 0.1 mg weekly Patch (1)
NS Clonidine 0.2 MG weekly Patch (1)
NS Clonidine 0.1 MG tablet 3-days (9)
NS Clopidogrel 75 MG tablet 3-days (3)

Nightstock Item
NS Clopidogrel 300 MG one time dose
NS Cortisporin otic susp 10 ml
NS Diclofenac 0.1% Ophth soln (2.5 mL) Bottle
NS Doxycycline 100 MG Capsule 3-day Pack (6)
NS Erythromycin Ophth oint 3.5 GM
NS Furosemide 20 MG Tablet 3-day Pack (3)
NS Furosemide 40 MG Tablet 3-day Pack (3)
NS Gentamycin Ophth Soln 5 ML
NS Gentamycin Ophth Ointment (3.5 GM) Tube
NS Glipizide 5 MG Tablet 3-day pack (6)
NS Glucose pack (10)
NS Golytely orals soln reconstit 4000 ml
NS HIV PEP (BIC/TAF/FTC) 3-day (3) Pack
NS Hydralazine 50mg Tab 3-day (6) Pack
NS Hydrochlorothiazide 25 MG Tablet 3-day Pack (3)
NS Ibuprofen 400 MG Tablet 3-day pack (9)
NS Ibuprofen 400 MG Tablet 3-day pack (12)
NS Ibuprofen 600 MG Tablet 3-day pack (9)
NS Ibuprofen 600 MG Tablet 3-day pack (12)
NS Ibuprofen 800 MG Tablet 3-day pack (9)
NS Ibuprofen 800 MG Tablet 3-day pack (12)
NS Levetiracetam 500mg 3-days' supply (12) Bottle
NS Levofloxacin 500mg Tablet 3-day Pack (3)
NS levofloxacin 750MG tablet 3-day pack (3)
NS Levonorgestrel 1.5mg tablet (1)
NS Levothyroxine 50 MCG Tablet 3-day pack (3)
NS Lisinopril 10 MG Tablet 3-day Pack (3)
NS Lisinopril 5 MG Tablet 3-day Pack (3)
NS Lisinopril 20 MG Tablet 3-day Pack (3)
NS Loperamide 2 MG Capsule 3-day Pack (6)
NS Metformin 500 MG Tablet 3-day Pack
NS Metformin Tablet 3-day pack 1000 MG
NS Methylprednisolone 4 MG 21 Dose Pack
NS Metoprolol Tablet 50 MG 3-day Pack (6)
NS Metoprolol 25 MG Tablet 3-day Pack (6)
NS Metronidazole 250 MG Tablet 3-day Pack (24)
NS Metronidazole 250 MG tablet 3-day Pack (18)
NS Metronidazole 500 MG tablet 3-day pack (12)
NS metronidazole 500mg 3-day (6) pack Bottle
NS Molnupiravir 200mg Caps 1 course (2) *** Mail Order sites ONLY*
NS Milk of Magnesia Oral susp 30 ML

Nightstock Item
NS Naproxen 500 MG Tablet 3-day Pack (6)
NS Nirmatrelvir/ritonavir oral 1 course (2)
NS Nitrostat bottle 0.4 MG Tablet Sublingual
NS Nitrofurantoin Caps 100mg 3-day pack (6)
NS Ofloxacin 0.3% Ophth soln 5 mL
NS Ondansetron 8 MG Tablets (6) Bottle
NS Oseltamivir 75 MG 5-day Pack (10) *** Mail Order sites ONLY*
NS Penicillin 500 MG Tablet 3-day pack (12)
NS Permethrin 5% cream 60 GM
NS Permethrin 1% Lotion 60 ML
NS phenazopyridine 95MG tab 2-day (12) pack
NS Phenytoin 100 MG Capsule 3-day pack (9)
NS Phytonadione 5 MG 1 Dose
NS PREA Kit (azith/metronid Combo -1 day)
NS Prednisone 10 MG 21 Dose Pack
NS Prednisone 10 MG 48 Dose Pack
NS Prednisone 20 MG Tablet (3) 3-day pack
NS Prednisone 20 MG Tablet (6) 3-day pack
NS Prednisone 5 MG 21 Dose Pack
NS Prednisone 5 MG 48 Dose Pack
NS Prednisolone Acetate 1% Ophth soln 5 ml
NS Sulfamethoxazole/Trimeth 800mg /160mg Tablet 3-day pack (6)
pNS Thiamine 100 mg Tablet 3-day Pack (3)
NS Tobramycin 0.3% Ophth soln 5 ml
NS Triamcinolone dental paste 0.1% 5 gm
Items expected to be stocked as UNIT Dose due to variance in Dosing
Warfarin Tablets
Ivermectin

Approved Over-the-Counter Medications for Inmates Without Funds

The following over-the-counter (OTC) medications may be supplied through pharmacy for inmates without funds (indigent). Per Program Statement **Over-the-Counter Medications**, local institutions may choose to utilize a list that is more, but not less, restrictive than this list. A list of all OTCs approved for sale in the commissary can be found under Page Resources on the BOP intranet – Trust Fund site. Institutions must follow the procedures outlined in this Program Statement when providing OTC medications to indigent inmates.

Over-the-Counter Item	Common Brand name	Monthly Limit	Common Reason(s) for Use
Acetaminophen 325mg tablets	Tylenol	100 tablets	Pain, headache
Artificial tears (polyvinyl alcohol 1.4%)		1 (15ml) bottle	Dry eyes
Calcium carbonate 500mg chewable tablets	Tums	150 tablets	Heartburn
Calcium polycarbophil 625mg tablets	Fiber-lax	60 tablets	Constipation
Clotrimazole 1% cream	Lotrimin	1 tube	Fungal skin infections
Docusate 100mg capsules	Colace	100 capsules	Constipation
Hemorrhoidal cream	Preparation H	1 tube	Hemorrhoids
Hydrocortisone 1% cream		1 tube	Skin irritation, itching
Ibuprofen 200mg tablets	Motrin	100 tablets	Pain, headache
Loratadine 10mg tablets	Claritin	30 tablets	Allergies, itching
Miconazole 2% vaginal cream	Monistat7	1 tube	Vaginal yeast infection
Milk of Magnesia liquid		12 ounces	Constipation
Calcium Carbonate/Magnesium or aluminum hydroxide/simethicone liquid	Mylanta	12 ounces	Heartburn, gas, upset stomach
Omeprazole 20mg tablets/capsules	Prilosec	30 tablets/capsules	Heartburn
Selenium 1% shampoo	Selsun	1 bottle	Dandruff, seborrhea

BOP National Formulary Part II

For a complete list of medications, including, but not limited to, use criteria, algorithms, advisories, administration requirements, etc.:

Refer to BEMR RX Formulary Drug File Report