PHARMACEUTICAL MANAGEMENT and FORMULARY MANUAL

Approved by:
The Chief Medical Officer
Washington State Department of Corrections

Note: Appendices II – Formulary Drug Listings and IV – Alternate Choices for Non-formulary Medications may be updated frequently as clinical data or contract prices change.

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Definitions

Definitions

Authenticated or Authentication: Authorization of a written entry in a clinical or health record or chart by means of a signature, which shall include minimally: first initial, last name, professional/working title, date and time (24 hour clock). If a unique DOC provider number is assigned, signature and professional/working title may be replaced by the assigned number. If authentication is provided electronically as part of an electronic health record, the electronic signature is adequate provided it can be generated only by use of a password encrypted user identity.

Controlled Substance: A drug or substance (or an immediate precursor of a drug or substance) so designed under or pursuant to the provisions of Chapter 67.50 RCW, Uniform Controlled Substance Act.

Care Review Committee (CRC): Group of DOC primary care physicians, PAs, and ARNPs, appointed by the Chief Medical Officer to review the medical necessity of proposed health care within a cluster of DOC facilities

Dispense: The interpretation of a prescription or order for a drug. Pursuant to that prescription or order, the proper selection, measuring, compounding, labeling or packaging necessary to prepare that prescription by a person licensed to prescribe or dispense.

Facility: A total confinement site operated by the Department of Corrections where patients reside.

Health Care Staff: Health care providers and professional licensed or unlicensed staff, appointed by the health care authority, contracted or assigned to the health care area to provide or assist with the provision of health care.

Health Record: A permanent record of the health care and treatment rendered to the patient from time of inception into the Department of Corrections until release.

Infirmary: Areas in the facility accommodating patients for a period of twenty-four hours or more expressly set up and operated to care for patients who cannot be managed in the outpatient setting and need skilled nursing care but are not in need of hospitalization or placement in a licensed nursing facility. It is not the area itself, but the scope of care that makes the bed an infirmary bed.

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Definitions (continued)

Issuable: Specified medications that a patient is authorized to have in their possession.

Medication Incident: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems including prescribing; order communication; product labeling; packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

Medline: A regularly scheduled nursing activity where medications are administered on an individual basis to patients

Near Miss: A potential medication error that was recognized and corrected before it could cause or lead to inappropriate medication use or patient harm.

"Now" Order: A prescription order to be administered in 1-2 hours.

Order: A written or verbal health-related directive from an authorized health care practitioner to an authorized health care staff member.

Patient: DOC incarcerated individual receiving health care from DOC or its agents

Pharmacy: Locations licensed by the state of Washington State Pharmacy Quality Assurance Commission where the practice of pharmacy is allowed as defined in statute.

Practitioner (Prescriber): A person duly authorized by law or rule in the state of Washington (or another state, when patients are cared for in that state) to prescribe drugs. (RCW 18.64.011). This generally will include physicians, PAs, dentists, ARNPs, optometrists, podiatrists, and in certain cases, pharmacists.

Provider: A person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession (WAC 246-15-010)

"Start Today" Order: A prescription order to be administered by the end of the day.

"STAT" Order: A prescription order to be administered immediately.

Section I

Purpose

The Pharmacy and Therapeutics Committee is a committee of health care practitioners and pharmacists established to manage medication utilization within the Department of Corrections (DOC) in accordance with the Washington DOC Health Plan. To achieve this goal, all aspects of medication utilization may be scrutinized including, but not limited to:

- Development and maintenance of a formulary
- Development and review of treatment guidelines, protocols, forms, and algorithms prior to implementation to assure consistency with the DOC Formulary document
- Physical management of pharmaceuticals
- Inventory standardization through formulary compliance
- Therapeutic Interchange when possible
- System wide prescription validity and transportability of medication
- Standardization of medline and issuable medications
- Selection, utilization and availability of OTC medications

The guiding principle in decision making will be to enhance patient care and ensure the safety of those receiving drug treatments. The best available evidence based scientific data will be incorporated in the decision process to maintain clinical relevance.

Where other reputable bodies (for example Washington State P&T Committee) have evaluated data and made recommendations, these recommendations will be considered for incorporation in the DOC P&T guidelines.

Practitioners and nurses provide most patient care at the unit level. Pharmacists and pharmacy technicians assist in this care by assuring efficient use of pharmaceuticals. The overall goal of the Pharmacy and Therapeutics (P&T) Committee is to assist practitioners in providing comprehensive, quality, timely and cost effective care to patients by clearly communicating scientifically sound medication practices and creating the infrastructure necessary to implement these practices system wide.

DOC Formulary document is available on the Health Services website, DOC Internet, and may be available in facilities' libraries.

Promulgation of Policy

As described elsewhere in this document, the P&T Committee may develop recommendations on a variety of pharmaceutical related issues including changes to this document, procedures, forms, operations, policy, legislation et al. The P&T Committee will seek input from all DOC stakeholders then draft recommendations that will subsequently be forwarded to the DOC Chief Medical Officer (CMO) for final approval. Healthcare providers are expected to comply with the formulary and earnestly consider treatment guidelines when treatment decisions are made. The CMO or designee may grant exceptions to these procedures. The CMO and Director of Pharmacy and/or designees may edit formulary language to reflect the intent of P&T Committee decisions when there is no change in essential content. Any edit will require CMO approval and the chairperson will notify Committee members.

Voting Members

The committee shall consist of an interdisciplinary team of health-care professionals, that will include (but not limited to) the DOC Director of Pharmacy (Chair), physicians, dentists, pharmacists, physician assistants and advanced registered nurse practitioners. The CMO is considered a voting member.

The P&T chairperson and/or CMO will appoint all members to a renewable two-year term. The committee may solicit new members each year. Staff may volunteer for committee duty but must accept an appointment if so assigned. The committee chairperson may revoke membership status if a member misses 1 in person or 2 teleconference meetings within a year without a justifiable excuse or a request to be excused.

Members must be actively involved in patient care and should be familiar with the Washington DOC Health Plan, DOC Policy and DOH Standards.

Disclosure of potential conflicts of interest (for example, employment by a pharmaceutical industry company, participating as an investigator in a drug trial study or holding financial interest greater than $10,000 in a company that produces or distributes a medication or device under consideration) is an ongoing mandatory requirement.

Members must comply with relevant Washington State law, WAC's, DOC Policy and Procedures regarding the receipt of any gratuity from an outside organization during their tenure on the committee. Specifically, members may not accept any meals, office supplies or other gifts regardless of value from any representative of a company that manufactures or distributes a medication or device.

Member back-ups will be considered voting members only when they are functioning as the alternate to the voting member.

Consultants/ Guests

At the discretion of the chairperson, DOC and non-DOC persons with appropriate expertise may be asked to attend P&T Committee meetings and/or provide input to the committee. Unless determined by the chairman to be a closed or confidential meeting, any DOC staff member is welcome to attend P&T Committee Meetings.

Individual P&T members have the authority to request expert advice from Subject Matter Experts (SME) or consultants as necessary. This request shall be routed through the committee chairperson.

Meeting Operations

The P&T Committee shall meet in person quarterly. If there is a need for the committee to meet more often it will be arranged through teleconference and WebEx.

To transact business, a quorum of more than half the members (including the Chairman/designee) must be present. Should a quorum not be present, the only committee business that may be transacted is to take measures to obtain a quorum, to fix the time at which to adjourn, to adjourn or take a recess. If the meeting cannot take place because of a lack of quorum, the Chairman will reschedule the meeting as soon as is mutually agreeable to the members. The minutes of each meeting shall be read and approved only by Members in attendance at that meeting.

Individuals who request to add topics to the P&T agenda must provide adequate reference material and appropriate presentation details to the committee chairperson before the meeting convenes.

Questions placed before the committee for decision will be decided by simple majority vote except for changes to this document, which require two thirds of the votes cast for approval. Should any motion result in a tie vote, the chairman shall cast the deciding vote.

Meetings will be held in person or by teleconference. E-mail meetings are not permitted.

Section VI – Medication Categories

Formulary

Medications in this category may be prescribed when medically necessary according to the Washington DOC Health Plan and require no further approval for use provided the criteria listed in the Washington DOC Health Plan and the Formulary are met.

Restricted Formulary

Medications in this category are described as medically necessary but restricted to documented failure of a Formulary medication(s) or to certain populations or disease states. Refer to the medication formulary status for specific criteria necessary for approval.

Procedure:

- If used according to the criteria (listed under Special Information) in the Formulary, prescribers can order *Restricted Formulary* medications without further approval
- A Non-formulary (DOC Form 13-041) request must be submitted if a *Restricted Formulary* is prescribed and the patient's condition does not meet the approved for *Restricted Formulary* medications criteria as stated in Pharmaceutical Management document.
- Documentation on a Primary Encounter Report (PER) or Inpatient Order form by the prescriber should reflect the reasoning behind the choice of the *Restricted Formulary* medication.
- Pharmacist dispensing the prescription order will be responsible for transferring the reasoning behind the choice to the patient medication profile. The Pharmacist Supervisors will submit quarterly the record to the P&T Committee for retrospective review and CQI purpose.

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Non-Formulary

Medications in this category are not generally prescribed in DOC. They are not medically necessary usually for one of the following reasons:

- Experimental medications or experimental use of medication (unless approved by the DOC Research Committee)
- Medications for which alternative therapeutic modalities may already exist on the P&T approved formulary list
- Medications for which alternative therapeutic modalities may already exist on the P&T approved over-the-counter (OTC) store list
- Medications with the sole purpose of treating conditions recognized in the HP as not medically necessary
- Brand name medication when a generic product is available within the therapeutic class

Procedure: Prior approval for use of a Non-Formulary medication is required with the following two exceptions:

- Upon admission of a patient to a DOC facility from outside DOC, a Non-Formulary medication may be continued up to 30 days for medical and 60 days for mental health without authorization if:

  – A) the patient arrived on this medication,
  AND
  – B) Immediate discontinuation of the medication may be dangerous. The practitioners may use this window to wean, replace or submit a Non-Formulary (NFR) request form for prior approval.

  A 30-day extension at receiving facility to be allowed if inmate transfers from reception center before NFR process is completed. Cross tapering of MH agents for initiation or cessation of therapy is limited to one month.

- When there are multiple anti-infective choices of equal safety and efficacy, the prescriber may consult with the pharmacist to determine the most cost-effective option to use regardless of formulary status. If a patient enters or returns to a facility on a non-formulary anti-infective, the practitioner may continue the medication if deemed necessary, submitting an NFR as soon as possible and/or consulting with an infectious disease specialist to determine an alternative formulary agent.

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Authorization of Non-Formulary Medications

To obtain prior approval for use of a Non-Formulary medication, the practitioner shall submit an electronic copy of DOC form 13-091 to the appropriate venue for consideration. In cases deemed clinically necessary, the duration of Non-Formulary prescriptions may be limited.

Pharmacist Evaluation of a Non-Formulary Request

The CMO and Director of Pharmacy will select authorized pharmacists to respond to Non-Formulary requests (NFRs). Authorized pharmacists are P&T Committee designees and are assigned to a particular facility or facilities but may cover NFRs from other facilities when necessary.

Optimizing Consistency in Response to NFRs:

1. Newly assigned pharmacists must be oriented and trained by the Director of Pharmacy/designee for at least 3 months. During training, any response from a new pharmacist to NFRs must be evaluated and approved by the Director of Pharmacy/designee prior to sending the response.

2. Pharmacists shall submit a response to NFRs within 2 business days using one of the following responses:
    a. Approved
    b. Approved pending CRC Authorization (where treatment diagnosis is known to be Level 2)
    c. Pending (more information needed, incomplete request, or if the research may take more than 2 business days, etc.).
    d. Denied (responder shall provide alternative management options).

Pharmacists shall take the following steps while evaluating NFRs:

1. Verify if the therapy is medically necessary per the Washington DOC Health Plan
    a. If medical necessity is unclear, the pharmacist may consult with the FMD.
    b. If treatment diagnosis is known to be Level 2, an approved NFR should be referred to CRC pending determination of medical necessity.

2. Conduct a case evaluation by reviewing:
    a. Patient compliance while on formulary medications
    b. Patient utilization patterns (refill requests, history of medication profile, and past NFRs)
    c. Other underlying medical conditions
    d. Patient safety (risk vs. benefit)
    e. Prison security

3. Check the patient medication profile to confirm compliance with DOC protocols/guidelines as appropriate.

4. Verify appropriateness and completeness of clinical evidence that may have been submitted with the NFR

5. Research alternative medication therapies from the various resources available to pharmacists

6. Review cost of alternative medication therapy against the requested non-formulary medication.

7. Confirm specialist recommendation of use of non-formulary medication.
    a. It is suggested, when possible, that the reviewing pharmacist and prescriber jointly consult with the specialist concerning known Formulary alternatives unless therapeutic interchange is directed by the WA DOC Pharmaceutical Management and Formulary Manual. Any continued disagreement between NFR recommendation and consulting specialist recommendation will be resolved by the FMD with the option to refer case to the DOC Pharmacy Director and CMO.

8. Save all NFR responses in the authorized NFR folder as:
    a. NFR, Medication name (in generic), Diagnosis, Facility abbreviation, Pt. last name, Pt. DOC number, Date of decision, then approved (a), denied (d), or pending (p)
    b. Example: "NFR gabapentin back pain WCC Doe 123456 10.2.15 (d)"
    c. Access to the NFR folder will be granted by the Director of Pharmacy

9. A copy of the response to the NFR must be placed in the legal section of the patient's chart.
    a. The completed NFR will be emailed to DOC DL HS NFR Responses and the requesting prescriber.
    b. Email subjects shall not include drug name or diagnosis information.

Appeal of a Non-Formulary Decision

If a practitioner wishes to appeal a Non-Formulary decision, s/he must email their denied submission document to the DOC Director of Pharmacy accompanied by a short explanation of the reason for the appeal. The subject line of the email should read "NFR Appeal". Within five business days, the Director of Pharmacy/designee will convene a telephonic subcommittee meeting with the CMO/designee, Director of Pharmacy/designee (and the Chief of Psychiatry/designee if a mental health drug is involved), the practitioner who submitted the NFR and the NFR reviewing pharmacist. The committee will review documentation relative to the issue and entertain pertinent discussion. The final decision of an appealed Non-Formulary request is made by the CMO in consultation with key stakeholders. The decision will be documented on

DOC 13-091 and reviewed by the P&T Committee. Alternately, patients may obtain Non-Formulary medications by complying with the provisions of DOC Policy 600.020 (Offender-Paid Health Care).

Special Criteria on Therapeutic Class of Medication

No more than 2 antidepressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. If a 3rd anti-depressant is needed the case must be taken to Psychiatric CRC for approval. All new patients admitted to WA-DOC, currently prescribed more than 2 anti-depressants, may continue therapy for up to 60 days as permitted by section VI – Medication Categories Non-Formulary.

Use of antipsychotics for PRN and/or off-label purposes or simultaneous use of more than two of these agents (except for cross taper for up to 30 days) requires NFR submission, unless permitted per approved protocol.

Prescribers must consider the patient's entire medication regimen whenever prescribing a new medication treatment, to assess for potential drug-drug interactions, adverse effects, or any potential pharmacologic interference of the newly prescribed medication treatment with ongoing management of co-morbid conditions. Medical practitioners considering prescribing a psychotropic medication for a patient on medication for a psychiatric condition should always consult with the psychiatric prescriber to ensure that the new medication treatment under consideration is compatible with the psychiatric regimen and treatment plan. Psychiatric prescribers should likewise consider the patient's medical conditions and current treatments when prescribing medications to treat psychiatric conditions, and consult with the primary care medical provider for any concerns about drug interactions and other adverse effects of newly prescribed medication treatment. Consultation between prescribers should be documented in the health record.

Medical prescribers shall not initiate psychotropic medication treatment to treat a psychiatric condition except per protocol or documented psychiatric consultation. Medical prescribers may continue psychotropic medication treatment for a psychiatric condition at intake into DOC or when continuing treatment initiated by a DOC psychiatric prescriber.

Initiation of Linezolid or a new HIV medication therapy, at DOC, is considered *Restricted Formulary* and requires approval by the DOC infectious disease specialist, CMO, or Pharmacy Director. All newly admitted patients on an antiviral medication will remain on current medications until evaluated by the DOC infection disease specialist or designee.

Antineoplastic agents are authorized for treatment of a malignant condition on the recommendation of an oncologist AND when treatment is in accordance with current guidelines published online by the NCCN that are in Category of Evidence and Consensus 1 or 2A. Exceptions require CRC approval and submission of a NFR.

Violator Pharmaceutical Requests

Consistent with the medication continuation practice at DOC Reception Centers, DOC Contracted Violator Facilities are authorized to receive reimbursement for Non-formulary or Restricted Formulary prescriptions for up to 30 days for general medical medications and 60 days for mental health medications provided to patients returning to custody due to a violation. However, the Department still encourages Contracted Violator Facilities to use Formulary medications whenever possible. Over-the-counter (OTC) medications and/or medical supplies are not reimbursable items.

For any single prescription that is expected to exceed $2500.00 per month, notification to the Department's Utilization Management Office (Nurse Desk) is required.

Any questions related to medication reimbursement may be directed to the Nurse Desk.

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Off Label Uses

Off label means the prescribed use of a medication, for the purpose other than stated in its FDA approved labeling. Off label drug use is permitted (with the exception for atypical antipsychotic agents) if the treatment is recognized as effective by one of the following:

- The American Hospital Formulary Service Drug Information
- The American Medical Association Drug Evaluation
- Clinical Pharmacology (http://www.clinicalpharmacology-ip.com/default.aspx)
- The United State Pharmacopoeia Drug Information
- Other authorized compendia as identified from time to time by the Federal Secretary of Health and Human Services or the State Insurance Commissioner
- Any CRC on a case-by-case basis.

Emergency Use

Notwithstanding any of the above utilization guidelines, in emergency, practitioners may prescribe *Restricted Formulary* or **Non-Formulary** medications, which the practitioner judges to be medically necessary in a particular circumstance.

Emergency means that a significant risk to patient safety is present and time does not permit utilization of the authorization procedures described herein.

The duration of emergency use should be no longer than necessary to gain approval through one of the processes described elsewhere in this document. Emergency use is limited to 14 days and one time only.

OTC Medications

All previous formulary OTC medications that are listed in the OTC policy and are now available in the store will be moved to *Restricted Formulary* status effective June 15th 2009. They can be ordered only if medically necessary AND approved by the facility medical director.

Pharmacy in collaboration with FMDs will develop a standard set of criteria for approved "medical necessity" uses of OTC medication and available on DOC–HS website

Section VII

Generic or Biosimilar Product Substitution

Pharmacy will routinely dispense FDA approved AB rated generic medications, therapeutically equivalent products or interchangeable biological products (biosimilars).

If a branded medication is prescribed, listed in the formulary and the generic equivalent is available in the market, then the generic medication shall be dispensed. That is, pharmacy shall dispense branded medications only when the brand medication exists on the formulary and there is no generic equivalent available in the market.

Substitution may be made without notification to the prescriber. Exception will be made when interchangeable biological products are newly marketed.

Therapeutic Interchange

Therapeutic Interchange is the selection of a chemically different drug that is considered a therapeutic alternative with a comparable therapeutic effect. Pharmacists will make routine Therapeutic Interchange when approved by the P&T Committee.

If a prescriber does not wish to allow an automatic Interchange to occur with the prescription order, the prescriber must add "Do Not Sub" at the end of the sig. Such request may require submitting a Non-Formulary request (NFR).

The pharmacist will document the Interchange on a PER or Inpatient Order form stating:

– Therapeutic Interchange per formulary

– Discontinue (drug, dose, schedule, duration)

– Start (drug, dose, schedule, duration)

– Pharmacist signature and title and

– Prescriber name and title

The original and the third copies of the form will be sent with the medication to the nursing station. The original copy will be placed into the permanent patient record. The second copy will be retained by pharmacy. The third copy will be forwarded to the prescriber. The nurse will notify the patient of the change when the medication is given to the patient.

Medication Sources

Unless noted on prescription, DOC pharmacists have discretion to split or double pills as needed, based on cost savings.

All medication used in DOC facilities will be procured via department contracts and dispensed by a department pharmacy except:

– Medication provided by community hospitals, clinics, emergency rooms may be utilized if a valid order for their use is obtained

– Medication obtained through provisions of the Offender-Paid Health Care Policy. (Such medication will be verified by a DOC pharmacy for security purposes prior to distribution to the patient)

– Medication obtained through a DOC store

– Medication obtained through a local pharmacy

Section X

Pharmaceutical Representatives

Pharmaceutical representatives are not authorized to visit individual providers or provide sample medication to practitioners. They may provide samples to the Pharmacy Director for distribution.

Educational programs sponsored by pharmaceutical companies may be permitted on a case-by-case basis with the express approval of the State CMO/designee

Section XI

Formulary Addition Requests	A completed "Addition to Formulary" request (DOC 14-004); along with relevant research documentation shall be submitted to the P&T Committee to request that a drug be added to the formulary. The requestor may be asked to attend the P&T meeting during discussion of the request. The P&T decision will be communicated to the requestor and the formulary updated as appropriate.

Refusal to Fill or discontinue an order

DOC Pharmacists may refuse to fill or discontinue an order only if and when:

a) An order may cause physical harm.

b) An order does not meet DOC formulary criteria and/or does not have a Non-Formulary approval.

c) An order contains a significant therapeutic duplication or drug interaction

d) Other specific situations must be discussed and approved with P&T Committee or CMO/designee.

e) In the event of shortage or extreme price fluctuation the Director of Pharmacy, in consultation with the CMO, has the authority to suspend formulary status with suggestion of alternative clinical management until the P&T committee can formally address the issue. The Director of Pharmacy will notify HS staff via email of the interim change of formulary status.

In all situations, the pharmacist must notify the prescriber (or the facility medical director in the event the prescriber is not available) with the reason and /or alternative if applicable. The pharmacist must also communicate the final decision to nursing staff to ensure that the MAR is updated. In addition to notifying the prescriber and nursing staff of the refusal to fill a medication, the pharmacist must also notate the refusal and reason on a PER in the patient's chart.

In the event of a disagreement, the case must be presented to the facility medical director, Director of Health Services or designee.

Prescription discontinuation, renewal and refill

Prescribers shall not discontinue medications initiated by another DOC prescriber without first conducting an in-person evaluation of the patient or receiving a verbal report of a current examination conducted by a qualified licensed provider. There are four exceptions to this provision:

- The discontinuation represents completion of a planned course of treatment.
- If there is a Therapeutic Interchange listed in the current DOC Pharmaceutical Management and Formulary document and the prescriber has not added "Do Not Sub" at the end of the sig., or
- If the prescriber identifies and documents that the medication represents a risk of mortality or significant morbidity, or
- The patient has been refusing the medication and has refused to meet with the prescriber to discuss the medication refusal or was a no-show to an appointment following the medication refusal.

A licensed prescriber must renew a prescription before the prescription term has expired to ensure an uninterrupted supply for the patient. Medications categorized as Controlled Substances are only permitted to be written for up to 6 months and with no more than 5 refills if dispensed for patient specific use. All other medications are limited to a 12-month maximum duration and will be dispensed in up to a one-month supply.

Refill requests are the patient's responsibility. S/he must notify pharmacy by available means between five and seven working days before the medication is required. Extended Family Visit (EFV) and release medication must be ordered 10 working days in advance.

Pharmacy may dispense up to a 90-day supply of medications to patients actively participating in the DNR program.

Telephone and Verbal orders

Only a licensed nurse (LPN or RN) or pharmacist shall accept verbal orders for drugs. The order shall be immediately recorded on a PER or Inpatient Order form and signed by the person receiving the order. A verbal order or telephone order must be authenticated within 2 business days. If the original prescriber is unavailable, the FMD/designee should authenticate the order. The authentication signature may be submitted in the form of a scanned signed prescription via email or fax if the prescriber or FMD/designee are not present at the site. Like written orders, all verbal orders must include diagnosis/indication.

Due to risk of medication errors associated with communication of verbal and telephone orders, the receiver will read back the order as written on the order sheet to the prescriber and spell medication names before instituting that order. The receiver of an order must clarify any questions about the order with the prescriber (or on call prescriber) prior to administration.

Written Prescription Guidelines

All medication must be prescribed by a licensed practitioner and will be dispensed as detailed in the facility Pharmacy Operations Manual

- All pharmacy prescriptive authority protocols must be reviewed and approved by P&T committee prior to implementation.
- Only DOC prescribers with active DEA registrations shall have authorization to write prescriptions for controlled substances. DOC pharmacist shall not dispense controlled substances pursuant to an order written by a DOC prescriber without an active DEA registration.
- Trainees with prescriptive authority shall have all medication orders co-signed by a DOC prescriber.
- If the prescriber does not specify one of these terms on the prescription order:

    a) STAT – immediately or
    b) Now – within 1-2 hours or
    c) Start today – by the end of the day

The medication start date of administration will default to when it is available from pharmacy (within 2 business days).

If medication dispensing is anticipated to be >48 hours, Pharmacy will notify nursing staff.

- All medication orders must be written on a PER or Inpatient Order sheet then filed as a permanent part of the medical record
- Orders will be written legibly in black or blue ink
- Orders will be forwarded directly to the pharmacy. Any questions arising from an order will be referred to a practitioner, preferably the ordering prescriber

Each order shall include:

- Patient name, DOC number and facility
- Date and time written
- Allergy status
- Diagnosis/Purpose/Indication
- Name and strength of medication
- Route of administration
- Frequency of administration
- Duration of order
- Refills allowed
- Signature plus stamp or typed/printed name of licensed prescriber
- Should comply with suggestions in Appendix I: "Commonly Mistaken Prescription Abbreviations."

Issuable and medline medications

Prescribers change U codes for clinical reasons only. The U code will not be altered based solely on housing assignment.

As of July 1, 2009 there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and other drugs treated as such (i.e., sildenafil) and patients with the PULHES codes of U3 and U4.

Pharmacy and nursing shall treat tramadol & sildenafil as a controlled substance. The prescriber will not be able to change this medication from pill line status. The nurse must enter the medication on their perpetual inventory, double count the med at shift change, and store the prescription in a locked narcotic cabinet within the pill room. Pharmacy stores sildenafil with other controlled substances and track it using the perpetual inventory.

DOC administers medications at a medline for the following reasons:

- Prevent diversion of drugs with a high potential for abuse or illicit sale (for example narcotics)
- Ensure adherence to regimens that treat disease states affecting public health (for example tuberculosis)
- Ensure adherence to regimens that are complex and for which non-compliance complicates subsequent treatment (for example HIV)
- Monitor medications that are costly
- Prevent unintentional under and over usage in patients who lack competency to manage their own medications
- Prevent self-harm in patients at risk for intentional self-harm

In all other situations, patients are considered competent adults who have the right and responsibility to manage their own medications. Medline should not be used on a routine basis to monitor or enforce compliance. Compliance with medication regimens is an important component of self-care and a necessary skill for reintegration into the community.

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Issuable and medline medications (continued)

Accordingly, the P&T Committee has classified all medications in the formulary as issuable or non-issuable. A specific order that adheres to the guidelines above is required to deviate from the formulary. The order must indicate the time period for which the deviation is in effect. When it is necessary to monitor compliance, medline may be utilized for the minimum duration necessary.

All medication status (KOP or PLN) of a medication order will continue when the patient transfers to a major facility. The change of status (KOP or PLN) of medications will no longer default to the DOC formulary standard unless a prescriber at the new facility writes a note on the PER.

This rule does not apply to renewal orders. All renewal orders require a notation on the prescription order if a prescriber does not wish the prescription order to default to the status of the medication administration as stated in DOC formulary.

Pharmacists must contact the prescriber for clarification on a renewal of an order if the status has previously been changed but not noted on the renewal order to either continue or default to DOC formulary administration status

With the implementation of BID PLN by June 1st 2009, pharmacists and prescribers shall work together to seek alternative medication therapies to minimize the number of noon PLN meds. Exceptions for using noon PLN shall include work schedule, documented side effects, short acting opiates, muscle relaxants and insulin.

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Issuable and medline medications (continued)

Additional PLN may be arranged for the following categories if the prescription order has more frequency than BID with a non- issuable alternative:

- Controlled substances (no exceptions)
- Injectable meds including Insulin (possible exception in some minor facilities under custody direct supervision)
- Muscle relaxants (up to 14 days unless otherwise approved to continue for more than 14 days). Muscle relaxants may be overridden to issuable at facilities without a medline.
- Any PLN psychotropic meds for the treatment of acute psychotic disorder
- Antimicrobial agents including HIV meds if they are prescribed as PLN
- For those who are working during normal pill line times
- Other exceptions require facility medical director OR pharmacist supervisor's approval.

Section XVII

Urgent stock medication

Urgent stock medications – applies to list of authorized medications approved by P&T committee to be available for after-hours use such that lack of availability would result in patient risk. Medications kept for urgent medication stock must meet the following criteria:

- Must be Formulary or *Restricted Formulary* items except at reception facilities.
- Therapeutic equivalent options are not currently included on approved urgent medication stock list AND
- at least one of the following is true of the medication:
    - Lack of availability may cause significant risk to patient, cause permanent damage or danger to others
    - Commonly used in moderate to severe pain
    - Selected common antibiotics & antivirals
    - Commonly used in treatment of seizure
    - Sudden stop may cause significant withdrawal symptoms
    - Narrow therapeutic range with significant unwanted clinical outcome (i.e.: Warfarin)
    - Mass utilization or public health risk (i.e.: response to epidemic episode or vaccines)
    - Medications commonly used for onsite procedures
    - Difficult to access

Section XVIII

Crushing of medications

The following dosage forms must NOT be crushed:

– Extended or controlled release
– Sublingual or lozenges
– Granules within a capsule or tablet

Specific prescriber order is required to crush any other medication.

Section XIX

Labeling

Every box, bottle, jar, tube, bubble card or other prescription container that is dispensed from a DOC pharmacy shall have affixed a label bearing:

- Patient name
- DOC number
- Name and address of pharmacy where compounded
- Serial number of prescription
- Strength per unit dose
- Directions for administration
- Date dispensed
- Expiration date
- Initials of licensed pharmacist responsible for the final check of the prescription. Alternately, this information may be recorded in the pharmacy data base
- The following statement: "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed".

Section XX

Adverse Events

Health care staff must be alert to the potential for or presence of adverse events associated with the use of a medical product on a patient. All significant adverse events shall be recorded in the patient's health record on a PER or inpatient order form with a copy forwarded by the author to the facility medical director, the prescribing practitioner and the pharmacy supervisor. The pharmacy will include the information in the computerized patient medication record.

If death, life threatening consequences, hospitalization, disability or any event that requires intervention to prevent permanent impairment or damage is present, the pharmacist supervisor shall complete FDA form 3500 and send copies to those mentioned above and the DOC Pharmacy Director.

Section XXI

Medication Incidents

All medication incidents shall, upon discovery:

– be immediately reported verbally to the prescribing practitioner

– be recorded via the online Medication Incident Report Form on the CQIP SharePoint site – http://wadoc/sites/healthsvcs/cqip/Lists/MIR%20Version%2021/My%20Submissions.aspx

Near misses shall also be reported.

Transfer and release medications

Refer to DOC Policy 650.035.

The medication status (KOP or PLN) of a medication order will continue when the patient transfers from a major facility to another major facility.

As of July 1, 2009, there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and patients with the PULHES codes of U3 and U4.

Psychiatric medications for patients with S3 will be changed to KOP ONLY if the intention to do that is properly documented on the Camp/Work Release Mental Health Screening form for S3 and documented on a PER.

Upon release to the community, all CRC approvals for chronic opioid treatment shall expire. If re-incarcerated and opioid treatment is necessary then the opioid protocol shall start from step one of the protocol.

If a patient returns to prison status from a work release or after a transfer to a county jail for court, all CRC approvals for chronic opioid treatment and NF approvals remain in effect.

Drug recalls

Notices of drug recalls received by pharmacy will be reviewed and immediately forwarded to the local medical director and prescribing practitioners. The practitioner will prescribe an appropriate alternate medication. Nursing staff will be responsible to expeditiously remove the indicated medication from the clinic area and arrange for the medication to be removed from patient access. The medication will then be returned to pharmacy.

Specific guidelines for each type of recall appear below:

Class I Recall: <u>Emergency and life threatening.</u>
- Will be completed within 24 hours
- Pharmacy will prepare computer generated audit trail
- Pharmacy and/or Nursing personnel will remove recall drug(s) from patient possession, noting patient name, ID number, and quantity removed
- Recall drug(s) are returned to pharmacy along with documentation
- Recall drug(s) are removed from nursing unit floor stock and pharmacy shelves
- Pharmacy disposes of recall drug(s) in accordance with the written instructions from the manufacturer responsible for coordinating the recall
- The responsible pharmacist maintains records of all recalls in the pharmacy

Class II Recall: **<u>Priority situation may be life threatening.</u>**
- Complete within 72 hours
- Follow instructions in Class I recall

Class III Recall: <u>Remote or nonexistent threat to life.</u>
- Completed within 5 working days
- Removal of recall drug by pharmacy and/or nursing from patient possession and all pharmacy/nursing drug storage areas
- Follow disposal instructions as outlined in Class I Recall

Appendices

Overview

Introduction This section includes the appendices pertinent to this document.

Contents This section contains the following topics:

A – Commonly Mistaken Abbreviations

Mistaken Abbreviations

The table below covers the common abbreviation mistakes.

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Apothecary symbols	Dram Minim	Misunderstood or misread (symbol for dram misread for "3" and minim misread as "ml")	metric system
AU	Aurio Uterque (each ear)	Mistaken for OU (oculo uterque-each eye)	Don't use this abbreviation
D/C	Discharge Discontinue	Premature discontinuation of medications when D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of drugs	"discharge" and "discontinue"
Mg	Microgram	Mistaken for "mg" when handwritten	"mcg."
o.d. or OD	Once daily	Misinterpreted as "right eye" (OD-oculus dexter) and administration of oral medications in the eye.	"daily."
TIW or tiw	Three times a week	Mistaken as "three times a day"	Don't use this abbreviation
q.d. or QD	Every day	Mistaken as q.i.d. especially if the period after the "q" or the tail of the "q" is misunderstood as an "i."	" daily" or "every day"
Qn	Nightly or at bedtime	Misinterpreted as "q h" (every hour)	"nightly"
Qhs	Nightly at bedtime	Misread as every hour	"nightly"
q6PM, etc.	Every evening at 6 PM	Misread as every six hours.	6 PM "nightly"
q.o.d. or QOD	Every other day	Misinterpreted as "q.d." (daily) or "q.i.d. (four times daily) if the "o: is poorly written	"every other day"
Sub q	Subcutaneous	The "q" has been mistaken for "every" (e.g., one heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Subcut" or write "subcutaneous."
SC	Subcutaneous	Mistaken for SL (sublingual)	"Subcut" or write "subcutaneous."
U or u	Unit	Read as a zero (0) or a four (4), causing a 10□ fold overdose or greater (4U seen as "40" or 4u seen as 44")	"Unit" has no acceptable abbreviation. Use "unit"
IU	International unit	Misread as IV (intravenous)	"units"
Cc	Cubic centimeters	Misread as "U" (units)	"ml"
X3d	For three days	Mistaken for "three doses"	"for three days"
BT	Bedtime	Mistaken as "BID" (twice daily)	"hs"

Continued on next page

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken for "55"	Spell out "sliding scale" Use "one-half" or use "1/2"
> and <	Greater than and less than	Mistakenly used opposite of intended	"greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Misunderstood as the number 1 ("25 unit/10 units" read as "110" units	Do not use a slash mark to separate doses. Use "per"
Names letters and dose numbers run together (e.g. Inderal40mg)	Inderal 40 mg	Misread as Inderal 140 mg	Always space between drug name, dose and unit of measure.
Zero after decimal point (1.0)	1mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit.
ARA-A	Vidarabine	Cytarabine (ARA-C)	complete spelling for drug names
AZT	Zidovudine (Retrovir)	Azathioprine	complete spelling for drug names
CPZ	Prochlorperazine(Compazine)	Chlorpromazine	complete spelling for drug names
DPT	Demerol Phenergan Thorazine	Diphtheria-pertussis-tetanus	complete spelling for drug names
HCI	Hydrochloric acid	Potassium chloride (The "H" is misinterpreted as "K." i.e. HCl vs. KCl	complete spelling for drug names
HCT	Hydrocortisone	Hydrochlorothiazide	complete spelling for drug names
HCTZ	Hydrochlorothiazide	Hydrocortisone (seen as HCT 250 mg)	complete spelling for drug names
MgS04	Magnesium sulfate	Morphine sulfate	complete spelling for drug names

Continued on next page

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
MS04	Morphine sulfate	Magnesium sulfate	complete spelling for drug names
MTX	Methotrexate	Mitoxantrone	complete spelling for drug names
TAC	Triamcinolone	Tetracaine, adrenaline, Cocaine	complete spelling for drug names
ZnS04	Zinc sulfate	Morphine sulfate	complete spelling for drug names
Stemmed names “Nitro” drip “Norflox”	Nitroglycerin infusion Norfloxacin	Sodium nitroprusside infusion Norflex, (orphenadrine)	complete spelling for drug names

B – Formulary Drug Listing

Notes:

All extended release, combination formulations and branded oral liquid products of medications are Non-Formulary unless otherwise indicated in the formulary listing. Oral liquid products that are available in generic will be considered Restricted Formulary unless otherwise indicated in this document. Use of a Restricted Formulary liquid formulation is approved if the liquid is part of an approved DOC pharmacy compounded product or if authorized by the Pharmacist Supervisor or FMD/designee for medical conditions requiring a liquid formulation. Psychiatric prescribers are authorized to order psychotropic liquid medications for psychiatric conditions at Medline Only.

Except controlled substances and other drugs treated as such (i.e. Medline only drugs such as sildenafil, bupropion, quetiapine, gabapentin, and injectable medications), practitioners may override medline or issue status of (an entire or part of the life of) a particular prescription for a specific patient.

Exchange of aerosol inhalers is required. If a patient is unable to retrieve the previous inhaler, an additional inhaler will be provided to prevent adverse clinical outcomes.

Inhaler dispensing systems that pose risk to safety in the prison setting will be considered Pill Line Only. Pharmacy Staff will adjust prescription orders to Pill Line when necessary.

Table

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Abacavir	Ziagen	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Abacavir/ Dolutegravir/ Lamivudine	Triumeq	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Abacavir/ Lamivudine	Epzicom	*Restricted Formulary*	Approved as continuation therapy.	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Abacavir/ Lamivudine/ Zidovudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Abilify	**Aripiprazole**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Abilify Maintena	**Aripiprazole monohydrate LAI**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved by Psychiatric CRC only.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Abrilada **(Interchangeable biosimilar to adalimumab)**	**Adalimumab-afzb**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Abrysvo, Arexvy	**RSV Vaccine (non-specific)**	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Acetaminophen	Tylenol, Ofirmev	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			to 5 days post-surgery), or acute pulpitis (for up to 14 days). IV Formulation is Approved for acute pain for NPO patients for up to 5 days.		
Acetaminophen/ ASA/Caffeine	Excedrin Migraine	*Restricted Formulary*	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. Limit fills to 20 tablets per 30 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Acetaminophen/ Codeine	Tylenol #3	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	**Medline Only**
Acetaminophen/ phenyltoloxamine citrate	Aceta-Gesic, Major-Gesic	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Acetazolamide	Diamox	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	**issue**
Acetic acid	Acetic acid Solution	Formulary		AHFS 40:36 Irrigating Solutions	**issue**
Acetic acid /Aluminum acetate	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Acetylcysteine solution	Mucomyst	Formulary **Non-Formulary**: Tablet		AHFS 48:24 Mucolytic agents	**issue**
Actigall	**Ursodiol**	Forumlary		AHFS 56:14 Cholelitholytic Agents	**issue**
Activase	**Alteplase**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	**medline**
Actos	**Pioglitazone**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 68:20.28 Thiazolidinediones	**issue**
Acyclovir	Zovirax	Formulary: Oral dosage form **Non-Formulary**: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Adacel	**Tetanus & diphtheria & pertussis toxoid adsorbed (adult)**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Adalat (including Extended Release)	**Nifedipine** **(including Extended Release)**	*Restricted Formulary*	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Adalimumab	Humira	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
(Biosimilar and Interchangeable biosimilar product is available)					
Adalimumab-aacf **(Biosimilar to adalimumab)**	Idacio	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-aaty **(Biosimilar to adalimumab)**	Yuflyma	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-adaz **(Interchangeable biosimilar to adalimumab)**	Hyrimoz	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-adbm **(Interchangeable biosimilar to adalimumab)**	Cyltezo	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-afzb **(Interchangeable biosimilar to adalimumab)**	Abrilada	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-aqvh **(Biosimilar to adalimumab)**	Yusimry	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-atto **(Biosimilar to adalimumab)**	Amjevita	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-bwwd **(Interchangeable biosimilar to adalimumab)**	Hadlima	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-fkjp **(Biosimilar to adalimumab)**	Hulio	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Adalimumab-ryvk **(Interchangeable biosimilar to adalimumab)**	Simlandi	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Aerochamber	**Inhaler spacer**	Formulary			**issue**
Afrin	**Oxymetazoline**	*Restricted Formulary*	Approved for acute epistaxis and for use in management of periorbital/sinus fractures.	AHFS 52:36 Miscellaneous EENT drugs	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Akwa Tears	**Tears Artificial**	*Restricted Formulary*	OTC item, requires approval by facility medical director, optometrist or other eye specialist. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Albumin Human	Plasbumin	Formulary		AHFS 16:00 Blood Derivatives	**medline**
Albuterol HFA	Ventolin HFA	Formulary: Neb, MDI **Non-Formulary:** Extended release, other HFA Brands	One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Alcohol isopropyl	Isopropyl Alcohol	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Aldactone	**Spironolactone**	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	**issue**
Alendronate	Fosamax	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Allopurinol	Zyloprim	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Alphagan-P	**Brimonidine**	Formulary (0.2% only) **Non-Formulary**: all other strengths		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Alteplase	Activase	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	**medline**
Aluminum acetate	Burow's solution, Domeboro topical	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Aluminum acetate/ Acetic acid	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Aluminum hydroxide gel	Alu-Tab, Alu-Cap, Amphojel	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid	Gaviscon	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Aluminum & Magnesium hydroxide	Maalox	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**
Alu-Tab, Alu-Cap, Amphojel	**Aluminum hydroxide gel**	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Amantadine	Symmetrel	Formulary		AHFS: 8:18.04 Adamantanes	**issue**
Amiodarone	Cordarone	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	**issue**
Amitriptyline	Elavil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Amjevita **(Biosimilar to adalimumab)**	**Adalimumab-atto**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Amlodipine	Norvasc	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Ammonia	Ammonia Inhalant	Formulary		AHFS 96:00 Pharmaceutical Aids	**Medline only**
Ammonia Inhalant	**Ammonia**	Formulary		AHFS 96:00 Pharmaceutical Aids	**Medline only**
Amoxicillin	Amoxil, Polymox	Formulary		AHFS 8:12.16 Penicillins	**issue**
Amoxicillin & clavulanate	Augmentin	Formulary *Restricted Formulary:* Extended Release (XR)	Extended Release (XR) approved for 2nd line use in acute rhinosinusitis per protocol.	AHFS 8:12.16 Penicillins	**issue**
Amoxil, Polymox	**Amoxicillin**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Amphojel, Alu-Tab, Alu-Cap,	**Aluminum hydroxide gel**	*Restricted Formulary*	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	**issue**
Amphotericin B	Fungizone	Formulary **Non-Formulary:** Oral		AHFS 8:14 Antifungals	**medline**
Ampicillin & sulbactam sodium	Unasyn	Formulary		AHFS 8:12.16 Penicillins	**medline**
Anafranil	**Clomipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Anaprox	**Naproxen**	*Restricted Formulary*	OTC item, all strengths require approval by facility medical director.	AHFS 28:08 Nonsteroidal anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post-surgery), or acute pulpitis (for up to 14 days).		
Ancef	**Cefazolin sodium injectable**	Formulary		AHFS 8:12.06 Cephalosporins	**Medline Only**
Ansaid	**Flurbiprofen**	*Restricted Formulary*	Approved for management of acute pain for up to 10 days.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Antihemophilic Factor	Monarch Factor VIII	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Anti-inhibitor coagulant complex	Feiba VH	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Antivert	**Meclizine**	Formulary		AHFS 56:22 Anti-emetics	**issue**
Anusol-HC, Cortenema, Cortril	**Hydrocortisone HCL**	Formulary: Prescription strength *Restricted Formulary*: OTC items require approval by facility medical director. **Non-Formulary**: Suppositories for hemorrhoid use.		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Apixaban	**Eliquis**	*Restricted Formulary*	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	**medline**
Apresoline	**Hydralazine**	Formulary		AHFS 24:08.20 Direct Vasodilators	**issue**
Aptivus	**Tipranavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Aqua Care	**Urea lotion**	*Restricted Formulary*	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
Aqua-Mephyton, Mephyton	**Phytonadione (Vitamin K-1)**	Formulary		AHFS 88:24 Vitamin K activity	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Aquaphor	**Hydrophilic Ointment**	*Restricted Formulary* **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director for medically appropriate conditions such as moderate to severe eczema or psoriasis per protocol.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Aranesp	**Darbepoetin**	*Restricted Formulary*	Approved for severe anemia in the setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	**medline**
Aricept	**Donepezil**	Formulary		AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	**medline**
Aripiprazole	Abilify	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Aripiprazole monohydrate LAI	Abilify Maintena	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved by Psychiatric CRC only.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Aristospan, Nasacort, Aristocort, Kenalog, Kenalog in Orabase	**Triamcinolone**	Formulary: 0.1% topical cream, ointment, lotion, and dental paste; nasal spray & injection **Non-Formulary:** other topical strengths		AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**
Arnuity Ellipta	**Fluticasone Furoate**	Formulary	Preferred Product Subject to Therapeutic Interchange Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Artane	**Trihexyphenidyl**	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	**medline**
Asacol, Lialda Rowasa	**Mesalamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**
Ascorbic Acid	Vitamin C	*Restricted Formulary*	Approved for iron absorption aid	AHFS 88:12	**issue**
Asenapine (sublingual tablet**)**	Saphris **(**sublingual tablet**)**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Preferred Brand agent Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Aspirin	Aspirin	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for acute pain (up to 14 days after the initial injury), cardiac prophylaxis, high fever (≥101°F), niacin therapy, or TIA prevention.	AHFS 28:08.04.24 Salicylates	**issue**
Astelin	**Azelastine**	Formulary		AHFS 48:04 Second Generation Antihistamines AHFS 52:02 Antiallergic Agents	**issue**
Atazanavir	Reyataz	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08.08.20 Antiretrovirals	**issue**
Atenolol	Tenormin	Formulary **Non-Formulary**: For hypertension		AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Ativan	**Lorazepam**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Atomoxetine	Strattera	Non-Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**Medline Only**
Atorvastatin	Lipitor	Formulary		AHFS 24:06 Antilipemic agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Atripla	**Efavirenz/ Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Atropine sulfate	Isopto-Atropine	Formulary		AHFS 52:24 Mydriatics	**issue**
Atropine/ benzoic acid/ hyoscyamine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Atrovent	**Ipratropium**	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Augmentin	**Amoxicillin & clavulanate**	Formulary *Restricted Formulary:* Extended Release (XR)	Extended Release (XR) approved for 2nd line use in acute rhinosinusitis per protocol.	AHFS 8:12.16 Penicillins	**issue**
Auranofin	Ridaura	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	**issue**
Avonex	**Interferon Beta 1a**	*Restricted Formulary* **Non-Formulary:** Rebif	Requires approval of a specialist with assessment and recommendation for the treatment of MS before or after admission to DOC Other immunomodulators or immunosuppressants may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.	AHFS 8:18:20 Interferons	**medline**
Avsola **(Biosimilar to Remicade)**	**Infliximab-axxq**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Azathioprine	Imuran	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**issue**
Azelastine	Astelin	Formulary		AHFS 48:04 Second Generation Antihistamines AHFS 52:02 Antiallergic Agents	**issue**
Azithromycin	Zithromax	Formulary		AHFS 8:12.06 Macrolides	**issue**
Azor	**Olmesartan/ Amlodipine**	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				AHFS 24:28 Calcium-Channel Blocking Agents	
Azulfidine	**Sulfasalazine**	Formulary		AHFS 8:24.20 Sulfonamides	**issue**
Bacitracin	Bacitracin	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Bacitracin/ polymyxin B/ neomycin ophthalmic	Polymycin Ophthalmic Ointment	Formulary		AHFS 52:04.04 EENT Antibacterials	**issue**
Bacitracin/ polymyxin B/ neomycin topical	Neosporin, Triple Antibiotic Ointment	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	**issue**
Baclofen	Lioresal	*Restricted Formulary* **Non-Formulary:** All other acute conditions	Approved for neurological conditions with neurological spasticity as recommended by a specialist. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**
Bactrim DS, Cotrim DS, Septra DS	**Trimethoprim/ sulfamethoxazole (SMX-TMP)**	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Bactroban	**Mupirocin**	*Restricted Formulary* **Non-Formulary:** Nasal-specific product	Approved for treatment of staph-related active nasal infections; for nasal decolonization at the recommendation of a surgeon or per the DOC MRSA protocol; or for other topical treatment if alternative therapies fail or are contraindicated.	AHFS 84:04.04 Topical Antibacterials	**issue**
Baraclude	**Entecavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.32 Nucleosides and nucleotides	**issue**
Baros	**Sodium Bicarbonate**	*Restricted Formulary*	Approved for dialysis patients	AHFS 40:08 Alkalizing agent	**issue**
BayTet	**Tetanus immune globulin**	Formulary		AHFS 80:04 Serums	**medline**
BD Glucose	**Dextrose**	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Beclomethasone inhaler	QVAR	Formulary: Inhalers **Non-Formulary:** Nasal Spray		AHFS 52:08 EENT anti-inflammatory agents	**Medline Only**
Benadryl	**Diphenhydramine**	*Restricted Formulary* **Non-Formulary:** Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs	**medline**
Benazepril	Lotensin	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Benemid	**Probenecid**	Formulary		AHFS 40:40 Uricosuric agents	**issue**
Benoxinate/ Fluorescein	Fluress	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**
Bentyl	**Dicyclomine**	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	**medline**
Benzocaine	Orabase	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:16 EENT Local Anesthetics	**issue**
Benzonatate	Tessalon	Formulary		AHFS 48:08 Antitussives	**issue**
Benztropine mesylate	Cogentin	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	**medline**
Betadine	**Povidone iodine**	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Betamethasone valerate 0.1%	Valisone	Formulary		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Betapace	**Sotalol**	Formulary *Restricted Formulary*: AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	**issue**
Betaxolol HCl	Betoptic, Betoptic-S	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Bethanechol	Urecholine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Betoptic, Betoptic-S	**Betaxolol HCl**	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Biaxin	**Clarithromycin**	*Restricted Formulary*	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	**issue**
Bicitra, Shohl's solution	**Sodium citrate/Citric acid**	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Bicillin LA	**Penicillin G, benzathine**	Formulary		AHFS 8:12.16 Penicillins	**medline**
Bictegravir/	Biktarvy	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the	AHFS 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Emtricitabine/ Tenofovir Alafenamide			DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	Nucleotide Reverse Transcriptase Inhibitors	
Biktarvy	**Bictegravir/ Emtricitabine/ Tenofovir Alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors	**issue**
Biotene	**Dry Mouth Treatment**	*Restricted Formulary* **Non-Formulary:** spray formulation	Approved for patients diagnosed with xerostomia.	AHFS 34:00 Dental Agents	**issue**
Bisacodyl	Dulcolax	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Bismuth subsalicylate	Pepto-Bismol	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	**issue**
Brethine	**Terbutaline sulfate**	*Restricted Formulary*	Approved for pregnant patients or patients with priapism only.	AHFS 12:12 Sympathomimetic agents	**issue**
Brimonidine	Alphagan P	Formulary (0.2% only) **Non-Formulary**: all other strengths		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Budesonide	Pulmicort	Formulary: Nebs only **Non-Formulary**: other dosage form		52:08 EENT Anti-inflammatory agents	**issue**
Bupivacaine	Marcaine with & without epi	Formulary		AHFS 72.00 Local Anesthetics	**medline**
Buprenorphine	Subutex	*Restricted Formulary* **Non-Formulary: Long acting injection**	Approved for prevention of withdrawal and treatment of opioid use disorder per protocol. Prescriber must complete certification and be appropriately registered with the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist	**Medline Only**
Buprenorphine/ Naloxone	Suboxone	*Restricted Formulary*	Approved for prevention of withdrawal and treatment of opioid use disorder per protocol. Prescriber must complete certification and be appropriately registered with the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist AHFS 28:10 Opiate antagonist	**Medline Only**
Bupropion (all formulations)	**Wellbutrin**	*Restricted Formulary*	Approved by Psychatric CRC per authorized guidelines only.	AHFS 28:16.04 Antidepressants	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Burow's solution, Domeboro topical	**Aluminum acetate**	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Buspar	**Buspirone**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Buspirone	Buspar	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Calan, Calan SR	**Verapamil**	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Calcitriol	Rocaltrol	*Restricted Formulary*	For dialysis patients and patients with Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism	AHFS 88:16 Vitamin D	**issue**
Calcium acetate	PhosLo	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Calcium carbonate	Tums	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for hypocalcaemia, hyperphosphatemia, H. pylori or end stage renal disease.	AHFS 40:12 Replacement preparations	**issue**
Calcium polycarbophil	Fibercon	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives	**issue**
Calcium with Vit D	**Vitamin D with Calcium**	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients	AHFS 88:16 Vitamin D	**issue**
Campho-Phenique	**Camphor/ phenol/ eucalyptus in light mineral oil**	*Restricted Formulary*	OTC item, requires approval by facility medical director.		**Issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Camphor/phenol/ eucalyptus in light mineral oil	Campho-Phenique	*Restricted Formulary*	OTC item, requires approval by facility medical director.		**Issue**
Capoten	**Captopril**	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Capsaicin	Zostrix	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	**issue**
Captopril	Capoten	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Carafate	**Sucralfate**	Formulary		AHFS 56:28.32 Protectants	**issue**
Carbamazepine	Tegretol	Formulary **Non-Formulary:** Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Carbamide Peroxide	Debrox Otic	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**issue**
Carbidopa/ Levodopa **&** **Extended Release**	Sinemet & Extended Release	Formulary: Parkinson's disease *Restricted Formulary*: Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Cardizem, Cardizem CD	**Diltiazem HCl**	Formulary **Non-Formulary:** Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Cardura	**Doxazosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Carvedilol	Coreg	*Restricted Formulary*	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Catapres	**Clonidine**	Formulary: Oral **Non-Formulary:** TTS		AHFS 24:08.16 Central Alpha Agonists	**medline**
Cefazolin sodium	Ancef	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Cefepime	Maxipime	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Cefotan	Cefotetan	Formulary		AHFS 8:12.06 Cephalosporins	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cefotetan	Cefotan	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Cefoxitin sodium	Mefoxin	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Ceftazidime	Fortaz, Tazidime	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Ceftin	**Cefuroxime**	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Ceftriaxone	Rocephin	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Cefuroxime	Ceftin	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Celexa	**Citalopram**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
CellCept	**Mycophenolate**	*Restricted Formulary*	Approved for organ transplant patients only.	AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**medline**
Cephalexin	Keflex	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Cephulac	**Lactulose**	*Restricted Formulary*	Approved for patients with hepatic encephalopathy or for patients with severe constipation in cancer/palliative care with FMD authorization.	AHFS 40:10 Ammonia Detoxicants	**issue**
Cetirizine	Zyrtec	*Restricted Formulary*	Approved after failure of loratadine.	AHFS 4:08 Second Generation Antihistamines	**issue**
CharcoAid	**Charcoal**	Formulary		AHFS 56:04 Antacids and adsorbents	**medline**
Charcoal	CharcoAid	Formulary		AHFS 56:04 Antacids and adsorbents	**medline**
Chlordiazepoxide	Librium	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Chlorhexidine gluconate	Peridex, Hibistat, Hibiclens	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line or	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			PICC line maintenance, or per the DOC MRSA protocol.		
Chlorpheniramine	Chlor-Trimeton	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 4:04 Antihistamine Drugs	**issue**
Chlorpromazine	Thorazine	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Chlorthalidone	Thalitone	*Restricted Formulary*	Approved for the treatment of hypertension. 12.5mg is the preferred starting dose.	AHFS 40:28 Diuretics	**issue**
Chlor-Trimeton	**Chlorpheniramine**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 4:04 Antihistamine Drugs	**issue**
Cholecalciferol	Vitamin D3	*Restricted Formulary*	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis. Approved for patients with other risk factors (other than reduced sun exposure) who have Vitamin D levels under 20.	AHFS 88:16 Vitamin D	**issue**
Cholestyramine	Prevalite, Questran	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
Choline magnesium trisalicylate	Trilisate	Formulary		AHFS 28:08.04.24 Salicylates	**issue**
Cinacalcet	Sensipar	*Restricted Formulary*	Approved for dialysis patients	AHFS 92:00 Misc.	**issue**
Cipro, Ciloxin	**Ciprofloxacin**	Formulary: Oral *Restricted Formulary*: Ophthalmic and Otic solutions (must fail first line agent) **Non-Formulary:** Intravenous solutions		AHFS 8:12.18 Quinolones	**issue**
Ciprofloxacin	Cipro, Ciloxin	Formulary: Oral *Restricted Formulary*: Ophthalmic and Otic solutions (must fail first line agent) **Non-Formulary:** Intravenous solutions		AHFS 8:12.18 Quinolones	**Issue**
Citalopram	Celexa	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic	AHFS 28:16.04 Antidepressants	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			class or indication) may be prescribed at one time without Psychiatric CRC approval.		
Clarithromycin	Biaxin	*Restricted Formulary*	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	**issue**
Claritin	**Loratadine**	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for sinus drainage issues post extraction for up to 14 days.	AHFS 4:08 Second Generation Antihistamines	**issue**
Clear-Eyes	**Naphazoline**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	**issue**
Cleocin	**Clindamycin**	Formulary **Non-Formulary:** Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Clindamycin	Cleocin	Formulary **Non-Formulary:** Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Clobetasol 0.05%	Temovate	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Clomipramine	Anafranil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Clonazepam	Klonopin	*Restricted Formulary* **Non-Formulary:** Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances (CIV)	**Medline Only**
Clonidine	Catapres	Formulary: Oral **Non-Formulary:** TTS		AHFS 24:08.16 Central Alpha Agonists	**medline**
Clopidogrel	Plavix	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Clotrimazole	Mycelex	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	**issue**
Clotrimazole Troche	Mycelex Troche	Formulary		AHFS 8:14 Antifungals	**issue**
Clozapine	Clozaril	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the Clozapine REMS program.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		days or unless permitted per approved protocol).	Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol).		
Clozaril	**Clozapine**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the Clozapine REMS program. Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol).	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Coal Tar	Estar 7.5% Gel, Terra-gel Shampoo	*Restricted Formulary*	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	**issue**
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir	Stribild	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir alafenamide	Genvoya	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Cogentin	**Benztropine mesylate**	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	**medline**
Colace	**Docusate sodium**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Colchicine	**Colchicine**	*Restricted Formulary*	Approved for treatment of acute gout flares for up to 14 days or for pericarditis for up to 90 days. (A new prescription is required for each flare.)	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Combivent; Duoneb	**Ipratropium/Albuterol**	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Combivir	**Lamivudine/ Zidovudine**	*Restricted Formulary:*	Pharmacy will dispense as separate medications Approved as continuation therapy.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Compazine	**Prochlorperazine**	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	**issue**
Complera	**Emtricitabine/ Rilpivirine/Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Comtan	**Entacapone**	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Copegus	**Ribavirin**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Copper IUD	Paragard	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Cordarone	**Amiodarone**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	**issue**
Coreg	**Carvedilol**	*Restricted Formulary*	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Corgard	**Nadolol**	*Restricted Formulary*	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Cortenema, Anusol-HC, Cotril	**Hydrocortisone HCL**	Formulary: Prescription strength *Restricted Formulary*: OTC items require approval by facility medical director. **Non-Formulary**: Suppositores for hemorrhoid use.		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Cortisporin	**Neomycin/ Polymyxin B/ Hydrocortisone**	Formulary: Otic **Non-Formulary:** Other dosage forms		AHFS 52:04.04 EENT Antibacterials	**issue**
Cosopt	**Dorzolamide/Timolol**	Formulary		AHFS 52:40 Antiglaucoma Agents	**issue**
Coumadin	**Warfarin sodium**	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
COVID-19 Vaccine (non-specific)	Spikevax	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cozaar	**Losartan**	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	**issue**
Crixivan	**Indinavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Cromolyn sodium	Intal	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Cyanocobalamin	Vitamin B12	Formulary: Injectable **Non-Formulary:** Other dose form		AHFS 88:08 Vitamin B complex	**Medline Only**
Cyclobenzaprine	Flexeril	*Restricted Formulary*	Must fail methocarbamol first. Chronic use is only approved in the treatment of cerebral palsy, multiple sclerosis, ALS, myasthenia gravis or limb spasticity due to spinal cord injury. Use for other appropriate indications for greater than 14 days within any 3-month period requires FMD approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Cyclogyl	**Cyclopentolate**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	**issue**
Cyclopentolate	Cyclogyl	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	**issue**
Cyclosporine	Neoral, Sandimmune	Formulary **Non-Formulary:** Ophthalmic		AHFS 92:00 Unclassified therapeutic	**issue**
Cyltezo **(Interchangeable biosimilar to adalimumab)**	**Adalimumab-adbm**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Cymbalta	**Duloxetine**	*Restricted Formulary*	Approved for the treatment of depression and chronic pain.	AHFS 28:16.04 Antidepressants	**medline**
Cytomel	**Liothyronine**	*Restricted Formulary*	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	**issue**
Daclatasvir	Daklinza	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Daklinza	**Daclatasvir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
					camps without Pill Lines.)
Dapsone	Dapsone	Formulary		AHFS 8:16.92 Miscellaneous Antimycobacterials	**issue**
Darbepoetin	Aranesp	*Restricted Formulary*	Approved for severe anemia in setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	**medline**
Darunavir	Prezista	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	**issue**
DDAVP	**Desmopressin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	**issue**
Debrox Otic	Carbamide peroxide	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**issue**
Decadron	**Dexamethasone**	Formulary		AHFS 68:04 Adrenals	**issue**
Delavirdine	Rescriptor	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Delstrigo	**Doravirine/ Lamivudine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs); 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Deltasone	**Prednisone**	Formulary		AHFS 68:04 Adrenals	**issue**
Depakene	**Valproic acid**	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Depakote	**Divalproex**	Formulary: DR **Non-Formulary:** ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	**medline**
Depo-Medrol, Solu-Medrol, Medrol dose pack	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Depo-Testosterone	**Testosterone Cypionate**	*Restricted Formulary*	Approved for hormone management per protocol or specialist recommendation.	AHFS 68:08 Androgens	**Medline Only**
Dermarest	**Salicylic acid (topical)**	*Restricted Formulary*	Approved for psoriasis only.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
Descovy	**Emtricitabine/ Tenofovir alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			specialist, Chief Medical Officer, or Pharmacy Director is required.		
Desipramine	Norpramin	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Desitin	**Zinc oxide**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:80 Sunscreen agents	**issue**
Desmopressin	DDAVP	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	**issue**
Desyrel	**Trazodone**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval	AHFS 28:16.04 Anti-depressants	**medline**
Dexamethasone	Decadron	Formulary		AHFS 68:04 Adrenals	**issue**
Dexamethasone / Tobramycin	Tobradex	Formulary		AHFS 52:04 Antibacterials	**issue**
Dextran	Gentran	Formulary		AHFS 40:12 Replacement preparations	**medline**
Dextrose	BD Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**
Dextrose & Sodium chloride	Dextrose & Sodium chloride	Formulary		AHFS 40:20 Caloric agents	**medline**
Dialyte	**Peritoneal Dialysis Solutions**	*Restricted Formulary*	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	**medline**
Diamox	**Acetazolamide**	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	**issue**
Diazepam	Valium	*Restricted Formulary* **Non-Formulary:** Hypnotic use	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Diclofenac sodium Topical Gel	Voltaren	*Restricted Formulary*	Approved for treatment of joint pain associated with osteoarthritis.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Dicloxacillin	Dynapen	Formulary		AHFS 8:12.16 Penicillins	**issue**
Dicyclomine	Bentyl	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Didanosine	Videx	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Diflucan	**Fluconazole**	Formulary		AHFS 8:14 Antifungals	**issue**
Digoxin	Lanoxin	Formulary		AHFS 24:04.08 Cardiotonic Agents	**issue**
Dilantin	**Phenytoin**	Formulary: Caps and tabs *Restricted Formulary*: Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	**medline**
Dilaudid	**Hydromorphone**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Medline Only**
Diltiazem HCl	Cardizem, Cardizem CD	Formulary **Non-Formulary:** Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Dimethyl fumarate	Tecfidera	*Restricted Formulary*	Approved when recommended by a specialist for the treatment of multiple sclerosis.	AHFS 92:20 Biologic Response Modifiers	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Dipentum	**Olsalazine**	*Restricted Formulary*	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	**issue**
Diphenhydramine	Benadryl	*Restricted Formulary* **Non-Formulary:** Insomnia & Seasonal allergies	Approved for Medication side effects and acute allergic reactions	AHFS 4:04 Antihistamine drugs	**medline**
Diphenhydramine 12.5mg/ml; viscous lidocaine 2%; magnesium/ aluminum/ simethicone 200mg-200mg-20mg/5ml 1:1:1 **Authorized Compounded Product**	DOC Magic Mouthwash	*Restricted Formulary*	Approved for use for oral lesions or per FMD approval.	N/A	**issue**
Disalcid	**Salsalate**	Formulary		ASHP 28:08.04.24 Salicylates	**issue**
Ditropan	**Oxybutynin**	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Divalproex	Depakote	Formulary: DR **Non-Formulary:** ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	**medline**
DOC Magic Mouthwash **Authorized Compounded Product**	**Diphenhydramine 12.5mg/ml; viscous lidocaine 2%; magnesium/ aluminum/ simethicone 200mg-200mg-20mg/5ml 1:1:1**	*Restricted Formulary*	Approved for use for oral lesions or per FMD approval.	N/A	**issue**
Docusate sodium	Colace	Formulary		AHFS 56:12 Cathartics and laxatives	**Issue**
Dolophine	**Methadone**	*Restricted Formulary*	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Dolutegravir	Tivicay	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.12 HIV Integrase Inhibitors	**issue**
Dolutegravir/ Rilpivirine	Juluca	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Domeboro Otic	**Acetic acid / Aluminum acetate**	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	**issue**
Donepezil	Aricept	Formulary		AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	**medline**
Doravirine	Pifeltro	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Doravirine/ Lamivudine/ Tenofovir	Delstrigo	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs); 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Dorzolamide	Trusopt	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	**issue**
Dorzolamide/ Timolol	Cosopt	Formulary		AHFS 52:40 Antiglaucoma Agents	**issue**
Doxepin	Sinequan	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Doxycycline	Vibramycin, Periostat	Formulary		AHFS 8:12.24 Tetracyclines	**issue**
Dulcolax	**Bisacodyl**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Dulera	**Formoterol/ mometasone**	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Duloxetine	Cymbalta	*Restricted Formulary*	Approved for the treatment of depression and chronic pain.	AHFS 28:16.04 Antidepressants	**medline**
Duoderm	**Flexible hydroactive dressing/ granules**	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	**medline**
Duoneb; Combivent	**Ipratropium/Albuterol**	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Duragesic	**Fentanyl**	*Restricted Formulary*: Patches and injectable	Patches are approved only for palliative care Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Inpatient use only**
Duramorph, MS Contin	**Morphine sulfate**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28;08;08 Opiate agonists Controlled Substance C-II	**Medline Only**
Dyazide, Maxzide	**Hydrochlorothiazide\ Triamterene**	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Dynapen	**Dicloxacillin**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Edurant	**Rilpivirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Efavirenz	Sustiva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Efavirenz/ Emtricitabine/ Tenofovir	Atripla	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Effexor, Effexor XR	**Venlafaxine**	Formulary: IR, ER, XR	Therapeutic Interchange 1:1 XR or ER to IR. No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Efudex	**Fluorouracil**	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	**issue**
Elavil	**Amitriptyline**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Elbasvir/ Grazoprevir	Zepatier	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 - HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Eliquis	Apixaban	*Restricted Formulary*	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	**medline**
EMLA	**Lidocaine/Prilocaine**	Formulary		AHFS 72:00 Local anesthetics	**Medline Only**
Emtricitabine	Emtriva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Emtricitabine/ Rilpivirine/ Tenofovir	Complera	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Rilpivirine/ Tenofovir alafenamide	Odefsey	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Emtricitabine/ Tenofovir	Truvada	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Emtricitabine/ Tenofovir alafenamide	Descovy	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Emtriva	**Emtricitabine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
E-Mycin, Erytab, Erythrocin	**Erythromycin**	Formulary **Non-Formulary:** Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	**Issue**
Enalapril	Vasotec	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Enbrel	**Etanercept**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	**medline**
Enfuvirtide (injection)	Fuzeon (injection)	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08.04 HIV Fusion Inhibitors	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Engerix-B, Recombivax-HB	**Hepatitis B virus vaccine recombinant**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Enoxaparin	Lovenox	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	**medline**
Entacapone	Comtan	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Entecavir	Baraclude	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.32 Nucleosides and nucleotides	**issue**
Epclusa	**Sofosbuvir/ Velpatasvir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Epinephrine	EpiPen	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	**medline**
EpiPen	**Epinephrine**	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	**medline**
Epivir	**Lamivudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	**issue**
Epoetin Alfa **(Biosimilar product is available)**	Epogen, Procrit	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Epoetin Alfa-epbx **(Biosimilar to Epogen and Procrit)**	Retacrit	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Epogen, Procrit **(Biosimilar product is available)**	**Epoetin Alfa**	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and HepC C Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Epzicom	**Abacavir/ Lamivudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Erythromycin	E-Mycin, Erytab, Erythrocin	Formulary **Non-Formulary:** Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	**issue**
Escitalopram	Lexapro	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Eskalith, Lithobid	**Lithium carbonate**	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**
Estar 7.5% Gel, Terra-gel Shampoo	**Coal Tar**	Formulary	Approved for Psoriasis Only.	AHFS 84:32 Keratoplastic agents	**issue**
Estrace	**Estradiol** (oral, injectable or vaginal)	*Restricted Formulary*	Approved for symptoms related to menopause and atrophic vaginitis, or for hormone management in transgender patients per protocol or specialist recommendation.	AHFS 68:16 Estrogens	**issue**
Estraderm, Alora, Climera, DOTTI, Vivlle Dot	**Estradiol** (patches)	*Restricted Formulary*	Approved for hormone management in transgender patients per specialist recommendation.	AHFS 68:16 Estrogens	**issue**
Estradiol (oral, injectable or vaginal)	Estrace	*Restricted Formulary*	Approved for symptoms related to menopause and atrophic vaginitis, or for hormone management in transgender patients per protocol or specialist recommendation.	AHFS 68:16 Estrogens	**issue**
Estradiol (patches)	Estraderm, Alora, Climera, DOTTI, Vivlle Dot	*Restricted Formulary*	Approved for hormone management in transgender patients per specialist recommendation.	AHFS 68:16 Estrogens	**issue**
Etanercept	Enbrel	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	**medline**
Ethambutol	Myambutol	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Ethinyl Estradiol/ Norethindrone	Ortho-Novum 1/35, 7/7/7	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for	AHFS 68:12 Contraceptives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.		
Ethinyl Estradiol/ Norgestimate	Ortho-Tri-Cyclen	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Etodolac	Lodine	*Restricted Formulary* **Non-Formulary:** Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Etonogestrel Contraceptive Implant	**Nexplanon**	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Etravirine	Intelence	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Eucerin	**Hydrophilic cream**	*Restricted Formulary* **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director for medically appropriate conditions such as moderate to severe eczema or psoriasis per protocol.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Excedrin Migraine	**Acetaminophen/ ASA/Caffeine**	*Restricted Formulary*	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. Limit fills to 20 tablets per 30 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Ezetimibe/ Simvastatin	Vytorin	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Famotidine	Pepcid	Formulary	May be substituted for ranitidine (famotidine 20mg ≈ raniditine 150mg). Consult with pharmacist.	AHFS 56:28.12 Histamine H2-Antagonists	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Feiba VH	**Anti-inhibitor coagulant complex**	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Fentanyl	Duragesic	*Restricted Formulary*: Patches and injectable	Patches are approved for palliative care only Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Inpatient use only**
Feosol	**Ferrous sulfate**	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Fergon	**Ferrous gluconate**	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Ferrlecit	**Sodium ferric gluconate complex**	*Restricted Formulary*	Approved for dialysis patients only	AHFS Iron Preparations	**medline**
Ferrous gluconate	Fergon	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Ferrous sulfate	Feosol	Formulary		AHFS 20:04.04 Iron Preparations	**issue**
Fibercon	**Calcium polycarbophil**	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives	**Issue**
Filgrastim **(Biosimilar product is available)**	Neupogen	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Filgrastim-aafi **(Biosimilar to Neupogen)**	Nivestym	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Filgrastim-ayow **(Biosimilar to Neupogen)**	Releuko	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Filgrastim-sndz **(Biosimilar to Neupogen)**	Zarxio	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Filgrastim-txid **(Biosimilar to Neupogen)**	Nypozi	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Finasteride	Proscar	Formulary		AHFS 92:00 5-Alpha reductase inhibitor	**issue**
Flagyl, MetroGel	**Metronidazole**	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Fleets enema	**Sodium phosphate/ sodium biphosphate**	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Flexeril	**Cyclobenzaprine**	*Restricted Formulary*	Must fail methocarbamol first. Chronic use is only approved in the treatment of cerebral palsy, multiple sclerosis, ALS, myasthenia gravis or limb spasticity due to spinal cord injury. Use for other appropriate indications for greater than 14 days within any 3-month period requires FMD approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Flexible hydroactive dressing/ granules	Duoderm	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	**medline**
Flomax	**Tamsulosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Flovent	**Fluticasone**	Formulary: Oral Inhaler **Non-Formulary:** Nasal Spray		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Floxin	**Ofloxacin ophthalmic 0.3% solution**	Formulary: Ophthalmic **Non-Formulary:** Otic		AHFS 52:04 Anti-infectives	**issue**
Fluconazole	Diflucan	Formulary		AHFS 8:14 Antifungals	**issue**
Flumazenil	Romazicon	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**medline**
Flunisolide Nasal Spray	Nasarel	*Restricted Formulary*	Approved for contraindication to or intolerance of Formulary nasal steroids.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Fluocinonide 0.05%	Lidex	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Fluogen, Fluzone	**Influenza virus vaccine**	*Restricted Formulary*	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	**medline**
Fluorescein ophthalmic strip	Fluorets	Formulary			**medline**
Fluorescein/ Benoxinate	Fluress	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Fluorets	**Fluorescein ophthalmic strip**	Formulary			**medline**
Fluoride topical	PreviDent	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Fluorouracil	Efudex	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	**issue**
Fluoxetine	Prozac	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Fluphenazine and Decanoate	Prolixin and Decanoate	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Flurbiprofen	Ansaid	*Restricted Formulary*	Approved for management of acute pain for up to 10 days.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Fluress	**Benoxinate/ Fluorescein**	*Restricted Formulary*	Approved for optometrist use only.	AHFS 52:16 EENT Local Anesthetics	**medline**
Fluticasone	Flovent	Formulary: Oral Inhaler **Non-Formulary:** Nasal Spray	Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Fluticasone Furoate	Arnuity Ellipta	Formulary	Preferred Product Subject to 75ydrofluoro Interchange Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Fluvoxamine	Luvox	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Folic Acid	Folvite	Formulary		AHFS 88:08 Vitamin B Complex	**issue**
Folvite	**Folic Acid**	Formulary		AHFS 88:08 Vitamin B Complex	**issue**
Formoterol/ mometasone	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Fortaz, Tazidime	**Ceftazidime**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Fosamax	**Alendronate**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Fosamprenavir	Lexiva	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Fungizone	**Amphotericin B**	Formulary **Non-Formulary:** Oral		AHFS 8:14 Antifungals	**medline**
Furosemide	Lasix	Formulary		AHFS 40:28 Diuretics	**issue**
Fuzeon (injection)	**Enfuvirtide (injection)**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.04 HIV Fusion Inhibitors	**Medline Only**
Gabapentin	Neurontin	*Restricted Formulary*	Approved per the DOC Gabapentinoid Protocol. Use in partial seizures may be authorized per specialist recommendation.	AHFS 28:12.92 Anticonvulsants Misc.	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Garamycin	**Gentamicin sulfate**	Formulary		AHFS 8:12.02 Aminoglycosides	**issue topical**
Gardasil	**HPV Vaccine (non-specific)**	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Gaviscon	**Aluminum/ Magnesium /Sodium bicarbonate & Algenic acid**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**
Gemfibrozil	Lopid	*Restricted Formulary*	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents	**issue**
Gentamicin sulfate	Garamycin	Formulary		AHFS 8:12.02 Aminoglycosides	**issue topical**
Gentran	**Dextran**	Formulary		AHFS 40:12 Replacement preparations	**medline**
Genvoya	**Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Geodon	**Ziprasidone**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**issue**
Gi Cocktail **Authorized Compounded Product**	**Viscous lidocaine 2%; magnesium/ aluminum/ simethicone 200mg-200mg-20mg/5ml 1:1**	*Restricted Formulary*	Approved for urgent use up to 72 hours or per FMD approval.	N/A	**issue**
Glecaprevir/ pibrentasvir	Mavyret	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 – HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**medline**
Glipizide	Glucotrol	Formulary		AHFS 68:20.20 Sulfonylureas	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: XL			
GlucaGen	**Glucagon**	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	**medline**
Glucagon	GlucaGen	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	**medline**
Glucophage, Glucophage XR	**Metformin, Metformin ER**	Formulary		AHFS 68:20.04 Biguanides	**issue**
Glucose tablets	Insta-Glucose	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescribe if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	**issue**
Glucotrol	**Glipizide**	Formulary **Non-Formulary:** XL		AHFS 68:20.20 Sulfonylureas	**issue**
Glyburide	Micronase	Formulary		AHFS 68:20.20 Sulfonylureas	**issue**
Golytely	Polyethylene glycol electrolyte solution	*Restricted Formulary*	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	**issue**
Grafco	**Silver Nitrate**	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**medline**
Grazoprevir/ Elbasvir	Zepatier	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 – HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Guanfacine ER	Intuniv	*Restricted Formulary*	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Hadlima **(Interchangeable biosimilar to adalimumab)**	**Adalimumab-bwwd**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Haldol	**Haloperidol and Decanoate**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for		AHFS 28:16.08.08 Butyrophenones	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		cross taper for up to 30 days or unless permitted per approved protocol).			
Haloperidol and Decanoate	Haldol	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.08 Butyrophenones	**medline**
Harvoni	**Ledipasvir/Sofosbuvir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Havrix	**Hepatitis A virus vaccine**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. Hep C infected or high-risk job	AHFS 80:12 Vaccines	**medline**
H-BIG	**Hepatitis B Immune Globulin**	Formulary		AHFS 80:04 Serums	**medline**
Head and Shoulders	**Pyrithione zinc**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
Heparin	Heparin	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
Hepatitis A inactivated/ Hepatitis B recombinant vaccine	Twinrix	*Restricted Formulary*	Follow Hepatitis Vaccine Public Health Order (iDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Hepatitis A virus vaccine	Havrix	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. Hep C infected or high-risk job	AHFS 80:12 Vaccines	**medline**
Hepatitis B Immune Globulin	H-BIG	Formulary		AHFS 80:04 Serums	**medline**
Hepatitis B virus vaccine recombinant	Engerix-B, Recombivax-HB	*Restricted Formulary*	per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Hibiclens, Hibistat, Peridex	**Chlorhexidine gluconate**	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line or PICC line maintenance, or per the DOC MRSA protocol.	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Homatropine ophthalmic	Isopto- Homatropine	Formulary		AHFS 52:24 Mydriatics	**issue**
Hulio **(Biosimilar to adalimumab)**	**Adalimumab-fkjp**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Humalog	**Insulin Lispro**	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Interchange 1:1	AHFS 68:20.08 Insulins	**medline**
Humira	**Adalimumab**	*Restricted Formulary*	Requires approval of specialist assessment and recommendation before or after admission to DOC	AHFS 92:00 MISC	**medline**
Hydralazine	Apresoline	Formulary		AHFS 24:08.20 Direct Vasodilators	**issue**
Hydrea	**Hydroxyurea**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Hydrochlorothiazide	HydroDiuril	Formulary		AHFS 40:28 Diuretics	**issue**
HPV Vaccine (non-specific)	Gardasil	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Hydrochlorothiazide\ triamterene	Maxzide, Dyazide	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Hydrocortisone HCL	Anusol-HC, Cortenema, Cortril	Formulary: Prescription strength		AHFS 84:06 Topical anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Restricted Formulary: OTC items require approval by facility medical director. **Non-Formulary**: Suppositores for hemorrhoid use.			
HydroDiuril	**Hydrochlorothiazide**	Formulary		AHFS 40:28 Diuretics	**issue**
Hydromorphone	Dilaudid	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	**Medline Only**
Hydrophilic cream	Eucerin	*Restricted Formulary*: **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director for medically appropriate conditions such as moderate to severe eczema or psoriasis per protocol.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Hydrophilic Ointment	Aquaphor	*Restricted Formulary*: **Non-Formulary:** Dry skin	OTC item, requires approval by facility medical director for medically appropriate conditions such as moderate to severe eczema or psoriasis per protocol.	AHFS 84:24 Emollients, demulcents, and protectant	**issue**
Hydroxychloroquine	Plaquenil	*Restricted Formulary*	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	**issue**
Hydroxyurea	Hydrea	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Hydroxyzine	Vistaril or Atarax	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**medline**
Hyoscyamine sulfate	Levsin	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	**medline**
Hyrimoz **(Interchangeable biosimilar to adalimumab)**	**Adalimumab-adaz**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Ibuprofen	Motrin	*Restricted Formulary*	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Idacio **(Biosimilar to adalimumab)**	**Adalimumab-aacf**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Imdur	**Isosorbide Mononitrate** **Isosorbide Mononitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Imipramine	Tofranil	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Imitrex	**Sumatriptan**	*Restricted Formulary:* oral tablets **Non-Formulary:** other dosage forms and use beyond current quantity limitations.	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Immune globulin	Venoglobulin	Formulary		AHFS 80:04 Serums	**medline**
Imodium	**Loperamide**	*Restricted Formulary*	Quantity greater than 60 units will require FMD approval.	AHFS 56:08 Anti-diarrhea agents	**issue**
Imuran	**Azathioprine**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**issue**
Incruse Ellipta	**Umeclidinium**	Formulary		12:08.08 – Antimuscarinics/ Antispasmodics	**issue**
Inderal	**Propranolol**	Formulary *Restricted Formulary*: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Indinavir	Crixivan	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Indocin	**Indomethacin**	*Restricted Formulary*	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Indomethacin	Indocin	*Restricted Formulary*	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Inflectra	**Infliximab-dyyb**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
(Biosimilar to Remicade)			Adalimumab shall be trialed first unless contraindicated.		
Infliximab **(Biosimilar product is available)**	Remicade	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Infliximab-abda **(Biosimilar to Remicade)**	Renflexis	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Infliximab-axxq **(Biosimilar to Remicade)**	Avsola	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Infliximab-dyyb **(Biosimilar to Remicade)**	Inflectra	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Infliximab-qbtx **(Biosimilar to Remicade)**	Ixifi	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Influenza virus vaccine	Fluogen or Fluzone	*Restricted Formulary*	Refer to Influenza Protocol for prescribing guidelines	AHFS 80:12 Vaccines	**medline**
INH, Nydrazid	**Isoniazid**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Inhaler spacer	Aerochamber	Formulary			**issue**
Insta-Glucose	**Glucose tablets**	Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide	AHFS 40:20 Caloric agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.		
Insulin Aspart	NovoLog	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Interchange 1:1	AHFS 68:20.08 Insulins	**medline**
Insulin Glargine	Lantus, Toujeo	Formulary **Non-Formulary:** 300unit/ml product (Toujeo)		AHFS 68:20.08 Insulins	**medline**
Insulin Lispro	Humalog	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Interchange 1:1	AHFS 68:20.08 Insulins	**medline**
Insulin NPH	Insulin NPH	Formulary		AHFS 68:20.08 Insulins	**medline**
Insulin Regular	Insulin Regular	Formulary		AHFS 68:20.08 Insulins	**medline**
Intal	**Cromolyn sodium**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Intelence	**Etravirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			specialist, Chief Medical Officer, or Pharmacy Director is required.		
Interferon Alfa 2b	Intron A	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Interferon Beta 1a	Avonex	*Restricted Formulary* **Non-Formulary:** Rebif	Requires approval of specialist assessment and recommendation for the treatment of MS before or after admission to DOC Other Immunomodulators or immunosuppressant may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.	AHFS 8:18:20 Interferons	**medline**
Intron A	**Interferon Alfa 2b**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Intuniv	**Guanfacine ER**	*Restricted Formulary*	Approved for treatment of ADHD per the ADHD Protocol.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Invirase	**Saquinavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Ipecac Syrup	Ipecac Syrup	Formulary	Use only with recommendation from Poison Control Center.	AHFS 56:20 Emetics	**issue**
Ipratropium	Atrovent	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Ipratropium/ Albuterol	Combivent; Duoneb	Formulary: Nebulizing Solution **Non-Fomulary:** MDI		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	**issue**
Iron Sucrose	Venofer	*Restricted Formulary*	Approved for dialysis patients only	AHFS 20:04.04 Iron Preparations	**medline**
Isentress	**Raltegravir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Isoniazid	INH, Nydrazid	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Isopropyl Alcohol	**Alcohol, isopropyl**	Formulary		AHFS 96:00 Pharmaceutical aids	**issue**
Isopto- Homatropine	**Homatropine ophthalmic**	Formulary		AHFS 52:24 Mydriatics	**issue**
Isopto-Atropine	**Atropine sulfate**	Formulary		AHFS 52:24 Mydriatics	**issue**
Isordil, Sorbitrate	**Isosorbide dinitrate** **Isosorbide dinitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Isosorbide dinitrate, Isosorbide dinitrate ER	Isordil, Sorbitrate	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Isosorbide Mononitrate, Isosorbide Mononitrate ER	Imdur	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Ivermectin	Stromectol	*Restricted Formulary*	Approved after failure of or contraindication to permethrin.	AHFS 84:04.12 Scabicides and pediculicides	**medline**
Ixifi **(Biosimilar to Remicade)**	**Infliximab-qbtx**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Juluca	**Dolutegravir/ Rilpivirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.12 Integrase Inhibitors; 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Kaletra	**Lopinavir/Ritonavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Kayexalate	**Sodium polystyrene sulfonate**	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	**medline**
K-Dur	**Potassium chloride**	Formulary		AHFS 40:12 Replacement preparations	**issue**
Keflex	**Cephalexin**	Formulary		AHFS 8:12.06 Cephalosporins	**issue**
Keppra	**Levetiracetam**	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**issue**
Ketoconazole	Nizoral Prescription Strength	Formulary		AHFS 84:04.08 Topical Antifungals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Dandruff Treatment and oral products		AHFS 8:14 Antifungals	
Ketoconazole OTC	Nizoral A-D OTC	*Restricted Formulary* **Non-Formulary:** Dandruff Treatment	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	**issue**
Ketorolac	Toradol	Formulary: Injection (IM only) *Restricted Formulary:* Ophthalmic & Tablet dosage forms **Non-Formulary:** Use of injectable form in Chronic Pain or Outpatient PRN orders. IV Use	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation Tablets approved for: treatment of renal or biliary colic	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	**medline**
Klonopin	**Clonazepam**	*Restricted Formulary* **Non-Formulary:** Seizure control	Approved per Benzodiazepine Protocol	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances C-IV	**Medline Only**
Lacri-Lube	**Ophthalmic lubricant**	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	**issue**
Lactaid	**Lactase enzyme**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 44:00 Enzymes	**issue**
Lactase enzyme	Lactaid	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 44:00 Enzymes	**issue**
Lactated Ringer's	Lactated Ringer's	Formulary		AHFS 40:36 Irrigating solutions	**medline**
Lactulose	Cephulac	*Restricted Formulary*	Approved for patients with hepatic encephalopathy or for patients with severe constipation in cancer/palliative care with FMD authorization.	AHFS 40:10 Ammonia Detoxicants	**issue**
Labetalol	**Trandate**	*Restricted Formulary*	Approved for pregnant women with HTN	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Lamictal	**Lamotrigine**	*Restricted Formulary* **Non-Formulary:** Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications.	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Lamisil	**Terbinafine**	*Restricted Formulary*: 1) Oral 2) Topical	1) Approved for treatment of complicated onychomycosis as specified in the Washington DOC Health Plan.	AFSH 8:14 Antifungals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			2) Approved for patients with HIV and diabetics only		
Lamivudine	Epivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamivudine/ Abacavir/ Zidovudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamivudine/ Zidovudine	Combivir	*Restricted Formulary:*	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Lamotrigine	Lamictal	*Restricted Formulary* **Non-Formulary:** Chewable tablets	Approved for psychiatric use without further restriction, or seizure disorders only if there is documented failure of Formulary medications.	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Lanoxin	**Digoxin**	Formulary		AHFS 24:04.08 Cardiotonic Agents	**issue**
Lantus, Toujeo	**Insulin Glargine**	Formulary **Non-Formulary:** 300unit/ml product (Toujeo)		AHFS 68:20.08 Insulins	**medline**
Lasix	**Furosemide**	Formulary		AHFS 40:28 Diuretics	**issue**
Latanoprost	Xalatan	Formulary		AHFS 52:36 Miscellaneous EENT agents	**issue**
Ledipasvir/ Sofosbuvir	Harvoni	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Leucovorin calcium	Leucovorin calcium	Formulary		AHFS 88:08 – Vitamin B Complex	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Levalbuterol HFA	Xopenex HFA	*Restricted Formulary*: Neb, MDI **Non-Formulary:** Other HFA Brands	Approved if albuterol has a higher cost, albuterol is limited in availability or if patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Levaquin	**Levofloxacin**	Formulary		AHFS 8:12.18 Quinolones	**issue**
Levetiracetam	Keppra	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**issue**
Levodopa/ Carbidopa **&** **Extended Release**	Sinemet & Extended Release	Formulary: Parkinson's disease *Restricted Formulary*: Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Levofloxacin	Levaquin	Formulary		AHFS 8:12.18 Quinolones	**issue**
Levonorgestrel IUD	Liletta	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Levothyroxine	Synthroid or Levothroid	Formulary		AHFS 68:36.04 Thyroid agents	**issue**
Levsin	**Hyoscyamine sulfate**	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	**medline**
Lexapro	**Escitalopram**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Lexiva	**Fosamprenavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**medline**
Librium	**Chlordiazepoxide**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines	**Medline Only**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				Controlled Substance C-IV	
Lidex	**Fluocinonide 0.05%**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Lidocaine (except patches)	Xylocaine, Xylocaine/Epi.	Formulary **Non-Formulary:** Antiarrythmic treatment		AHFS 72:00 Local anesthetics	**issue topical**
Lidocaine patches	Lidoderm	*Restricted Formuary*	Approved for use after failure of or contraindication to two first line Formulary agents. Patients must exchange an old patch in order to obtain a new patch	AHFS 72:00 Local anesthetics	**Medline Only**
Lidocaine/Prilocaine	EMLA	Formulary		AHFS 72:00 Local anesthetics	**Medline Only**
Lidoderm	**Lidocaine patches**	*Restricted Formuary*	Approved for use after failure of or contraindication to two first line Formulary agents. Patients must exchange an old patch in order to obtain a new patch	AHFS 72:00 Local anesthetics	**Medline Only**
Liletta	**Levonorgestrel IUD**	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Linezolid	Zyvox	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials	**issue**
Lipitor	**Atorvastatin**	Formulary		AHFS 24:06 Antilipemic agents	**issue**
Lioresal	**Baclofen**	*Restricted Formulary* **Non-Formulary:** All other acute conditions	Approved for neurological conditions with neurological spasticity as recommended by a specialist. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**
Liothyronine	Cytomel	*Restricted Formulary*	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	**issue**
Lisinopril	Zestril, Prinivil	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Lithium carbonate	Lithobid, Eskalith	Formulary *Restricted Formulary*; Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Lithobid, Eskalith	**Lithium carbonate**	Formulary *Restricted Formulary*: Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	**medline**
Lodine	**Etodolac**	*Restricted Formulary* **Non-Formulary:** Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Loperamide	Imodium	*Restricted Formulary*	Quantity greater than 60 units will require FMD approval.	AHFS 56:08 Anti-diarrhea agents	**issue**
Lopid	**Gemfibrozil**	*Restricted Formulary*	Approved for triglyceride levels greater than or equal to 500mg/dl or by FMD approval.	AHFS 24:06 Anti-lipidemic agents	**issue**
Lopinavir/ Ritonavir	Kaletra	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Lopressor	**Metoprolol**	Formulary *Restricted Formulary*: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Loratadine	Claritin	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for sinus drainage issues post extraction for up to 14 days.	AHFS 4:08 Second Generation Antihistamines	**issue**
Lorazepam	Ativan	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Losartan	Cozaar	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists	**issue**
Lotensin	**Benazepril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Lovenox	**Enoxaparin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	**medline**
Loxapine	Loxitane	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		permitted per approved protocol).			
Loxitane	**Loxapine**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	**medline**
Luminol	**Phenobarbital**	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	**Medline Only**
Luvox	**Fluvoxamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Lyrica	**Pregabalin**	*Restricted Formulary*	Approved per the DOC Gabapentinoid Protocol after failure of gabapentin or on the recommendation of a subject matter expert.	AHFS 28:12.92 Miscellaneous anticonvulsants Controlled Substance (CV)	**Medline Only**
Maalox	**Aluminum & magnesium hydroxide**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**
Macrodantin	**Nitrofurantoin**	Formulary		AHFS 8:36 Urinary Anti-infectives	**issue**
Magnesium Citrate	Magnesium Citrate	*Restricted Formulary*	Approved for procedures and severe constipation. Not to exceed 2 doses per week.	AHFS 56:12 Cathartics and laxatives	**medline**
Magnesium Hydroxide	Milk of Magnesia	Formulary		AHFS 56:04 Antacids and adsorbents	**issue**
Magnesium & Aluminum hydroxide	Maalox	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Magnesium/ Aluminum/Sodium bicarbonate & Algenic acid	Gaviscon	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:04 Antacids and adsorbents	**issue**
Magnesium Oxide	MagOx	Formulary: Oral tablets **Non Formulary:** other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	**issue**
MagOx	**Magnesium Oxide**	Formulary: Oral tablets **Non Formulary:** other dosage form		Electrolytic and Renal Agents Electrolyte Replacements	**issue**
Malathion	Ovide	*Restricted Formulary*	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	**issue**
Maraviroc	Selzentry	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Marcaine with & without epi	**Bupivacaine**	Formulary		AHFS 72.00 Local Anesthetics	**medline**
Matulane	**Procarbazine**	*Restricted Formulary*	Approved per specialist's recommendation.	AHFS 10:00 Antineoplastic agents	**medline**
Mavyret	**Glecaprevir/ pibrentasvir**	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 – HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**medline**
Maxipime	**Cefepime**	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Maxitrol	**Neomycin/ Polymyxin B/ Dexamethasone**	*Restricted Formulary*: ophthalmic only		AHFS 52:04.04 EENT Antibacterials	**issue**
Maxzide, Dyazide	**Hydrochlorothiazide/ Triamterene**	Formulary		AHFS 40:28.10 Potassium sparing diuretics	**issue**
Meclizine	Antivert	Formulary		AHFS 56:22 Anti-emetics	**issue**
Medrol dose pack, Depo-Medrol, Solu-Medrol	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Medroxyprogesterone	Provera	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine bleeding and part of the SOTP program. Approved prior to release for contraception (Depo-Provera) per policy.	AHFS 68:32 Progestins	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.		
Mefoxin	**Cefoxitin sodium**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Megace	**Megestrol**	*Restricted Formulary*	Approved when recommended by an oncology specialist.	AHFS 68:32 – Progestins AHFS 10:00 – Antineoplastic Agents	**medline**
Megestrol	Megace	*Restricted Formulary*	Approved when recommended by an oncology specialist.	AHFS 68:32 – Progestins AHFS 10:00 – Antineoplastic Agents	**medline**
Melatonin	Melatonin	Formulary		AHFS 88:28 Dietary supplement	**issue**
Meloxicam	Mobic	*Restricted Formulary*	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Meningococcal Vaccine	Menomune	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	**medline**
Menomune	**Meningococcal Vaccine**	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines. If damaged or missing spleen	AHFS 80:12 Vaccines	**medline**
Mephyton, Aqua-Mephyton	**Phytonadione (Vitamin K-1)**	Formulary		AHFS 88:24 Vitamin K activity	**medline**
Mesalamine	Asacol, Lialda, Rowasa	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**
Mestinon	**Pyridostigmine**	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Metamucil Sugar Free Only	**Psyllium** Sugar Free Only	*Restricted Formulary*	OTC item, requires approval by facility medical director. If failed Calcium polycarbophil. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication).	AHFS 56:12 Cathartics and Laxatives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved TI to calcium polycarbophil		
Metformin, Metformin ER	Glucophage, Glucophage XR	Formulary		AHFS 68:20.04 Biguanides	**issue**
Methadone	Dolophine	*Restricted Formulary*	Approved only for pain control and prevention of withdrawal during pregnancy; to be prescribed by an appropriately licensed and qualified prescriber. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Methimazole	Tapazole	Formulary		AHFS 68:36.08 Anti-thyroid Agents	**issue**
Methocarbamol	Robaxin	*Restricted Formulary*	Chronic use is only approved in the treatment of cerebral palsy, multiple sclerosis, ALS, myasthenia gravis or limb spasticity due to spinal cord injury. Use for other appropriate indications for greater than 14 days within any 3-month period requires FMD approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Methotrexate	Trexall	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Methylprednisolone	Depo-Medrol , Solu-Medrol, Medrol dose pack	Formulary		AHFS 68:04 Adrenals	**issue**
Metolazone	Zaroxolyn	*Restricted Formulary*	If creatinine clearance less than 30 or serum creatinine is greater than 2	AHFS 40:28 Diuretics	**issue**
Metoclopramide	Reglan	Formulary		AHFS 56:32 Prokinetic Agents	**issue**
Metoprolol	Lopressor	Formulary *Restricted Formulary*: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
MetroGel, Flagyl	**Metronidazole**	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**
Metronidazole	Flagyl, MetroGel	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	**issue**
Miconazole	Monistat	*Restricted Formulary:* Topical	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical antifungal	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Oral			
Micronase	**Glyburide**	Formulary		AHFS 68:20.20 Sulfonylureas	**issue**
Midazolam	Versed	*Restricted Formulary*	Approved for procedures only	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Midodrine	ProAmatine	*Restricted Formulary*	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	**medline**
Milk of Magnesia	**Magnesium Hydroxide**	Formulary		AHFS 56:04 Antacids and adsorbents	**issue**
Mineral oil	Mineral oil	*Restricted Formulary* **Non-Formulary:** Topical use	Approved as a laxative- for dialysis patients and inpatients	AHFS 56:12 Cathartics and laxatives	**issue**
Minipress	**Prazosin**	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Mirapex	**Pramipexole**	*Restricted Formulary*	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Miralax	**Polyethylene glycol**	*Restricted Formulary*	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	**issue**
Mirtazapine	Remeron	Formulary		AHFS 28:16:04 Anti-depressants	**medline**
MMR-II	**Mumps/ measles & rubella vaccine**	*Restricted Formulary*	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Mobic	**Meloxicam**	*Restricted Formulary*	Approved for the treatment of arthritis only.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Mometasone/ formoterol	Dulera	Formulary		AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Monarch Factor VIII	**Antihemophilic Factor**	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	**medline**
Monistat	**Miconazole**	*Restricted Formulary:* Topical **Non-Formulary:** Oral	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical antifungal	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Montelukast	Singulair	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Morphine sulfate	Duramorph, MS Contin	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28;08;08 Opiate agonists Controlled Substance C-II	**Medline Only**
Motrin	**Ibuprofen**	*Restricted Formulary*	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
MS Contin, Duramorph	**Morphine sulfate**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Mucomyst	**Acetylcysteine solution**	Formulary **Non-Formulary**: Tablet		AHFS 48:24 Mucolytic agents	**issue**
Multivitamins/ Minerals AREDS 2 Formula	PreserVision AREDS 2	*Restricted Formulary*	Approved for moderate to severe macular degeneration or per specialist recommendation.	AHFS 88:28 Dietary supplement	**issue**
Multivitamins with Folic Acid	Prenatal Rx	*Restricted Formulary*	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	**issue**
Multivitamins with no iron	MVI with no Fe	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 88:28 Dietary supplement	**issue**
Mumps, Measles, & Rubella vaccine	MMR-II	*Restricted Formulary*	Approved if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Mupirocin	Bactroban	*Restricted Formulary*: **Non-Formulary:** nasal specific product	Approved for treatment of staph-related active nasal infections; for nasal decolonization at the recommendation of a surgeon or per the DOC MRSA protocol; or for other topical treatment if alternative therapies fail or are contraindicated.	AHFS 84:04.04 Topical Antibacterials	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
MVI with no Fe	**Multivitamins with no iron**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 88:28 Dietary supplement	**issue**
Myambutol	**Ethambutol**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Mycelex	**Clotrimazole**	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	**issue**
Mycelex Troche	**Clotrimazole troche**	Formulary		AHFS 8:14 Antifungals	**issue**
Mycifradin	**Neomycin Sulfate**	Formulary: Oral **Non-Formulary:** Other dosage forms		AHFS 8:12.02 Aminoglycosides	**issue**
Mycophenolate	CellCept	*Restricted Formulary*	Approved for organ transplant patients only.	AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**medline**
Mycostatin	**Nystatin**	Formulary		AHFS 8:14 Antifungals	**issue**
Mydral	**Tropicamide**	*Restricted Formulary*	For procedures only	AHFS: 52:24 Mydriatic	**medline**
Mylicon	**Simethicone**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:10 Antiflatulents	**issue**
Nadolol	Corgard	*Restricted Formulary*	Approved for patients with cirrhotic liver disease or for those who have contraindication to Formulary beta blockers.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Naloxone	Narcan	Formulary		AHFS 28:10 Opiate antagonists	**medline**
Naltrexone Oral and Injectable	Vivitrol, Revia	*Restricted Formulary*	Approved for treatment of opiate use disorder and alcohol use disorder. Approved for use in chronic pain management with pain specialist recommendation.	AHFS 28:10 Opiate antagonists	**medline**
Naphazoline	Clear-Eyes	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	**issue**
Naphazoline/ Pheniramine	Visine A	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	**issue**
Naproxen	Anaprox	*Restricted Formulary*	OTC item, all strengths require approval by facility medical director. Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up	AHFS 28:08 Nonsteroidal anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			to 5 days post surgery), or acute pulpitis (for up to 14 days).		
Narcan	**Naloxone**	Formulary		AHFS 28:10 Opiate antagonists	**medline**
Nasarel	**Flunisolide Nasal Spray**	*Restricted Formulary*	Approved for contraindication to or intolerance of Formulary nasal steroids.	AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Navane	**Thiothixene**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.32 Thioxanthenes	**medline**
Nefazodone	Serzone	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Nelfinavir	Viracept	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Neomycin Sulfate	Mycifradin	Formulary: Oral **Non-Formulary:** Other dosage forms		AHFS 8:12.02 Aminoglycosides	**issue**
Neomycin/ Polymyxin B/ Dexamethasone	Maxitrol	*Restricted Formulary*: ophthalmic only		AHFS 52:04.04 EENT Antibacterials	**issue**
Neomycin/ Polymyxin B/ Hydrocortisone	Cortisporin	Formulary: Otic **Non-Formulary:** Other dosage forms		AHFS 52:04.04 EENT Antibacterials	**issue**
Neoral or Sandimmune	**Cyclosporine**	Formulary **Non-Formulary:** Ophthalmic		AHFS 92:00 Unclassified therapeutic	**issue**
Neosporin, Triple Antibiotic	**Bacitracin, Polymyxin B, Neomycin**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:04.04 Topical Antibacterials	**issue**
Nephrovite, Nephrocap	**Vitamin B complex**	*Restricted Formulary*	Approved for dialysis patients only	AHFS 88:08 Vitamin B Complex	**issue**
Neupogen	**Filgrastim**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
(Biosimilar product is available)					
Neurontin	**Gabapentin**	*Restricted Formulary*	Approved per the DOC Gabapentinoid Protocol. Use in partial seizures may be authorized per specialist recommendation.	AHFS 28:12.92 Anticonvulsants Misc.	**Medline only**
Nevirapine **Nevirapine XR**	Viramune Viramune XR	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Nexplanon	Etonogestrel Contraceptive Implant	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Niacin, **Niacin SR**	Niacin, Niaspan	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	**issue**
Niaspan, Niacin	**Niacin SR,** **Niacin**	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	**issue**
Nifedipine **(including Extended Release)**	Adalat (including Extended Release)	*Restricted Formulary*	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal's angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Nitro-Bid, Nitrodur Nitrostat	**Nitroglycerin**	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nitrofurantoin	Macrodantin	Formulary		AHFS 8:36 Urinary Anti-infectives	**issue**
Nitroglycerin	Nitrostat or Nitro-Bid or Nitrodur	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nitrostat, Nitro-Bid, Nitrodur	**Nitroglycerin**	Formulary **Non-Formulary:** Spray		AHFS 24:12 Vasodilating agents	**issue**
Nix, Acticin	**Permethrin**	*Restricted Formulary*	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	**issue**
Nivestym **(Biosimilar to Neupogen)**	**Filgrastim-aafi**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Nizoral A-D OTC	**Ketoconazole OTC**	*Restricted Formulary* **Non-Formulary:** Dandruff Treatment	OTC item, requires approval by facility medical director.	AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nizoral Prescription Strength	**Ketoconazole**	Formulary **Non-Formulary:** Dandruff Treatment and oral products		AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	**issue**
Nolvadex	**Tamoxifen citrate**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Norethindrone	Ortho Micronor	*Restricted Formulary*	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Norethindrone/ Ethinyl Estradiol	Ortho-Novum 1/35, 7/7/7	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Norgestimate/ Ethinyl Estradiol	Ortho-Tri-Cyclen	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Norpramin	**Desipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nortriptyline	Pamelor	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Norvasc	**Amlodipine**	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Norvir	**Ritonavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
NovoLog	**Insulin Aspart**	*Restricted Formulary*	To obtain approval, the patient must be unable to achieve glycemic control with the use of regular insulin or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored. Aspart to Lispro Therapeutic Interchange 1:1	AHFS 68:20.08 Insulins	**medline**
Nydrazid, INH	**Isoniazid**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Nypozi **(Biosimilar to Neupogen)**	**Filgrastim-txid**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Nystatin	Mycostatin	Formulary		AHFS 8:14 Antifungals	**issue**
Odefsey	**Emtricitabine/ Rilpivirine/ Tenofovir alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Ofloxacin ophthalmic 0.3% solution	Floxin	Formulary: Ophthalmic **Non-Formulary:** Otic		AHFS 52:04 Anti-infectives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Olanzapine	Zyprexa, Zyprexa Zydis	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Olmesartan/ Amlodipine	Azor	Formulary		AHFS 24:32.08 Angiotensin II Receptor Antagonists AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Olsalazine	Dipentum	*Restricted Formulary*	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	**issue**
Olysio	**Simeprevir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.20 HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
1) Omeprazole **2) Omeprazole sodium bicarbonate**	1) Prilosec 2) Zegerid	1) Formulary *2) Restricted Formulary*	Preferred PPI 2)Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Ondansetron	Zofran	*Restricted Formulary*	Approved for cancer patients or if alternative therapies fail or contraindicated	AHFS 56:22 Antiemetics	**issue**
Ophthalmic lubricant	Lacri-Lube	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Orabase	**Benzocaine**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:16 EENT Local Anesthetics	**issue**
Ortho Micronor	**Norethindrone**	*Restricted Formulary*	Approved for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Ortho-Novum 1/35, 7/7/7	**Norethindrone/ Ethinyl Estradiol**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine	AHFS 68:12 Contraceptives	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.		
Ortho-Tri-Cyclen	**Norgestimate/ Ethinyl Estradiol**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and for scheduled extended family visits. Approved for continuation of contraceptive therapy for patients that are reincarcerated on violation of terms of supervision. Approved prior to release for 1 month and post release for contraception per policy.	AHFS 68:12 Contraceptives	**issue**
Oseltamivir	Tamiflu	*Restricted Formulary*	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals	**issue**
Ovide	**Malathion**	*Restricted Formulary*:	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	**issue**
Oxacillin	Bactocill	Formulary		AHFS 8.12.16 Penicillins	**medline**
Oxcarbazepine	Trileptal	*Restricted Formulary*	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Oxybutynin	Ditropan	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	**medline**
Oxycodone	Roxicodone	*Restricted Formulary* **Non-Formulary:** combinations and long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
Oxymetazoline	Afrin	*Restricted Formulary*	Approved for acute epistaxis and for use in management of periorbital/sinus fractures.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Pancrease (all products)	**Pancrelipase**	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not	AHFS 56:16 Digestants	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			considered bioequivalent by the FDA		
Pancrelipase (all products)	Pancrease	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	**issue**
Pantoprazole (all dosage forms)	Protonix	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Paragard	**Copper IUD**	*Restricted Formulary*	Approved for contraception per policy.	AHFS 68:12 Contraceptives	**medline**
Paricalcitol	Zemplar	*Restricted Formulary*	Approved for dialysis patients only	AHFS 88:16 Vitamin D	**issue**
Parnate	**Tranylcypromine**	*Restricted Formulary*	Approved if alternative therapy fail Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	**medline**
Parcaine	**Proparacaine**	*Restricted Formulary*	For procedures only	AHFS: 52:16 Local Anesthetics	**medline**
Paroxetine	Paxil	Formulary **Non-Formulary:** CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Paxil	**Paroxetine**	Formulary **Non-Formulary:** CR & Solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Pegasys	**Peginterferon Alfa-2a**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peginterferon Alfa-2a	Pegasys	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peginterferon Alfa-2b	Peg-Intron	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Peg-Intron	**Peginterferon Alfa-2b**	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	**medline**
Pen VK	**Penicillin V potassium**	Formulary		AHFS 8:12.16 Penicillins	**issue**
Penicillin G Potassium (IV form)	Pfizerpen	Formulary		AHFS 8:12.16 Penicillins	**medline**
Penicillin G benzathine	Bicillin LA	Formulary		AHFS 8:12.16 Penicillins	**medline**
Penicillin V potassium	Pen VK	Formulary		AHFS 8:12.16 Penicillins	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Pentoxifylline	Trental	Formulary		AHFS 20:24 Hemorrheologic Agents	**issue**
Pepcid	**Famotidine**	Formulary	May be substituted for ranitidine (famotidine 20mg ≈ raniditine 150mg). Consult with pharmacist.	AHFS 56:28.12 Histamine H2-Antagonists	**issue**
Pepto-Bismol	**Bismuth subsalicylate**	*Restricted Formulary*	OTC item, requires approval by facility medical director. Approved for H-Pylori regimen and for treatment of norovirus.	AHFS 56:08 Anti-diarrhea agents	**issue**
Peridex, Hibiclens, Hibistat	**Chlorhexidine gluconate**	*Restricted Formulary* **Non-Formulary**: any other topical use	Oral solutions approved for Dental use only when prescribed by a DOC dentist or infirmary practitioner. Topical preparations approved for pre-op or pre-procedure preparation as a surgical scrub, during the insertion of an IV line or PICC line maintenance, or per the DOC MRSA protocol.	AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Periostat, Vibramycin	**Doxycycline**	Formulary		AHFS 8:12.24 Tetracyclines	**issue**
Peritoneal Dialysis Solutions	Dialyte	*Restricted Formulary*	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	**medline**
Permethrin	Nix or Acticin	*Restricted Formulary*	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	**issue**
Perphenazine	Trilafon	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.24 Phenothiazines	**medline**
Pifeltro	**Doravirine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Pfizerpen	**Penicillin G Potassium (IV form)**	Formulary		AHFS 8:12.16 Penicillins	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Phenazopyridine	Pyridium	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	**issue**
Phenergan	**Promethazine**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	**issue**
Pheniramine/ Naphazoline	Visine A	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 52:32 Vasoconstrictors	**issue**
Phenobarbital	Luminol	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	**Medline Only**
Phenol/Camphor/ Eucalyptus in light Mineral Oil	Campho-Phenique	*Restricted Formulary*	OTC item, requires approval by facility medical director.		**Issue**
Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil	**Preparation H**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 12:12.04 Alpha Adrenergic Agonists	**Issue**
Phenytoin	Dilantin	Formulary: Caps and tabs *Restricted Formulary*: Suspension	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	**medline**
PhosLo	**Calcium acetate**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Phytonadione (Vitamin K-1)	Mephyton, Aqua-Mephyton	Formulary		AHFS 88:24 Vitamin K activity	**medline**
Pibrentasvir/ glecaprevir	Mavyret	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 – HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**medline**
Pilocarpine	Isopto-Carpine, Pilocar, Salagen	Formulary		AHFS 52:20 Miotics	**issue**
Pioglitazone	Actos	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	**issue**
Piperacillin/ Tazobactam	Zosyn	Formulary		AHFS 8:12.07 Miscellaneous beta lactam antibiotics	**medline**
Plaquenil	**Hydroxychloroquine**	*Restricted Formulary*	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	**issue**
Plasbumin	**Albumin Human**	Formulary		AHFS 16:00 Blood Derivatives	**medline**
Plavix	**Clopidogrel**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Pneumococcal polysaccharide 23-valent vaccine	Pneumovax	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Pneumococcal conjugate 13-valent vaccine	Prevnar 13	*Restricted Formulary*	Approved for **immunocompromised** patients per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Pneumococcal conjugate 20-valent vaccine	Prevnar 20	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Pneumovax	**Pneumococcal polysaccharide 23-valent vaccine**	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Polyethylene glycol – electrolyte solution	Golytely	*Restricted Formulary*	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	**issue**
Polyethylene glycol	Miralax	*Restricted Formulary*	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	**issue**
Polymycin Ophthalmic Ointment	**Bacitracin/polymyxin B/neomycin ophthalmic**	Formulary		AHFS 52:04.04 EENT Antibacterials	**issue**
Polymyxin B, Trimethoprim	Polytrim	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Polytrim	**Polymyxin B, Trimethoprim**	Formulary		AHFS 84:04.04 Topical Antibacterials	**issue**
Potassium chloride	K-Dur	Formulary		AHFS 40:12 Replacement preparations	**issue**
Povidone iodine	Betadine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	**issue**
Pramipexole	Mirapex	*Restricted Formulary*	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Pravachol	**Pravastatin**	*Restricted Formulary*	Approved for patients with high potential for drug interaction or who have contraindication to or are intolerant of other Formulary statins.	AHFS 24:06 Antilipemic Agents	**issue**
Pravastatin	Pravachol	*Restricted Formulary*	Approved for patients with high potential for drug interaction or who have contraindication to or are intolerant of other Formulary statins.	AHFS 24:06 Antilipemic Agents	**issue**
Prazosin	Minipress	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Pred Mild, Pred Forte	**Prednisolone acetate**	Formulary **Non-Formulary:** combination products		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Prednisolone acetate	Pred Mild, Pred Forte	Formulary **Non-Formulary:** combination products		AHFS 52:08 EENT Anti-inflammatory agents	**issue**
Prednisone	Deltasone	Formulary		AHFS 68:04 Adrenals	**issue**
Pregabalin	Lyrica	*Restricted Formulary*	Approved per the DOC Gabapentinoid Protocol after failure of gabapentin or on the recommendation of a subject matter expert.	AHFS 28:12.92 Miscellaneous anticonvulsants Controlled Substance (CV)	**Medline Only**
Prenatal Rx	**Multivitamins with Folic Acid**	*Restricted Formulary*	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	**issue**
Preparation H	**Phenylephrine/ Mineral Oil/ Petrolatum/ Shark Liver Oil**	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 12:12.04 Alpha Adrenergic Agonists	**Issue**
PreserVision AREDS 2	**Multivitamins/ Minerals AREDS 2 Formula**	*Restricted Formulary*	Approved for moderate to severe macular degeneration or per specialist recommendation.	AHFS 88:28 Dietary supplement	**issue**
Prevalite, Questran	**Cholestyramine**	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
PreviDent	**Fluoride topical**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Prevnar 13	**Pneumococcal conjugate 13-valent vaccine**	*Restricted Formulary*	Approved for **immunocompromised** patients per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Prevnar 20	**Pneumococcal conjugate 20-valent vaccine**	*Restricted Formulary*	Approved per ACIP recommendations.	AHFS 80:12 Vaccines	**medline**
Prezista	**Darunavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Protease Inhibitors (Pis)	**issue**
Priftin	**Rifapentine**	*Restricted Formulary*	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	**Medline Only**
Prilocaine/Lidocaine	EMLA	Formulary		AHFS 72:00 Local anesthetics	**Medline Only**
1) Prilosec 2) Zegerid	**1)Omeprazole** **2)Omeprazole sodium bicarbonate**	1)Formulary *2)Restricted Formulary*	Preferred PPI 2) Approved for use in tube feeding	AHFS 56:28.36 Proton Pump Inhibitors	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Prinivil, Zestril	**Lisinopril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
ProAmatine	**Midodrine**	*Restricted Formulary*	Approved for dialysis (CKD 5) patients	AHFS 12:12 Sympathomimetic (Adrenergic) Agents	**medline**
Probenecid	Benemid	Formulary		AHFS 40:40 Uricosuric agents	**issue**
Procarbazine	Matulane	*Restricted Formulary*	Approved per specialist's recommendation.	AHFS 10:00 Antineoplastic agents	**medline**
Procrit, Epogen **(Biosimilar product is available)**	**Epoetin Alfa**	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol.	AHFS 20:16 Hematopoietic Agents	**medline**
Prochlorperazine	Compazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	**issue**
Progesterone	Prometrium	*Restricted Formulary*	Approved for gender affirming hormone treatment per the Gender Affirming Care Protocol.	AHFS 68:32 Progestins	**issue**
Prograf	**Tacrolimus**	*Restricted Formulary* **Non-Formulary:** Topical products	Approved for organ transplant patients only.	AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**medline**
Prolixin	**Fluphenazine and Decanoate**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Promethazine	Phenergan	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	**issue**
Prometrium	**Progesterone**	*Restricted Formulary*	Approved for gender affirming hormone treatment per the Gender Affirming Care Protocol.	AHFS 68:32 Progestins	**issue**
Propafenone	Rythmol	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	**issue**
Proparacaine	**Parcaine**	*Restricted Formulary*	For procedures only	AHFS: 52:16 Local Anesthetics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Propranolol	Inderal	Formulary *Restricted Formulary*: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Propylthiouracil	PTU	Formulary		AHFS 68:36.08 Anti-thyroid agents	**issue**
Proscar	**Finasteride**	Formulary		AHFS 92:00 5-Alpha reductase inhibitor	**issue**
Protamine Sulfate	Protamine	Formulary		AHFS 20:12.08 Antiheparin Agent	**medline**
Protonix **(all dosage forms)**	**Pantoprazole**	Formulary		AHFS 56:28.36 Proton Pump Inhibitors	**issue**
Provera	**Medroxyprogesterone**	*Restricted Formulary*	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cysts, abnormal uterine bleeding and part of the SOTP program. Approved prior to release for contraception (Depo-Provera) per policy. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.	AHFS 68:32 Progestins	**issue**
Prozac	**Fluoxetine**	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Pseudoephedrine	Sudafed	*Restricted Formulary* **Non-Formulary:** common cold symptoms or combination products	OTC item, requires approval by facility medical director.	AHFS 12:12 Alpha and Beta agonists	**medline**
Psyllium Sugar free only	Metamucil Sugar free only	*Restricted Formulary*	OTC item, requires approval by facility medical director if failed Calcium polycarbophil. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	**issue**
PTU	**Propylthiouracil**	Formulary		AHFS 68:36.08 Anti-thyroid agents	**issue**
Pulmicort	**Budesonide**	Formulary: Nebs only		52:08 EENT Anti-inflammatory agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: other dosage form			
Pyrazinamide	PZA	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Pyridium	**Phenazopyridine**	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	**issue**
Pyridostigmine	Mestinon	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**
Pyridoxine	Vitamin B-6	*Restricted Formulary*	Approved for use with INH only	AHFS 88:08 Vitamin B complex	**issue**
Pyrithione zinc	Head and Shoulders	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
PZA	**Pyrazinamide**	Formulary		AHFS 8:16 Antituberculosis agents	**medline**
Questran, Prevalite	**Cholestyramine**	Formulary		AHFS 24:06 Antilipemic Agents	**issue**
Quetiapine	Seroquel	*Restricted Formulary*	Approved by Psychatric CRC per authorized guidelines only.	AHFS 28:16.08.04 Atypical Antipsychotics	**Medline Only**
QVAR	**Beclomethasone inhaler**	Formulary: Inhalers **Non-Formulary:** Nasal spray		AHFS 52:08 EENT anti-inflammatory agents	**Medline Only**
Raltegravir	Isentress	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**
Ranitidine	Zantac	Formulary	May be substituted with famotidine (famotidine 20mg ≈ ranitidine 150mg). Consult with pharmacist.	AHFS 56:28.12 Histamine H2-Antagonists	**issue**
Reglan	**Metoclopramide**	Formulary		AHFS 56:32 Prokinetic Agents	**issue**
Releuko **(Biosimilar to Neupogen)**	**Filgrastim-ayow**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Remeron	**Mirtazapine**	Formulary		AHFS 28:16:04 Anti-depressants	**medline**
Remicade **(Biosimilar product is available)**	**Infliximab**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	**medline**
Renagel	**Sevelamer**	*Restricted Formulary*	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Renflexis **(Biosimilar to Remicade)**	**Infliximab-abda**	*Restricted Formulary*	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:36 Disease-modifying Antirheumatic Drug	**medline**
Rescriptor	**Delavirdine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Restoril	**Temazepam**	*Restricted Formulary*	Approved per Benzodiazepine Protocol	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Retacrit **(Biosimilar to Epogen and Procrit)**	**Epoetin Alfa-epbx**	*Restricted Formulary*	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	**medline**
Retrovir	**Zidovudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Reyataz	**Atazanavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Rho D Immune Globulin	RhoGAM	Formulary		AHFS 80:04 Serums	**medline**
RhoGAM	**Rho D Immune Globulin**	Formulary		AHFS 80:04 Serums	**medline**
Ribavirin	Copegus	*Restricted Formulary*	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	**Issue**
Ridaura	**Auranofin**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	**Issue**
Rifadin	**Rifampin**	*Restricted Formulary*	Approved for treatment of active tuberculosis; for treatment of latent tuberculosis per the DOC LTBI treatment protocol; for decolonization per the DOC MRSA protocol; or for treatment of staphylococcal infection (Must be used in	AHFS 8:16 Anti-tuberculosis agents	**issue or medline if given for TB treatment**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			combination with another antibiotic).		
Rifampin	Rifadin	*Restricted Formulary*	Approved for treatment of active tuberculosis; for treatment of latent tuberculosis per the DOC LTBI treatment protocol; for decolonization per the DOC MRSA protocol; or for treatment of staphylococcal infection (Must be used in combination with another antibiotic).	AHFS 8:16 Anti-tuberculosis agents	**issue or medline if given for TB treatment**
Rifapentine	Priftin	*Restricted Formulary*	Approved per the LTBI protocol.	AHFS 8:16 Anti-tuberculosis agents	**Medline Only**
Rilpivirine	Edurant	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Risperdal, M-Tab,	**Risperidone**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Risperdal Consta	**Risperidone Consta**	*Restricted Formulary*: **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved by Psychiatric CRC only.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Risperidone	Risperdal, M-Tab,	*Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).			
Risperidone Consta	Risperdal Consta	*Restricted Formulary*: **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved by Psychiatric CRC only.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Ritonavir	Norvir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.08 Antiretrovirals	**issue**
Rivaroxaban	Xarelto	*Restricted Formulary*	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	**medline**
Robaxin	**Methocarbamol**	*Restricted Formulary*	Chronic use is only approved in the treatment of cerebral palsy, multiple sclerosis, ALS, myasthenia gravis or limb spasticity due to spinal cord injury. Use for other appropriate indications for greater than 14 days within any 3-month period requires FMD approval.	AHFS 12:20 Skeletal Muscle Relaxants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Rocaltrol	**Calcitriol**	*Restricted Formulary*	For dialysis patients and patients with Chronic Kidney Disease stage 3-5 with secondary hyperparathyroidism	AHFS 88:16 Vitamin D	**issue**
Rocephin	**Ceftriaxone**	Formulary		AHFS 8:12.06 Cephalosporins	**medline**
Romazicon	**Flumazenil**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**medline**
Rowasa, Asacol, Lialda	**Mesalamine**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Roxicodone	**Oxycodone**	*Restricted Formulary* **Non-Formulary:** combinations & long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	**Medline Only**
RSV Vaccine (non-specific)	Abrysvo, Arexvy	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Rythmol	**Propafenone**	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	**issue**
Salagen, Isopto-Carpine, Pilocar	**Pilocarpine**	Formulary		AHFS 52:20 Miotics	**issue**
Salmeterol	Serevent Diskus	Formulary		AHFS 12:12 Sympathomimetic agents	**Issue**
Salsalate	Disalcid	Formulary		ASHP 28:08.04.24 Salicylates	**issue**
Salicylic acid (topical)	Dermarest	*Restricted Formulary*	Approved for psoriasis only.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
Saphris (sublingual tablet**)**	**Asenapine** (sublingual tablet**)**	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Preferred Brand agent Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Saquinavir	Invirase	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Selenium Sulfide 2.5%	Selsun or Exsel	**Non-Formulary**		AHFS 84:04.16 Miscellaneous local anti-infectives	**medline**
Selsun or Exsel	**Selenium Sulfide 2.5%**	**Non-Formulary**		AHFS 84:04.16 Miscellaneous local anti-infectives	**medline**
Selzentry	**Maraviroc**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical	AHFS 8:18.08.92 Antiretrovirals, Miscellaneous	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer, or Pharmacy Director is required.		
Senna	X-Prep	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:12 Cathartics and laxatives	**issue**
Sensipar	**Cinacalcet**	*Restricted Formulary*	Approved for dialysis patients	AHFS 92:00 Misc.	**issue**
Septra DS, Bactrim DS, Cotrim DS	**Trimethoprim/ Sulfamethoxazole (SMX-TMP)**	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Serevent Diskus	**Salmeterol**	Formulary		AHFS 12:12 Sympathomimetic agents	**issue**
Seroquel	**Quetiapine**	*Restricted Formulary*	Approved by Psychatric CRC per authorized guidelines only.	AHFS 28:16.08.04 Atypical Antipsychotics	**Medline Only**
Sertraline	Zoloft	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Serzone	**Nefazodone**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Sevelamer	Renagel	*Restricted Formulary*	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	**issue**
Shingrix	**Varicella Zoster Virus Vaccine, Recombinant**	*Restricted Formulary*	Approved per ACIP recommendations or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Shohl's solution, Bicitra	**Sodium citrate/ Citric acid**	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Silvadene, SSD	**Silver sulfadiazine**	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**
Silver Nitrate	Grafco	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	**medline**
Silver sulfadiazine	Silvadene, SSD	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**
Simeprevir	Olysio	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.20 HCV Protease Inhibitors	**Medline Only** (Keep on Person with monitoring for camps

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
					without Pill Lines.)
Simethicone	Mylicon	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 56:10 Antiflatulents	**issue**
Simlandi **(Interchangeable biosimilar to adalimumab)**	**Adalimumab-ryvk**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Simvastatin	Zocor	Formulary **Non-Formulary:** 80mg strength		AHFS 24:06 Antilipemic agents	**issue**
Simvastatin/ Ezetimibe	Vytorin	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Sinemet & Extended Release	**Levodopa/ Carbidopa** **&** **Extended Release**	Formulary: Parkinson's disease *Restricted Formulary*: Restless Leg Syndrome	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Sinequan	**Doxepin**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Singulair	**Montelukast**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Sodium bicarbonate	Baros	*Restricted Formulary*	Approved for dialysis patients	AHFS 40:08 Alkalizing agent	**issue**
Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Formulary: Legend items *Restricted Formulary*: OTC items	OTC items require approval by facility medical director.	AHFS 40:36 Irrigating solutions AHFS 40:12 Replacement preparations AHFS 52:36 Miscellaneous EENT drugs	**issue topical**
Sodium citrate, Citric acid	Shohl's solution, Bicitra	*Restricted Formulary*	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	**issue**
Sodium ferric gluconate complex	Ferrlecit	*Restricted Formulary*	Approved for dialysis patients only	AHFS Iron Preparations	**medline**
Sodium phosphate/ Sodium biphosphate	Fleets enema	Formulary		AHFS 56:12 Cathartics and laxatives	**issue**
Sodium polystyrene sulfonate	Kayexalate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Sofosbuvir	Sovaldi	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/ Ledipasvir	Harvoni	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/ Velpatasvir	Epclusa	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/ Velpatasvir/ Voxilaprevir	Vosevi	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Solu-Medrol, Medrol dose pack, Depo-Medrol	**Methylprednisolone**	Formulary		AHFS 68:04 Adrenals	**issue**
Sorbitrate, Isordil	**Isosorbide dinitrate** **Isosorbide dinitrate ER**	Formulary		AHFS 24:12 Vasodilating agents	**issue**
Sotalol	Betapace	Formulary *Restricted Formulary* Sotalol AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	**issue**
Sovaldi	**Sofosbuvir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Spikevax	**COVID-19 Vaccine (non-specific)**	*Restricted Formulary*	Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Spironolactone	Aldactone	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
SSD, Silvadene	**Silver sulfadiazine**	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	**issue**
Stavudine	Zerit	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	**issue**
Stelazine	**Trifluoperazine**	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08 Tranquilizers	**medline**
Strattera	Atomoxetine	Non-Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	**Medline Only**
Streptomycin	Streptomycin	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.02 Aminoglycosides	**medline**
Stribild	**Cobicistat/ Elvitegravir/ Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs) & Nucleoside Reverse Transcriptase Inhibitors (NRTI) Combinations	**issue**
Stromectol	**Ivermectin**	*Restricted Formulary*	Approved after failure of or contraindication to permethrin.	AHFS 84:04.12 Scabicides and pediculicides	**medline**
Suboxone	**Buprenorphine/ Naloxone**	*Restricted Formulary*	Approved for prevention of withdrawal and treatment of opioid use disorder per protocol. Prescriber must complete certification and be appropriately registered with the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist AHFS 28:10 Opiate antagonist	**Medline Only**
Subutex	**Buprenorphine**	*Restricted Formulary* **Non-Formulary: Long acting injection**	Approved for prevention of withdrawal and treatment of opioid use disorder per protocol. Prescriber must complete certification and be appropriately registered with the DEA to prescribe.	AHFS 28:08.12 Opiate partial agonist	**Medline Only**
Sucralfate	Carafate	Formulary		AHFS 56:28.32 Protectants	**issue**
Sudafed	**Pseudoephedrine**	*Restricted Formulary* **Non-Formulary:** common cold symptoms or combination products	OTC item, requires approval by facility medical director.	AHFS 12:12 Alpha and Beta agonists	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Sulamyd	**Sulfacetamide sodium**	Formulary **Non-Formulary:** combination products		AHFS 52:04.08 EENT sulfonamides	**issue**
Sulfacetamide sodium	Sulamyd	Formulary **Non-Formulary:** combination products		AHFS 52:04.08 EENT sulfonamides	**issue**
Sulfasalazine	Azulfidine	Formulary		AHFS 8:24.20 Sulfonamides	**issue**
Sumatriptan	Imitrex	*Restricted Formulary:* oral tablets **Non-Formulary:** other dosage forms and use beyond current quantity limitations.	Approved for migraine therapy after failure (or contraindication) of 2 OTC products. May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	**issue**
Sumycin	**Tetracycline**	*Restricted Formulary*	Approved for use only when cost efficient alternatives are unavailable.	AHFS 8:12.24 Tetracyclines	**issue**
Sunscreen	Sunscreen	*Restricted Formulary*	OTC item, requires approval by facility medical director. SPF 30 with UVA protection is the preferred agent to order. Approved for patients with history of skin cancer (or pre cancer), medication induced phototoxicity/photosensitivity and if avoiding sunlight exposure is not adequate to prevent symptoms.	AHFS 84:80 Sunscreen agents	**issue**
Sustiva	**Efavirenz**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Symmetrel	**Amantadine**	Formulary		AHFS: 8:18.04 Adamantanes	**issue**
Synthroid, Levothroid	**Levothyroxine**	Formulary		AHFS 68:36.04 Thyroid agents	**issue**
Tacrolimus	Prograf	*Restricted Formulary* **Non-Formulary:** Topical products	Approved for organ transplant patients only.	AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	**medline**
Tamiflu	Oseltamivir	*Restricted Formulary*	Approved for treatment of influenza or prophylactic treatment per DOC	AHFS 8:18:28 Antivirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.		
Tamoxifen citrate	Nolvadex	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Tamsulosin	Flomax	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	**issue**
Tapazole	**Methimazole**	Formulary		AHFS 68:36.08 Anti-thyroid Agents	**issue**
Tazidime, Fortaz	**Ceftazidime**	*Restricted Formulary*	Approved based on C&S results and in discussion with a pharmacist (see formulary sectionVI.2)	AHFS 8:12.06 Cephalosporins	**medline**
Tears Artificial	Akwa Tears	*Restricted Formulary*	OTC item, requires approval by facility medical director, optometrist or other eye specialist. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome.	AHFS 52:36 Miscellaneous EENT drugs	**issue**
Tecfidera	**Dimethyl fumarate**	*Restricted Formulary*	Approved when recommended by a specialist for the treatment of multiple sclerosis.	AHFS 92:20 Biologic Response Modifiers	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Tegretol	**Carbamazepine**	Formulary **Non-Formulary:** Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Temazepam	Restoril	*Restricted Formulary*	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Temovate	**Clobetasol 0.05%**	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 84:06 Topical anti-inflammatory agents	**issue**
Tenofovir	Viread	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tenofovir alafenamide	Vemlidy	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tenormin	**Atenolol**	Formulary **Non-Formulary**: For hypertension		AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Terbinafine	Lamisil	*Restricted Formulary*: 1) Oral 2) Topical	1) Approved for treatment of complicated onychomycosis as specified in the Washington DOC Health Plan. 2) Approved for patients with HIV and diabetics only.	AFSH 8:14 Antifungals	**issue**
Terbutaline sulfate	Brethine	*Restricted Formulary*	Approved for pregnant patients or patients with priapism only.	AHFS 12:12 Sympathomimetic agents	**issue**
Tessalon	**Benzonatate**	Formulary		AHFS 48:08 Antitussives	**issue**
Testosterone Cypionate	Depo-Testosterone	*Restricted Formulary*	Approved for hormone management per protocol or specialist recommendation.	AHFS 68:08 Androgens	**Medline Only**
Tetanus & diphtheria & pertussis toxoid adsorbed (adult)	Adacel	*Restricted Formulary*	Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Tetanus immune globulin	BayTet	Formulary		AHFS 80:04 Serums	**medline**
Tetracycline	Sumycin	*Restricted Formulary*	Approved for use only when cost efficient alternatives are unavailable.	AHFS 80:04 Serums	**issue**
Thalitone	**Chlorthalidone**	*Restricted Formulary*	Approved for the treatment of hypertension. 12.5mg is the preferred starting dose.	AHFS 40:28 Diuretics	**issue**
Theo-Dur	Theophylline	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	**issue**
Theophylline	Theo-Dur	*Restricted Formulary*	Approved if alternative therapies fail or contraindicated.	AHFS 86:16 Respiratory Smooth Muscle Relaxants	**issue**
Thiamine	Vitamin B-1	*Restricted Formulary*	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	**medline**
Thiothixene	Navane	*Restricted Formulary* **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Approved if alternative therapies fail or contraindicated.	AHFS 28:16.08.32 Thioxanthenes	**medline**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Thorazine	**Chlorpromazine**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).		AHFS 28:16.08.24 Phenothiazines	**medline**
Tigan	**Trimethobenzamide**	Formulary		AHFS 56:22 Antiemetics	**issue**
Timolol maleate	Timoptic	Formulary		AHFS 52:36 Miscellaneous EENT drugs	**issue**
Timolol/ Dorzolamide	Cosopt	Formulary		AHFS 52:40 Antiglaucoma Agents	**issue**
Tinactin	**Tolnaftate**	*Restricted Formulary*: OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	**issue**
Tipranavir	Aptivus	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Tivicay	**Dolutegravir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.12 HIV Integrase Inhibitors	**issue**
Tizanadine	Zanaflex	*Restricted Formulary* **Non-Formulary:** All other acute conditions	Approved for neurological conditions with neurological spasticity as recommended by a specialist. Approved for opioid withdrawal as recommended by DOC addiction specialist. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**
Tobradex	**Dexamethasone/ Tobramycin**	Formulary		AHFS 52:04 Antibacterials	**issue**
Tobramycin/ Dexamethasone	Tobradex	Formulary		AHFS 52:04 Antibacterials	**issue**
Tobramycin sulfate	Tobrex or TOBI	*Restricted Formulary*	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	**issue ophthalmic**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tobrex or TOBI	**Tobramycin sulfate**	*Restricted Formulary*	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	**issue ophthalmic**
Tofranil	**Imipramine**	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**medline**
Tolnaftate	Tinactin	*Restricted Formulary*: OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	**issue**
Toradol	**Ketorolac**	Formulary: Injection (IM only) *Restricted Formulary:* Ophthalmic & Tablet dosage forms **Non-Formulary:** Use of injectable form in Chronic Pain or Outpatient PRN orders. IV Use	Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation. Tablets approved for : treatment of renal or biliary colic.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	**medline**
Trandate	**Labetolol**	*Restricted Formulary*	Approved for pregnant women with HTN.	AHFS 24:24 Beta-Adrenergic Blocking Agents	**issue**
Tranexamic Acid 5% Solution (Compounded)	Tranexamic Acid 5% Solution (Compounded)	*Restricted Formulary*	Approved for dental use only.	AHFS 20:28.16 Hemostatics	**medline**
Tranylcypromine	Parnate	*Restricted Formulary*	Approved if alternative therapy fail. Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	**medline**
Trazodone	Desyrel	Formulary	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without CRC approval.	AHFS 28:16.04 Anti-depressants	**medline**
Trental	**Pentoxifylline**	Formulary		AHFS 20:24 Hemorrheologic Agents	**issue**
Trexall	**Methotrexate**	Formulary		AHFS 10:00 Antineoplastic agents	**issue**
Triamcinolone	Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	Formulary: 0.1% topical cream, ointment, lotion, and dental paste; nasal spray & injection **Non-Formulary:** other topical strengths	.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Trifluoperazine	Stelazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08 Tranquilizers	**medline**
Trifluridine	Viroptic	Formulary		AHFS 52:04:20 Antivirals	**issue**
Trihexyphenidyl	Artane	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	**medline**
Trilafon	**Perphenazine**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.24 Phenothiazines	**medline**
Trileptal	**Oxcarbazepine**	*Restricted Formulary*	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder.	AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Trilisate	**Choline magnesium trisalicylate**	Formulary		AHFS 28:08.04.24 Salicylates	**issue**
Trimethobenzamide	Tigan	Formulary		AHFS 56:22 Antiemetics	**issue**
Trimethoprim/ Sulfamethoxazole (SMX-TMP)	Bactrim DS, Cotrim DS, Septra DS	Formulary		AHFS 8:12.20 Sulfonamides	**issue**
Triumeq	**Abacavir/ Dolutegravir/ Lamivudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI); 8:18.08.12 HIV Integrase Inhibitors; 8:18.08.20 HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	**issue**
Trizivir	**Abacavir/ Lamivudine/ Zidovudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Tropicamide	**Mydral**	*Restricted Formulary*	For procedures only.	AHFS: 52:24 Mydriatic	**medline**
Trusopt	**Dorzolamide**	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	**issue**
Truvada	**Emtricitabine/ Tenofovir**	*Restricted Formulary*	Approved as continuation therapy.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	Transcriptase Inhibitors (NRTs)	
Tuberculin	Tubersol	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	**medline**
Tubersol	**Tuberculin**	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	**medline**
Tums	**Calcium carbonate**	*Restricted Formulary*: OTC item, requires approval by facility medical director.	Approved for hypocalcaemia, hyperphosphatemia, H. pylori or end stage renal disease.	AHFS 40:12 Replacement preparations	**issue**
Tolnaftate	Tinactin	*Restricted Formulary*: OTC item, requires approval by facility medical director.		AHFS 84:04.08 Topical antifungals	**issue**
Twinrix	**Hepatitis A inactivated/ Hepatitis B recombinant vaccine**	*Restricted Formulary*	Follow Hepatitis Vaccine Public Health Order (InsideDOC) per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Tylenol, Ofirmev	**Acetaminophen**	*Restricted Formulary*: OTC item, requires approval by facility medical director.	Approved for acute pain (up to 14 days after initial injury), Hepatitis C treatment side effects, high fever (≥101°F), postoperative analgesia following oral surgery (up to 5 days post surgery), or acute pulpitis (for up to 14 days). IV Formulation is Approved for acute pain for NPO patients for up to 5 days.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	**issue**
Tylenol #3	**Acetaminophen/ Codeine**	*Restricted Formulary*	Refer to Opiate Management Protocol for prescribing guidelines.	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	**Medline Only**
Umeclidinium	Incruse Ellipta	Formulary		12:08.08 – Antimuscarinics/ Antispasmodics	**issue**
Unasyn	**Ampicillin & sulbactam sodium**	Formulary		AHFS 8:12.16 Penicillins	**medline**
Urea lotion	Aqua Care	*Restricted Formulary*	Approved for diabetic patients for lower extremity hyperkeratosis.	AHFS 84:28 Keratolytic/Antiseborrheic Agents	**issue**
Urecholine	**Bethanechol**	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Urised	**Atropine/Benzoic acid/ Hyoscyamine/ Methenamine/ Methylene blue/ Phenyl salicylate**	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	**issue**
Ursodiol	Actigall	Forumlary		AHFS 56:14 Cholelitholytic Agents	**issue**
Valisone	**Betamethasone valerate 0.1%**	Formulary		AHFS 84:06 Topical anti-inflammatory agents	**issue**
Valium	**Diazepam**	*Restricted Formulary* **Non-Formulary:** Hypnotic use	Approved per Benzodiazepine Protocol.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Valproic acid	Depakene	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	**medline**
Vancocin	**Vancomycin**	Formulary: IV *Restricted Formulary:* solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	**medline (IV)** **issue (oral)**
Vancomycin	Vancocin	Formulary: IV *Restricted Formulary:* solid dose form	Solid dose form – Approved for moderate to severe clostridium difficile colitis.	AHFS 8:12.28 Miscellaneous Antibacterials	**medline (IV)** **issue (oral)**
Varicella Vaccine, Live	Varivax	*Restricted Formulary*	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Varicella Zoster Virus Vaccine, Live	Zostavax	*Restricted Formulary*	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Varicella Zoster Virus Vaccine, Recombinant	Shingrix	*Restricted Formulary*	Approved per ACIP recommendations or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Varivax	**Varicella Vaccine, Live**	*Restricted Formulary*	Approved for outbreaks if patient is non-immune Per ACIP guidelines and DOC protocol. DOC protocol supersedes ACIP guidelines.	AHFS 80:12 Vaccines	**medline**
Vasotec	**Enalapril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Velpatasvir/ Sofosbuvir	Epclusa	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors; 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Velpatasvir/ Voxilaprevir/ Sofosbuvir	Vosevi	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
					monitoring for camps without Pill Lines.)
Vemlidy	**Tenofovir alafenamide**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Venlafaxine	Effexor, Effexor XR	Formulary: IR, ER, XR	Therapeutic Interchange 1:1 XR or ER to IR. No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**Medline Only** (Facilities without pill lines may prescribe as SC-Earned)
Venofer	**Iron Sucrose**	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 20:04.04 Iron Preparations	**medline**
Venoglobulin	**Immune globulin**	Formulary		AHFS 80:04 Serums	**issue**
Ventolin HFA	**Albuterol HFA**	Formulary: Neb, MDI **Non-Formulary:** Extended release, other HFA Brands	One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**
Verapamil	Calan, Calan SR	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	**issue**
Versed	**Midazolam**	*Restricted Formulary*	Approved for procedures only.	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	**Medline Only**
Vibramycin, Periostat	**Doxycycline**	Formulary		AHFS 8:12.24 Tetracyclines	**issue**
Videx	**Didanosine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08 Antiretrovirals	**issue**
Viracept	**Nelfinavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the	AHFS 8:18.08 Antiretrovirals	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.		
Viramune Viramune XR	**Nevirapine** **Nevirapine XR**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:18.08.16 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	**issue**
Viread	**Tenofovir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Viroptic	**Trifluridine**	Formulary		AHFS: 52:04:20 Antivirals	**issue**
Viscous lidocaine 2%; magnesium/ aluminum/ simethicone 200mg-200mg-20mg/5ml 1:1 **Authorized Compounded Product**	GI Cocktail	*Restricted Formulary*	Approved for urgent use up to 72 hours or per FMD approval.	N/A	**issue**
Visine A	**Naphazoline/ Pheniramine**	*Restricted Formulary*: OTC item, requires approval by facility medical director.		AHFS 52:32 Vasoconstrictors	**issue**
Vistaril, Atarax	**Hydroxyzine**	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	**medline**
Vitamin B complex	Nephrovite, Nephrocap	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 88:08 Vitamin B Complex	**issue**
Vitamin B-1	**Thiamine**	*Restricted Formulary*	Approved for detoxification only.	AHFS 88:08 Vitamin B complex	**medline**
Vitamin B12	**Cyanocobalamin**	Formulary: Injectable **Non-Formulary:** Other dose form		AHFS 88:08 Vitamin B complex	**Medline Only**
Vitamin B-6	**Pyridoxine**	*Restricted Formulary*	Approved for use with INH only.	AHFS 88:08 Vitamin B complex	**issue**
Vitamin C	**Ascorbic acid**	*Restricted Formulary*	Approved for iron absorption aid.	AHFS 88:12	**issue**
Vitamin D3	**Cholecalciferol**	*Restricted Formulary*	Approved for CKD 4 & 5 (ESRD & Dialysis), multiple sclerosis, gastric bypass, and gastroparesis.	AHFS 88:16 Vitamin D	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved for patients with other risk factors (other than reduced sun exposure) who have Vitamin D levels under 20.		
Vitamin D with Calcium	Ca with Vit D	*Restricted Formulary*: OTC item, requires approval by facility medical director.	Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients.	AHFS 88:16 Vitamin D	**issue**
Vivitrol, Revia	**Naltrexone Oral and Injectable**	*Restricted Formulary*	Approved for treatment of opiate use disorder and alcohol use disorder. Approved for use in chronic pain management with pain specialist recommendation.	AHFS 28:10 Opiate antagonists	**medline**
Voltaren	**Diclofenac sodium Topical Gel**	*Restricted Formulary*	Approved for treatment of joint pain associated with osteoarthritis.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	**issue**
Vosevi	**Sofosbuvir/ Velpatasvir/ Voxilaprevir**	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Voxilaprevir/ Sofosbuvir/ Velpatasvir	Vosevi	*Restricted Formulary*	Approved per Hep. C Protocol	AHFS 8:18.40.16 – HCV Polymerase Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)
Vytorin	**Ezetimibe/ Simvastatin**	**Non-Formulary**		AHFS 24:06 Antilipemic agents	**medline**
Warfarin sodium	Coumadin	Formulary		AHFS 20:12.04 Anticoagulants	**medline**
Wellbutrin	Bupropion (all formulations)	*Restricted Formulary*	Approved by Psychatric CRC per authorized guidelines only.	AHFS 28:16.04 Antidepressants	**Medline Only**
X-Prep	**Senna**	*Restricted Formulary*: OTC item, requires approval by facility medical director.		AHFS 56:12 Cathartics and laxatives	**issue**
Xalatan	**Latanoprost**	Formulary		AHFS 52:36 Miscellaneous EENT agents	**issue**
Xarelto	**Rivaroxaban**	*Restricted Formulary*	Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days.	AHFS 20.12.04.14 Direct Factor Xa Inhibitors	**medline**
Xopenex HFA	**Levalbuterol HFA**	*Restricted Formulary*: Neb, MDI	Approved if albuterol has a higher cost, albuterol is limited in availability or if	AHFS 12:12 Sympathomimetic (adrenergic) agents	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: Other HFA Brands	patient has adverse side effects to albuterol. One inhaler permitted every 25 days. Any early refill must be approved by the FMD or pharmacist supervisor and the prescriber must be consulted. TI: 1:1 therapeutic interchange of levalbuterol HFA and albuterol HFA based on cost and availability.		
Xylocaine, Xylocaine with Epi.	**Lidocaine (except patches)**	Formulary **Non-Formulary:** Antiarrythmic treatment		AHFS 72:00 Local anesthetics	**issue topical**
Yuflyma **(Biosimilar to adalimumab)**	**Adalimumab-aaty**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Yusimry **(Biosimilar to adalimumab)**	**Adalimumab-aqvh**	*Restricted Formulary*	Requires recommendation from a specialist.	AHFS 92:00 MISC	**medline**
Zantac	**Ranitidine**	Formulary	May be substituted with famotidine (famotidine 20mg ≈ ranitidine 150mg). Consult with pharmacist.	AHFS 56:28.12 Histamine H2-Antagonists	**issue**
Zanaflex	**Tizanadine**	Restricted Formulary **Non-Formulary**: All other acute conditions	Approved for neurological conditions with neurological spasticity as recommended by a specialist. Approved for opioid withdrawal as recommended by DOC addiction specialist. Dental use requires approval of Dental CRC.	AHFS 12:20 Skeletal Muscle Relaxants	**medline**
Zaroxolyn	**Metolazone**	*Restricted Formulary*	If creatinine clearance less than 30 or serum creatinine is greater than 2.	AHFS 40:28 Diuretics	**issue**
Zarxio **(Biosimilar to Neupogen)**	**Filgrastim-sndz**	Formulary		AHFS 20:16 Hematopoietic Agents	**medline**
Zemplar	**Paricalcitol**	*Restricted Formulary*	Approved for dialysis patients only.	AHFS 88:16 Vitamin D	**issue**
Zepatier	**Elbasvir/ Grazoprevir**	*Restricted Formulary*	Approved per Hep. C Protocol	8:18.40.20 – HCV Protease Inhibitors 8:18.40.24 HCV Replication Complex Inhibitors	**Medline Only** (Keep on Person with monitoring for camps without Pill Lines.)

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zerit	**Stavudine**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zestril, Prinivil	**Lisinopril**	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	**issue**
Ziagen	**Abacavir**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zidovudine	Retrovir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zidovudine/ Abacavir/ Lamivudine	Trizivir	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS: 8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTs)	**issue**
Zinc oxide	Desitin	*Restricted Formulary*	OTC item, requires approval by facility medical director.	AHFS 84:80 Sunscreen agents	**issue**
Ziprasidone	Geodon	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**issue**
Zithromax	**Azithromycin**	Formulary		AHFS 8:12.06 Macrolides	**issue**
Zofran	**ondansetron**	*Restricted Formulary*	Approved for cancer patients or if alternative therapies fail or contraindicated.	AHFS 56:22 Antiemetics	**issue**

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zocor	**Simvastatin**	Formulary **Non-Formulary:** 80mg strength		AHFS 24:06 Antilipemic agents	**issue**
Zoloft	**Sertraline**	Formulary **Non-Formulary:** solution	No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	AHFS 28:16.04 Antidepressants	**issue**
Zostavax	**Varicella Zoster Virus Vaccine, Live**	*Restricted Formulary*	Approved for patients 60 years and older and per ACIP recommendations, or per CRC approval.	AHFS 80:12 Vaccines	**medline**
Zostrix	**Capsaicin**	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	**issue**
Zosyn	**Piperacillin/ Tazobactam**	Formulary		AHFS 8:12.07 Miscellaneous beta lactam antibiotics	**medline**
Zovirax	**Acyclovir**	Formulary: Oral dosage form **Non-Formulary:** Topical		AHFS 8:18.32 Nucleosides and Nucleotides	**issue**
Zyloprim	**Allopurinol**	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	**issue**
Zyprexa, Zyprexa Zydis	**Olanzapine**	Formulary **Non-Formulary:** Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for up to 30 days or unless permitted per approved protocol).	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:16.08.04 Atypical Antipsychotics	**medline**
Zyrtec	**Cetirizine**	*Restricted Formulary*	Approved after failure of loratadine.	AHFS 4:08 Second Generation Antihistamines	**issue**
Zyvox	**Linezolid**	*Restricted Formulary*	Approved as continuation therapy. If therapy is initiated at DOC, approval by the DOC infectious disease specialist, Chief Medical Officer, or Pharmacy Director is required.	AHFS 8:12.28 Miscellaneous Antibacterials	**issue**

C – Possible Alternatives to Non-Formulary Medications

The following table contains a list of some Non-Formulary medications with examples of selected alternatives that are on the DOC Formulary Drug list.

Table

Non-Formulary	**Possible Formulary Alternative(s)**
Accolate®	montelukast
Accupril®	enalapril, lisinopril, benazepril
Accuretic®	enalapril + HCTZ, lisinopril + HCTZ, benazepril + HCTZ
Aceon®	enalapril, lisinopril, benazepril
Aciphex®	omeprazole
Acular®	Prednisolone acetate
Alrex®	Prednisolone acetate
Altoprev®	simvastatin, pravastatin, ezetimibe/simvastatin
Amaryl®	glyburide, glipizide immediate release tablets
Androgel®	Testosterone cypionate
Ascencia®	Accu-chek®, OneTouch®
Atacand®	losartan
Atacand HCT®	losartan + HCTZ
Avapro®	Losartan
Avinza®	morphine sulfate ER
Azelex®	Acne preparations are not approved in the formulary
Anzemet®	Meclizine,prochlorperazine, trimethobenzamide, ondansetron
Benicar®	Losartan
Benicar HCT®	losartan + HCTZ
Betimol®	betaxolol, timolol
Bextra®	etodolac, indomethacin, ketorolac,
Cardene® SR	diltiazem, verapamil, amlodipine
Non-Formulary	**Possible Formulary Alternative(s)**
Cardizem® LA	diltiazem
Ceclor® CD	cefoxitin, cefuroxime or other approved antibiotic class based on sensitivity

Cedax®	ceftazidime, ceftriaxone or other approved antibiotic class based on sensitivity
Celebrex®	etodolac, indomethacin, ketorolac
Cipro® XR	ciprofloxacin or other approved antibiotic class based on sensitivity
Colazal®	mesalamine
Combivir	Zidovudine and Lamivudine
Covera® HS	verapamil
Crestor®	simvastatin, pravastatin, ezetimibe/simvastatin
Depakote® **ER**	divalproex DR
Differin®	Acne preparations are not approved in the formulary
Detrol® LA	oxybutynin
Ditropan® XL	oxybutynin
Diovan®	losartan
Dynabac®	erythromycin, azithromycin
Dynacirc® CR	amlodipine
Famvir®	acyclovir
FML® Forte	prednisolone
Focalin®	no approved CNS stimulant in the formulary
Frova®	sumatriptan
GoLytely PEG	generic electrolyte solution
Helidac®	bismuth salicylate + metronidazole + tetracycline
Hyzaar®	losartan + HCTZ
Klaron®	Acne preparations are not approved in the formulary
Kristalose®	lactulose
Kytril®	trimethobenzamide, meclizine, prochlorperazine, ondansetron
Non-Formulary	**Possible Formulary Alternative(s)**
Flescol® XL	simvastatin, pravastatin, ezetimibe/simvastatin
Lexxel®	enalapril + amlodipine
Lorabid®	cefuroxime, cefoxitin
Lumigan®	latanoprost
Maxalt® MLT	sumatriptan
Mavik®	captopril, enalapril, lisinopril

Maxaquin®	ciprofloxacin
Maxidone®	use opioid analgesic + APAP separately if needed
Metrolotion®	Acne preparations are not approved in the formulary
Miacalcin®	alendronate
Micardis®	losartan
Micardis HCT	losartan + HCTZ
Monopril®	enalapril, lisinopril, benazepril
Monopril® HCT	enalapril+hctz, lisinopril+hctz, benazepril+hctz
Nexium®	omeprazole
Noritate®	Acne preparations are not approved in the formulary
Noroxin®	ciprofloxacin
Nulev®	hyoscyamine sulfate
Nulytely®	generic electrolyte solution
Omnicef®	ceftazidime, ceftriaxone or use another antibiotic class based on sensitivity
Orapred®	prednisone, methylprednisolone
OxyIR®	oxycodone
Non-Formulary	**Possible Formulary Alternative(s)**
PCE®	erythromycin, azithromycin
Pediapred®	prednisone, methylprednisolone
Penetrex®	ciprofloxacin
Phenytek®	phenytoin
Plendil®	amlodipine, diltiazem, verapamil
Prandin®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Pravigard®	simvastatin + ASA, pravastatin + ASA, ezetimibe/simvastatin + ASA
Premarin®	Estradiol
Prevacid®	omeprazole
Prilosec® Rx	omeprazole
Protopic®	use corticosteroid/anti-inflammatory topical agents
Proventil HFA	albuterol inhaler (Ventolin® HFA)

Prozac® 90mg	fluoxetine (daily), citalopram, paroxetine, sertraline
Pulmicort®	budesonide nebs, beclomethasone
Quinapril®	enalapril, lisinopril, benazepril
Quixin®	ofloxacin, ciprofloxacin
Relenza®	amantadine
Relpax®	sumatriptan
Rescula®	latanoprost
Risedronate	Alendronate
Retin-A®	Acne preparations are not approved in the formulary
Ritalin® LA	no approved CNS stimulants in the formulary
Skelid®	alendronate
Spectracef®	ceftazidime, ceftriaxone
Non-Formulary	**Possible Formulary Alternative(s)**
Starlix®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Sular®	amlodipine, diltiazem, verapamil
Suprax®	ceftazidime, ceftriaxone
Tarka®	verapamil + enalapril
Teveten®	losartan
Teveten® HCT	losartan + HCTZ
Tri-Norinyl®	generic hormonal contraceptives
Triptans (5HT-1)	sumatriptan
Uniretic®	enalapril + HCTZ
Vantin®	ceftazidime, ceftriaxone
Vexol®	prednisolone
Vioxx®	etodolac, indomethacin, ketorolac
Zagam®	ciprofloxacin

D – Approved Medications for Therapeutic Interchange

Description

Therapeutic Interchange (TI) involves the dispensing of chemically different drugs that are considered to be therapeutically equivalent. Therapeutically equivalent drugs are chemically dissimilar but produce essentially the same therapeutic outcome and have similar toxicity profiles. Usually these drugs are within the same pharmacologic class. They frequently differ in chemistry, mechanism of action, pharmacokinetic properties, and may possess different adverse and drug interaction profiles.

Under the DOC P&T Formulary (page 10), pharmacists are granted authority to therapeutically substitute medications. This document outlines the specific medications and strengths approved for Interchange.

If no changes in dosage form with inhalers that contain Chlorofluorocarbon (CFC), pharmacy will automatically dispense alternative propellant, 139ydrofluoroalkane (HFA), when available, without a Therapeutic Interchange.

All therapeutic equivalent doses are averages and may need to be followed-up for additional dose adjustment. Formulary references (I is Formulary, II is *Restricted Formulary*, or III is Non-Formulary) are indicated after each medication.

D – Approved Medications for Therapeutic Interchange,
Continued

Cardiovascular Drugs

The following table shows cardiovascular drugs. All doses are in total-daily oral dose unless otherwise stated

Angiotensin Converting Enzyme (ACE) Inhibitors					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Benazepril (I)	5mg	10mg	20mg	40mg	80mg
Captopril (I)	6.25mg TID	12.5mg TID	25-37.5mgTID	50mg TID	100-150mg TID
Enalapril (I)	5mg	10mg	20mg	20mg BID	
Fosinopril (III)	5mg	10mg	20mg	40mg	80mg
Lisinopril (I)	5mg	10mg	20mg	40mg	40mg BID
Moexipril (III)	3.75mg	7.5mg	15mg	30mg	60mg
Perindopril (III)	2mg	4mg	6mg	8mg	16mg
Quinapril (III)	5mg	10mg	20mg	40mg	
Ramipril (III)	1.25mg	2.5mg	5mg	10mg	
Trandolapril (III)	0.5mg	1mg	2mg	4mg	
Angtiotensin Receptor Blockers					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Candesartan (III)	4mg	8mg	16mg	32mg	32mg
Losartan (I)	25mg	25mg	25mg	50mg	100mg
Alpha-1 Blockers					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Doxazosin (I)	1mg	2mg	4mg	8mg	
Prazosin (I)	1mg/2/5				
Tamsulosin (I)	0.4mg			0.8mg	
Terazosin (III)	1mg	2mg	5mg	10mg	
Calcium Channel Blockers (dihydropyridine)					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Amlodipine (I)	2.5mg	5mg	10mg	10mg	
Felodipine ER (III)	2.5mg	5mg	10mg	20mg	
Isradipine CR (III)	5mg	10mg	20mg	20mg	
Nicardipine SR (III)	30mg BID		60mg BID		
Nifedipine XL (II)	30mg	60mg	90mg	120mg	
Nisoldipine (III)	20mg	30mg	40mg	60mg	
Calcium Channel Blockers (non-dihydropyridine)					
Agent	**Low**	**Med**	**High**	**Max Daily Dose**	
Diltiazem ER (I)	180mg	240mg	360mg	540mg	
Verapamil SR (I)	180mg	240mg	360mg	540mg	

Continued on next page

Inhaled Medications

The following tables shows inhaled medications.

Inhaled Oral Corticosteroids/LABAs			
Advair Diskus (III) (Fluticasone/Salmeterol)	100/50mcg 1 inh BID	250/50mcg 1 inh BID	500/50mcg 1 inh BID
Advair HFA (III) (Fluticasone/Salmeterol)	45/21mcg 2 inh BID	115/21mcg 2 inh BID	230/21mcg 2 inh BID
Dulera (I) (Mometasone/Formoterol)	100/5mcg 2 inh BID	100/5mcg 2 inh BID	200/5mcg 2 inh BID

Inhaled Oral Corticosteroids			
Agent	Low	Medium	High
Arnuity Ellipta (I – Preferred) (Fluticasone furoate)	100mcg 1 inh QD	100mcg 1 inh QD (may require adjustment for more severe symptoms)	200mcg 1 inh QD
Flovent HFA (I) (Fluticasone propionate)	88 – 264mcg total daily dose	265 – 440mcg total daily dose	>440mcg total daily dose
Qvar RediHaler (III) (Beclomethasone dipropionate HFA)	80 – 240mcg total daily dose	241 – 480mcg total daily dose	>480mcg total daily dose

Inhaled Nasal Corticosteroids	**Dose equivalencies**	**Dose equivalencies**
Triamcinolone (I) nasal spray (55mcg/spray)	2 sprays/nostril QD	
Flunisolide (II) nasal spray (25mcg/spray)	2 sprays/nostril BID	2 sprays/nostril TID
Beclomethasone (III) nasal spray (42mcg/spray)	1 spray/nostril BID	2 spray/nostril BID
Fluticasone propionate (III) nasal spray (50mcg/spray)	2 sprays/nostril QD	
Mometasone furoate (III) nasal spray (50mcg/spray)	2 sprays/nostril QD	

Continued on next page

Diabetic Drugs *The following table shows Diabetic Drugs.*

Sulfonureas *All doses are in total-daily oral dose unless otherwise stated*				
Chlorpropamide (III)	125mg	250mg	500mg	750mg
Glipizide (I)	5mg daily	5mg BID or 10mg daily	10mg BID	20mg BID
Glyburide (I)	2.5mg	2.5mg BID or 5mg daily	5mg BID or 10mg daily	10mg BID or 20mg daily
Glyburide Micronized (III)	1.25mg	3mg	3mg BID or 6mg daily	6mg BID or 12mg daily
Nateglinide (III)	60mg ac TID	60mg ac TID	120mg ac TID	120mg ac TID
Repaglinide (III)	0.5mg ac TID-QID	1-2mg ac TID-QID	3mg ac TID-QID	4mg ac TID-QID
Tolbutamide (III)	500mg	1000mg	2000mg	3000mg
Tolazamide (III)	100mg	250mg	500mg	750-1000mg div BID

Continued on next page

Pain Medication

The following tables show pain medications.

Long-acting Opioids *All doses are in total-daily oral dose unless otherwise stated* *Add the link (from the opioid 143gmt. Protocol) for conversion table*			
Oxycontin (III)	Morphine ER (I)	Methadone (I) (***must consult pharmacist)***	Fentanyl Patch (II) (mcg/72 hour patch)
20	30	10	25mcg
40	60	20	50mcg
80	120	20-25	75mcg
100	150		100mcg
120	180	25-30	125mg
160	240	30-35	150mcg
200	300	30-35	
240	360	35	
280	420	40	
320	480	45	

Muscle Relaxants *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low or Initial Dose**	**Moderate Dose**	**Max Daily Dose**
Carisoprodol (III)	350mg TID	350mg QID	350mg QID
Chlorzoxazone (III)	250mg TID-QID	500mg TID-QID	750mg TID-QID
Cyclobenzaprine (II)	5mg TID	10mg TID	20mg TID (60mg/day)
Methocarbamol (II)	750mg QID	1,000mg QID or 1,500mg TID	1,500 QID (Max dose = 8gm/day)
Metaxalone (III)	800mg TID	800mg QID	800mg QID
Orphenadrine (III)	50mg BID	100mg BID	100mg BID

Continued on next page

Pain Medication (continued)

Non-Steroidal Anti-Inflammatory (NSAIDs) *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low Dose**	**Med Dose**	**High or Max Dose**
Choline Mag Trisalicylate (I)	500mg TID	750mg TID	1,000mg TID
Diclofenac (III) (sodium and potassium)	100mg	150mg	225mg in rheumatoid arthritis 150mg in osteoarthritis
Celecoxib (III)	200mg	200mg BID	200mg BID
Diflunisal (III)	250mg BID	500mg BID	750mg BID
Etodolac IR (II)	200mg TID	400mg BID	1200mg
Etodolac SR (III)	400mg	500mg – 600mg	1200mg
Fenoprofen (III)	200-300mg QID	600mg TID-QID	800mg QID
Flubriprofen (II)	50mg BID	50mg TID-QID	100mg TID
Ibuprofen (II)	400mg TID	600mg TID-QID	800mg QID
Indomethacin (II)	25mg TID	50mg TID	200mg
Ketorolac (II)	10mg BID	10mg TID	10mg QID
Ketoprofen IR (III)	25-50mg TID	75mg TID	300mg
Ketoprofen SR (III)	100mg	150mg	200mg
Meclofenamate (III) sodium	50mg TID	100mg TID	100mg QID
Meloxicam (II)	7.5mg	7.5mg	15mg
Nabumetone (III)	1,000mg	1,000mg BID	2,000mg
Naproxen (II)	250mg TID	500mg BID	1250mg
Naproxen sodium (II)	275mg TID	550mg BID	1375mg
Oxaprozin (III)	600mg	1200mg	1200mg
Piroxicam (III)	10mg	20mg	40mg (not for rheumatoid or osteoarthritis)
Salsalate (I)	500-750mg BID	750mg TID	1,000mg TID
Sulindac (III)	150mg BID	200mg BID	200mg BID
Tolmetin (III)	200mg TID	400mg TID	600mg TID
Valdecoxib (III)	10mg	10mg	20mg BID

Continued on next page

Other Medications

The following tables show other medications.

Serotonin-Receptor Agonists *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low Single Dose**	**Max Single Dose**	**Max Daily Dose**
Almotriptan (III)	6.25mg	12.5mg	25mg
Eletriptan (III)	20mg	40mg	80mg
Frovatriptan (III)	2.5mg	5mg	7.5mg
Naratriptan (III)	1mg	2.5mg	5mg
Rizatriptan (III)	5mg	10mg	30mg
Sumatriptan (II)	25-50mg	100mg	200mg
Zolmitriptan (III)	1.25-2.5mg	5mg	10mg

Urinary Antispasmodics *All doses are in total-daily oral dose unless otherwise stated*			
Agent	**Low or Initial Dose**	**Moderate Dose**	**Max Daily Dose**
Flavoxate (III)	100mg TID	200mg TID	200mg QID (800mg/day)
Oxybutynin (I)	2.5mg TID or 5mg BID	5mg TID-QID	5mg QID (20mg/day)
Oxybutynin ER (III)	10mg	15-20mg	30mg
Tolterodine (III)	1mg BID	2mg BID	4mg
Tolterodine ER (III)	2mg	4mg	4mg

Proton-Pump Inhibitors (PPI's) *All doses are in total-daily oral dose unless otherwise stated*				
Esomeprazole (III)	20mg	20mg	40mg	80mg
Lansoprazole (III)	15mg	30mg	30mg BID	60mg BID
Omeprazole (I)	10mg	20mg	20mg BID or 40mg QD	40mg BID
Pantoprazole (I)	20mg	40mg	40mg BID	80mg BID
Rabeprazole (III)	20mg	20mg	20mg BID	40mg BID

Continued on next page

Other Medications (continued)

Estrogens *All doses are in total-daily oral dose unless otherwise stated*				
Conjugated Estrogen (III)	0.3mg	0.6mg	0.9mg	1.25mg
Estradiol (II)	0.5mg	1mg	1.5mg	2mg

Anti-Convulsants *Doses may need to be adjusted by an additional 8-20%. Liver enzymes should be monitored closely*				
Divalproex DR (I)	250mg	500mg	1000mg	1500mg
Divalproex ER (III)	250mg	500mg	1000mg	1500mg

Serotonin-Norepinephrine Reuptake Inhibitor *All doses are in total-daily oral dose unless otherwise stated*				
Venlafaxine XR & ER (I)	225mg	150mg	75mg	37.5mg
Venlafaxine IR (I)	225mg	150mg	75mg	37.5mg

HMG CoA Reductase Inhibitors (Statins) *All doses are in total-daily oral dose unless otherwise stated*						
Agent	**%LDL Reduction**					
	20-30%	**30-40%**	**40-45%**	**46-50%**	**50-55%**	**56-60%**
Atorvastatin (I)		10mg	20mg	40mg	80mg	
Lovastatin (III)	20mg	40mg	80mg			
Simvastatin (I)	10mg	20mg	40mg	80mg (III)		
Pravastatin (II)	20mg	40-80mg				
Rosuvastatin (III)			5mg	10mg	20mg	40mg
Ezetimibe/ Simvastatin (II)					10/80mg	

References

1. WSPA (Washington State Pharmacy Association)– Washington Rx Therapeutic Interchange Program (taken from Washington Rx Clinical Pearls Sheet).
2. Highline Hospital – approved P&T therapeutic Interchange list
3. Franciscan Healthcare – approved P&T therapeutic interchange list
4. Clinical Pharmacology
5. LexiComp Drug information Handbook
6. Pharmacist's Letter

E – Links

Links

Protocols and Guidelines:

http://idoc/agency/corrections/health-services.htm#protocols-guidelines

DOC Forms:

http://insidedoc/forms/default.aspx

Drug Information (internal use only):

https://stateofwa.sharepoint.com/sites/doc-pharmacy (Select Clinical Pharmacology)

Washington State P&T Committee and formulary:

http://www.rx.wa.gov/

ISMP:

http://www.ismp.org/Newsletters/default.asp

Washington State Pharmacy Quality Assurance Commission

http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission

F – Revisions to Pharmaceutical Management and Formulary Manual

Note: All updates/corrections are made in the text of the Pharmaceutical Management and Formulary Manual posted on the Health Services website to ensure version posted is current. This log shows all changes applied since the 7/24/18 version.

Section Revised	Nature of Revision	Date Applied
Addition to Formulary	Add levonorgestrel & copper IUD, etonogestrel implantable contraceptive as Restricted Formulary – Approved for contraception per policy. Add authorized biosimilars to the Formulary as they become available with the same criteria as the similar item. Add Vemlidy (tenofovir alafenamide) to the Formulary with the same restrictions as Viread. Add Juluca (dolutegravir/rilpivirine) and Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) to the Formulary with the same restrictions as the other HIV drugs. Add Shingrix as Restricted Formulary – Approved per ACIP recommendations or per CRC approval. Approve 'Magic Mouthwash' (diphenhydramine 12.5mg/ml; viscous lidocaine 2%; magnesium/aluminum/simethicone 200mg-200mg-20mg/5ml 1:1:1) and 'GI Cocktail' (viscous lidocaine 2%; magnesium/aluminum/simethicone 200mg-200mg-20mg/5ml 1:1) as authorized DOC compounded products. 'Magic Mouthwash' will be Restricted Formulary – Approved for use for oral lesions or per FMD approval. 'GI Cocktail' will be Restricted Formulary – Approved for urgent use up to 72 hours or per FMD approval. Add the Arnuity Ellipta branded product to the Formulary with the same criteria as other fluticasone inhalers but listed as our preferred inhaled corticosteroid. QVAR to remain on the Formulary as a pill line only item. Pharmacy to create a list of all patients currently on QVAR and send notice to the prescribers giving them one month to either change to Arnuity Ellipta or change the QVAR orders to Pill Line. A therapeutic interchange will be developed as well. Add pyrithione zinc to the Formulary as Restricted Formulary – OTC item, requires approval by facility medical director. Add aripiprazole monohydrate LAI (Abilify Maintena) to the Formulary as Restricted Formulary – Approved by Psychiatric CRC only.	7/24/18
Pharmaceutical Management Manual Changes	Language added to the 'Formulary' to allow for authorized substitution with interchangeable biosimilar products.	7/24/18
Formulary Status Modification	List insulin glargine 300units/ml as Non-Formulary.	7/24/18

	Update the Formulary language for lactulose to Restricted Formulary – Approved for patients with hepatic encephalopathy or for patients with severe constipation in cancer/palliative care with FMD authorization. Update current Formulary language for chronic use baclofen/skeletal muscle relaxants to include ALS and Myasthenia gravis. May add additional diagnoses based off on NFR trends as clinically appropriate. Change Formulary criteria of estradiol to "Approved for symptoms related to menopause and atrophic vaginitis, or for GD CRC authorized hormone therapy". Remove the five year limitation from the restricted criteria. Update ketorolac Formulary language to limit injectable use to intramuscular use only. Update Formulary language of buprenorphine and buprenorphine/naloxone to Approved for prevention of withdrawal and treatment of opioid use disorder per protocol. Update the Restricted Formulary criteria of oxymetazoline to include use in management of periorbital/sinus fractures. Update the Formulary language for risperidone Consta to be consistent with the aripiprazole LAI. Update Formulary language of quetiapine to Restricted Formulary – Approved by Psychiatric CRC per authorized guidelines only. Update Formulary language of bupropion to Restricted Formulary – Approved by Psychiatric CRC per authorized guidelines only. Remove Formulary restrictions of donepezil; making it a Formulary product. Update Formulary language of loratadine to include approval for sinus drainage issues post extractions for up to 14 days and approve for POS. Remove Formulary restriction of Biotene approval by DOC dentist only. Update generic name to a more nonspecific listing. Remove dental procedure restriction for flurbiprofen and add Approved for management of acute pain for up to 10-days. Add per MRSA protocol to current chlorhexidine Formulary restriction. Update Formulary language of hydrophilic cream, ointment and lotion to OTC item, requires approval by FMD for medically appropriate conditions such as moderate to severe eczema or psoriasis per protocol.	
Urgent Stock List Update	Add ophthalmic lubricant to the urgent stock list. Add Tamsulosin 0.4mg to urgent stock list. Doxazosin to remain on the list but is limited to intake facilities only.	7/24/18

	Add Narcan Nasal Spray to the urgent stock list and remove "for emergency red bag usage". Add IUD and implantable contraceptive agents to the Urgent Stock List for use as POS at female facilities. Add Ziprasidone IM to the Urgent Stock List.	
OTC Health Related Items List Changes	Add pyrithione zinc shampoo to the CI Commissary list in place of Ketoconazole shampoo. Add appropriate probiotic to non-debtable list of OTC health related items list.	7/24/18
Pharmaceutical Management Manual Changes	Update NFR process language to reflect changes. Remove time limitation for psychiatric prescriptions from Section XIII of the Pharmaceutical Management and Formulary Manual. Removed use of offender and Offender Health Plan. Updated references to incarcerated individual and Washington DOC Health Plan.	5/3/19
Addition to Formulary	Add leucovorin calcium as Formulary. Default as Medline. Add oral tacrolimus to the Formulary as Restricted Formulary – Approved for organ transplant patients only. Default as Medline. Add mycophenolate to the Formulary as Restricted Formulary – Approved for organ transplant patients only. Default as Medline. Add Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate) and Pifeltro (doravirine) to the Formulary with the same restrictions as the other HIV drugs. Add AREDs II to the Formulary as Restricted Formulary – Approved for moderate to severe macular degeneration or per specialist recommendation. Default as KOP. Add apixaban to the Formulary as Restricted Formulary – Approved for failure of or intolerance to warfarin, or for post surgery use for up to 60 days. Default at Medline.	5/3/19
Formulary Status Modification	Update Formulary language of procarbazine to Restricted Formulary – Approved per specialist's recommendation. Change to Medline default. Update the Restricted Formulary criteria for colchicine to include pericarditis for up to 90 days. Update Formulary language of Loperamide to Restricted Formulary – Quantity greater than 60 units will require FMD approval. Refills require a one to one exchange. Update the Restricted Formulary criteria for gabapentin to Restricted Formulary – Approved per the DOC Gabapentinoid Protocol and CRC. Use in partial seizures may be authorized per specialist recommendation. Doses over 2400mg must be approved by CRC. Remove the one year approval limitation.	5/3/19

	Update Formulary language for acetaminophen to clarify that IV acetaminophen is Restricted Formulary – Approved for acute pain for NPO patients for up to 5 days. Update Formulary language to remove specific reference to pilocarpine ophthalmic solution. Update Formulary language to distinguish Polymycin ophthalmic ointment (Formulary) from the topical formulation (Restricted Formulary). Update Formulary language to create a separate listing for prescription strength ketoconazole products as Formulary and KOP. OTC strength products will remain as currently listed. Remove Formulary restrictions of aripiprazole; making it a Formulary product. The existing Non-Formulary and Special Criteria language specific to atypical antipsychotics will be retained. Update Formulary language to clarify that topical estrogen products are Non-Formulary. Remove Formulary restrictions of piperacillin/tazobactam; making it a Formulary product. Update Formulary language to authorize the use of psychotropic liquid medications by psychiatric prescribers for psychiatric conditions. Use will be limited to Medline Only. Remove Biotene spray from the Formulary. Current prescriptions will remain valid until the next refill. All other listed product formulations will remain on the Formulary.	
Urgent Stock List Update	Add 250mg and 500mg injectable vancomycin to the urgent stock list. Add rilpivirine to the urgent stock list at reception facilities only. Add apixaban to the urgent stock list at reception facilities only. Update efavirenz and abacavir to urgent stock use at reception facilities only. Remove zidovudine from the urgent stock list.	5/3/19
Addition to Formulary	Add flunisolide to the Formulary as Restricted Formulary – Approved for contraindication to or intolerance of Formulary nasal steroids. Add naltrexone as Restricted Formulary: Approved for treatment of opiate use disorder and alcohol use disorder. Approved for use in chronic pain management with pain specialist recommendation. Add pregabalin to the Formulary as Restricted Formulary – Approved per the DOC Gabapentinoid Protocol after failure of gabapentin or on the recommendation of a subject matter expert. Pill Line Only.	12/18/19

	Add cetirizine to the Formulary as Restricted Formulary – Approved after failure of loratadine. Default KOP. Do not add to US. Add diclofenac topical gel as Restricted Formulary – Approved for treatment of joint pain associated with osteoarthritis. Default KOP.	
Formulary Status Modification	Update the Formulary status of triamcinolone nasal spray to Formulary. Update and reactivate existing Therapeutic Interchange for nasal steroids. List long acting buprenorphine injection as Non-Formulary. Update the Formulary status of atorvastatin to Formulary.	12/18/19
Urgent Stock List Update	Add glecaprevir/pibrentasvir to urgent stock at reception centers only.	12/18/19
Pharmaceutical Management Manual Changes	Update Section VI to clarify that emergency use of non-formulary medication is limited to 14 days and the emergency use is a one-time authorization. Update Appendix B (Formulary Drug Listing) notes to include information that inhaler dispensing systems that may pose a risk to safety in the prison setting will be considered Pill Line only and prescription orders will be adjusted as necessary. Remove language from Section XXII that required resubmission of a previously approve Non-Formulary Request upon readmission of a released patient.	10/13/21
Addition to Formulary	Add dorzolamide/timolol as Formulary. Add tizanidine to the Formulary as Restricted Formulary – Approved for neurological conditions with neurological spasticity as recommended by a specialist. Approved for opioid withdrawal as recommended by DOC addiction specialist. Dental use will require Dental CRC authorization. Non-Formulary – All other acute conditions. Add famotidine as Formulary. Add melatonin as Formulary. Add ursodiol as Formulary.	10/13/21
Formulary Status Modification	Update the status of baclofen to Restricted Formulary – Approved for neurological conditions with neurological spasticity as recommended by a specialist. Dental use will require Dental CRC authorization. Non-Formulary – All other acute conditions. Change Mavyret from Medline Only to Medline. Update the Restricted status of all Hepatitis C agents to Approved per Hep C Protocol. Updated Burow's solution to include Domeboro topical as it is considered Formulary as well. Removed vaginal from MetroGel to prevent confusion surrounding Formulary status of metronidazole topical products. Change the status of EMLA to Formulary.	10/13/21

	Change the status of lidocaine patches to Restricted Formulary – Approved for use after failure of or contraindication to two first line Formulary agents. Update the Restricted status of artificial tears to OTC item, requires approval by facility medical director, optometrist or other eye specialist. Approved for Pterygium, Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome. Change the status of olanzapine to Formulary. The Non-Formulary and prescribing criteria will be retained. Change the status of finasteride to Formulary. Update the Restricted status of gabapentin to Approved per the DOC Gabapentinoid Protocol. Use in partial seizures may be authorized per specialist recommendation. Update the Restricted status of cyclobenzaprine and methocarbamol to authorize FMD approval of use for greater than 14 days within any 3-month period. Update the Restricted status of duloxetine to Approved for the treatment of depression and chronic pain.	
Urgent Stock List	Add nasal glucagon. Add famotidine 10mg. Add estradiol 1mg at reception facilities only. Add duloxetine 20mg. Add tizanidine 2mg at reception facilities only.	10/13/21
OTC Health Related Items List Changes	Add black cohosh as non-debtable Add melatonin as debtable. Add dental adhesive as debtable.	10/13/21
Addition to Formulary	Add megestrol to the Formulary as Restricted Formulary – Approved when recommended by an oncology specialist. Add azelastine as Formulary.	4/11/22
Formulary Status Modifications	Update the Restricted status of oral estradiol to remove GD CRC authorization and replace wording with hormone management in transgender patients per protocol or specialist recommendation. Separate estradiol into oral/injectable/vaginal and topical to decrease confusion with Formulary interpretation. Add criteria to new topical entry as Restricted Formulary – Approved for hormone management in transgender patients per specialist recommendation. Updated the Restricted status of testosterone to Approved for hormone management per protocol or specialist recommendation. Clarified that a new prescription of colchicine is required for each flare.	4/11/22
Urgent Stock List	Add tizanidine 2mg at reception facilities only.	4/11/22
OTC Health Related Items List Changes	Add vitamin D (cholecalciferol) 400 IU as non-debtable.	4/11/22

Addition to Formulary	Add metformin ER as Formulary. Add PCV20 to the Formulary as Restricted Formulary – Approved per ACIP recommendations	3/1/23
Formulary Status Modifications	Change the status insulin glargine to Formulary. The 300unit/ml formulation will remain Non-Formulary.	3/1/23
Urgent Stock List	Add insulin aspart at reception facilities and facilities with patients actively using insulin pumps only.	3/1/23
Addition to Formulary	Add COVID-19 vaccine (non-specific) to the Formulary as Restricted Formulary – Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines. The Director of Pharmacy and Director – Infection and Prevention Control will determine specific vaccine products to be available for use in DOC. Add RSV Vaccine (non-specific) to the Formulary as Restricted Formulary – Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines. The Director of Pharmacy and Director – Infection and Prevention Control will determine specific vaccine products to be available for use in DOC. A note will be added in CIPS to require age to be noted when RSV Vaccine is prescribed. Add HPV Vaccine (non-specific) to the Formulary as Restricted Formulary – Approved per ACIP guidelines and DOC protocol/guidance. DOC Protocol/Guidance supersedes ACIP guidelines. The Director of Pharmacy and Director – Infection and Prevention Control will determine specific vaccine products to be available for use in DOC. A note will be added in CIPS to require shared clinical decision-making is noted when HPV Vaccine is prescribed for persons between the ages of 27 to 45.	4/24/24
Urgent Stock List	Remove Mavyret restrictions and require pharmacy staff to monitor utilization in an effort to prevent waste	4/24/24
Addition to Formulary	Add olmesartan/amlodipine as Formulary. Default as KOP. Update Formulary status of atenolol to Non-Formulary for use in hypertension. This only applies to new prescriptions. Clinical Pharmacists will review current prescriptions and offer recommendations for appropriate substitution. The committee offers a recommendation that this be an option for inclusion in a CDTA. Add prometrium to the Formulary as Restricted Formulary – Approved for gender affirming hormone treatment per the Gender Affirming Care Protocol. Default as KOP.	7/5/24
Urgent Stock List	Add clotrimazole 1% cream to the urgent stock list.	7/5/24