



PHARMACEUTICAL MANAGEMENT & FORMULARY MANUAL

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

Note: Appendix A – Formulary Drug Listing may be updated frequently as clinical data or contract prices change.

600-HA002 (R. 07/14/2025)

DOC Formulary

Table of Contents

Definitions	3
Purpose	5
Promulgation of Policy	6
Voting Members	6
Subcommittee Structure	7
Consultants / Guests	8
Meeting Operations	8
Medication Categories	9
Generic or Biosimilar Product Substitution	15
Therapeutic Interchange	15
Medication Sources	16
Pharmaceutical Representatives	16
Formulary Addition / Change Requests	16
Refusal to Fill or Discontinue an Order	16
Prescription Discontinuation, Renewal, and Refill	17
Telephone and Verbal Orders	18
Written Prescription Guidelines	18
Issuable and Medline Medications	19
Urgent Stock Medication	21
Crushing of Medications	21
Labeling	21
Adverse Events	22
Medication Incidents	22
Transfer and Release Medications	23
Drug Recalls	23

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.

Emergency: A significant risk to patient safety is present, and time does not permit utilization of the authorization procedures described herein.

Expedited Prior Authorization (ePA): A structured approval system governed by the criteria set forth in the Formulary Listing and/or Apple Health Policy, designed to eliminate the necessity of submitting additional authorization requests through the Non-Formulary Request process.

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.

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. Medications with this designation may not be issued to patients unless ordered as issuable by a DOC prescriber.

Medline Only: Specified medications that are not authorized to be in a patient's possession

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 providers 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, algorithms, and Collaborative Drug Therapy Agreements (CDTA) prior to implementation to assure consistency with the DOC Formulary listing
- 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 Over-the-Counter (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 clinical practice will be incorporated in the decision process to maintain clinical relevance.

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

The overall goal of the Pharmacy and Therapeutics (P&T) Committee is to support healthcare teams in providing comprehensive, quality, timely and cost-effective care to patients by clearly communicating evidence-based medication practices and creating the infrastructure necessary to implement these practices system wide.

This document shall be made available on the DOC website, DOC Intranet, and may be available in all facility libraries.

Section II

Promulgation of Policy

The P&T Committee is charged with developing recommendations on a variety of pharmaceutical related issues including changes to this document, procedures, forms, operations, policy, and advise on changes to legislation. The P&T Committee will integrate current knowledge, seek needed input, and make recommendations to the DOC Chief Medical Officer (CMO) for final approval. Healthcare providers are expected to comply with the formulary when treatment decisions are made. The CMO or designee may grant exceptions to the Formulary.

The CMO and Director of Pharmacy (chairperson) 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.

Section III

Voting Members

The committee shall consist of an interdisciplinary team of healthcare professionals, that will include the:

- CMO,
- Director of Pharmacy,
- Chief Nursing Officer,
- Director of Quality,
- One Facility Medical Director
- One Clinical Pharmacist, and
- One Facility Advanced Care Practitioner.

The P&T chairperson and 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 assigned. Members are expected to attend each meeting and actively contribute to the work of the P&T committee. At the discretion of the Chair, members can be removed.

Members must be current in knowledge of patient care standards and familiar with the Washington DOC Health Plan, DOC Policy and DOH Regulations.

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 will disclose information to the chairperson prior to appointment or upon conflict occurrence.

Members must comply with relevant Washington State RCW, WAC, DOC Policy and Procedure 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.

Members who are unable to attend scheduled meetings will select and inform an appropriate alternate. Alternates are invited to attend meetings at any time to become familiar with meeting operations. Alternates will be considered voting members only when they are functioning as the alternate to the voting member.

Section IV

Subcommittee Structure The routine work overseen by the P&T committee includes antibiotic stewardship, audits, drug utilization reviews, formulary management and update, inventory management, medication management, Legislative/policy/law-related updates, LEAN-method systems improvements, oversight functions (controlled substances, environmental safety reviews, OTC medication use, patient education/counseling, provider office stock management, refrigerator temperature logs), staff education, updates of protocols/guidelines, urgent stock management, Washington Pharmacy Commission related updates, and waste reduction efforts.

With this large body of work, the mode of accomplishment will be a subcommittee structure with each Pharmacy and Therapeutics subcommittee led by a Clinical Pharmacist, at least one Clinical Leader, and an Administrative Partner (HSM, HSA, or other designated leader based on the need of the particular portfolio). The subcommittee leadership will be requested to work together to manage the body of work coming from the P&T committee as reflected above and report back to the P&T committee.

Subcommittees:

- Behavioral Health
- Dental/Infectious Disease and Prevention
- Emerging Therapeutics
- Nursing
- Primary Care/Medication for Opioid Use Disorder
- Quality/Patient Safety
- Specialty Care/High-Cost Drugs
- Transitions Care – Intake, Violator Care, and Reentry

Each portfolio has a unique focus, and the organization of the work should be tailored to the subcommittee needs. This is at the discretion of the designated group leader. Each group will develop a quarterly report to be sent electronically to the

Pharmacy and Therapeutics Committee. This report should include the following as they apply to the quarter being reported:

- Drug utilization reviews – recommendations from the subcommittee
- Formulary management and requested updates
- Audits and oversight functions (controlled substances, environmental safety reviews, OTC medication use, med management, inventory, urgent stock, provider office stock management, refrigerator temperature logs),
- Education – staff and patients
- Requested updates of protocols/guidelines,
- LEAN-method systems improvements that the subcommittee has done, including waste reduction efforts.

Reports should be submitted electronically to the Co-Chairs, Director of Pharmacy (Dr. William Hayes), and CMO (Dr. MaryAnn Curl), as a Word document or a PowerPoint, depending on the preference of the subcommittee. If items need explanation that is not possible or practical with a written report submission, please contact the Co-Chairs to arrange ad-hoc attendance to the P&T meeting.

Section V

**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.

Section VI

**Meeting
Operations** The P&T Committee shall meet quarterly. If there is a need for the committee to meet more often it will be arranged through agency approved teleconferencing systems.

To transact business, a quorum of more than half the members (including the chairperson/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 chairperson 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 CMO shall cast the deciding vote.

Meetings will be held in person, by teleconference or via E-mail voting.

Section VII

Medication Categories

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

Not Covered 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 Review 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 Health Related Items Commissary 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 (pharmacy staff will dispense the brand name product if a generic is currently unavailable)

Procedure for Authorization of Use:

- I. ePA

- If medication is prescribed according to the criteria (listed under Special Criteria) in the Formulary Listing, prescribers may order Not Covered medications without further authorization.

A Non-formulary (DOC Form 13-041) request (NFR) must be submitted prior to prescribing a Not Covered medication when ePA criteria is not met.

Documentation of ePA criteria will be noted in the prescribing system or on a Primary Encounter Report (PER) by the prescriber and should reflect the reasoning behind the choice of the medication. The CIPS Code “EPA” will be listed in the Approval Form of CIPS along with any necessary information to qualify the criteria listed, i.e., OMNI Consult Number, diagnosis, documentation of failure, etc.

Pharmacist dispensing the prescription order will be responsible for transferring handwritten the reasoning behind the choice to the patient medication profile.

Assigned Subcommittees will conduct quarterly retrospective reviews of ePA utilization to the P&T Committee for retrospective review and quality purposes.

II. Non-Formulary Request (DOC Form 13-041)

A Non-Formulary Request (NFR) must be submitted prior to prescribing a Not Covered medication with the following two exceptions:

- Upon admission of a patient to a DOC facility from outside DOC, a Not Covered 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 NFR 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.

Submission of Non-Formulary Request To obtain prior approval for use of a Not Covered 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 Not Covered 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. Apple Health/Medicaid criteria/protocols
 - c. Patient utilization patterns (refill requests, history of medication profile, and past NFRs)
 - d. Other underlying medical conditions

- e. Patient safety (risk vs. benefit)
- f. 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 Not Covered.

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.

All antineoplastics/chemotherapy are Not Covered. Prescribers must utilize the Medicaid Antineoplastic Protocol and/or NCCN Guidelines to obtain an ePA for use.

**Violator
Pharmaceutical
Requests**

Consistent with the medication continuation practice at DOC Reception Centers, DOC Contracted Violator Facilities are authorized to receive reimbursement for Not Covered 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. 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.

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:

- Clinical Pharmacology (Pharmacy Sharepoint)
- UpToDate (<http://uptodate.com/>)
- Any CRC when not listed in Clinical Pharmacology or UpToDate.

Emergency Use

Emergency: A significant risk to patient safety is present, and time does not permit utilization of the authorization procedures described herein.

Notwithstanding any of the above utilization guidelines, in an emergency, practitioners may prescribe Not Covered medications, which the practitioner judges to be medically necessary in a particular circumstance.

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

OTC Medications will be provided according to criteria in the Formulary Listing or DOC 650.040. Pharmacy staff will dispense when criteria have been met. The CIPS Code "OTC" will be used when criteria have been met.

Section VIII

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. An exception will be made when interchangeable biological products are newly marketed. Pharmacy staff will notify prescribers in advance of interchange of newly marketed products.

Section IX

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.

Section X

Medication Sources

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

- Medication provided by community hospitals, clinics, emergency rooms may be utilized if a valid DOC prescription order for their use is obtained
- Medication obtained through provisions of the Patient-Paid Health Care Policy. (Such medication will be verified by a DOC staff member for security purposes prior to distribution to the patient)
- Medication obtained through a DOC Commissary
- Medication obtained through a local pharmacy using the ArrayRx Voucher Program.

Section XI

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 CMO/designee

Section XII

Formulary Addition/Change 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 changes 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.

Section XIII

Refusal to Fill or Discontinue an Order

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

- An order may cause physical harm.
- An order does not meet DOC formulary criteria and/or does not have a Non-Formulary approval.
- An order contains a significant therapeutic duplication or drug interaction
- Other specific situations must be discussed and approved with P&T Committee or CMO/designee.

- 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.

Section XIV

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 of Keep on Person (KOP) medications are the patient's responsibility. They 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.

Section XV

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.

Section XVI

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.”

Section XVII

Issuable and Medline Medications

DOC administers medications at a medline for the following reasons:

- Prevention of 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.

Accordingly, the P&T Committee has classified all medications in the formulary as issuable or non-issuable/Medline/PLN. 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. There will be an automatic switch from PLN to KOP of any meds at minor facilities without pill lines. The automatic switch does not apply to schedule II-V controlled substances and other drugs treated as such (i.e., sildenafil) and patients with PULHES codes of U3 and U4.

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

Pharmacy and nursing shall treat 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, count the med at shift change, and store the prescription in a locked controlled substance cabinet within the pill room. Sildenafil will be stored with other controlled substances in the Pharmacy and medication management rooms and tracked using a perpetual inventory.

Pharmacists and prescribers shall work together to seek alternative medication therapies to minimize the number of noon pill line medications in an effort to support twice-daily pill line staffing. Exceptions for using a noon pill line shall include work schedule, documented side effects, short acting opiates, muscle relaxants and insulin.

Additional PLN may be arranged for the following categories if the prescription order has a frequency of more than twice-daily 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, clinical pharmacist or pharmacist supervisor's approval.

Section XVIII

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 Covered 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:
 - o Lack of availability may cause significant risk to patient, cause permanent damage or danger to others
 - o Commonly used in moderate to severe pain
 - o Selected common antibiotics & antivirals
 - o Commonly used in treatment of seizure
 - o Sudden stop may cause significant withdrawal symptoms
 - o Narrow therapeutic range with significant unwanted clinical outcome (i.e. Warfarin)
 - o Mass utilization or public health risk (i.e. response to epidemic episode or vaccines)
 - o Medications commonly used for onsite procedures
 - o Difficult to access

Section XIX

Crushing of Medications

The following dosage forms must NOT be crushed:

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

A specific prescriber order or a standardized crush order authorized by the Facility Medical Director and Director of Pharmacy is required to crush any other medication.

Section XX

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 XXI

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 entered into the Quality Reporting System under Medications/Adverse Reaction. 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 XXII

Medication Incidents All medication incidents shall, upon discovery:

- be immediately reported verbally to the prescribing practitioner
- be recorded via the online Quality Reporting System on the CQIP SharePoint site – <https://forms.office.com/pages/responsepage.aspx?id=F-LQEU4mCkCLoFfcwSfXlb0OgazFokROjdKEzwub4dVURU1EMThaQkFSQVhMQTgyWU83R0hWUThVMy4u>

Near misses shall also be reported.

Section XXIII

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.

Section XXIV

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: Emergency and life threatening.

- 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: Priority situation may be life threatening.

- Complete within 72 hours
- Follow instructions in Class I recall

Class III Recall: Remote or nonexistent threat to life.

- 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

Topic	See Page
A – Formulary Drug Listing	25
B – Approved Medications for Therapeutic Interchange	76
C – Links	77
D – Historical Formulary Document Links	78
E – Recent Revisions to Pharmaceutical Management and Formulary Manual	79

A – Formulary Drug Listing

All extended release, combination formulations and branded oral liquid products of medications are Not Covered unless otherwise indicated in the formulary listing. Oral liquid products that are available in generic will be considered Not Covered unless otherwise indicated in this document. Use of a liquid formulation is approved via ePA 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 Medline Only. Pharmacy Staff will adjust prescription orders to Pill Line when necessary.

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
DOC Compounded Products					
Diphenhydramine 12.5mg/ml; Viscous Lidocaine 2%; Magnesium/Aluminum/Simethicone 200mg-200mg-20mg/5ml 1:1:1	DOC Magic Mouthwash Authorized Compounded Product	COVERED			Issue
Naltrexone (<50mg)	Naltrexone Compound	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Nifedipine Ointment	Nifedipine 0.2% & 0.4% Compound	COVERED			Issue
Viscous Lidocaine 2%; Magnesium/Aluminum/Simethicone 200mg-200mg-20mg/5ml 1:1	DOC GI Cocktail Authorized Compounded Product	COVERED		Limit urgent use for up to 72 hours	Issue
Anti-Infectives Penicillin's (0100-0199)					
Amoxicillin	Amoxil, Polymox	COVERED			Issue
Amoxicillin & Clavulanate	Augmentin	COVERED			Issue
Ampicillin & Sulbactam Sodium	Unasyn	NOT COVERED	ePA ID Consult Required		Medline Only
Dicloxacillin	Dynapen	COVERED			Issue
Oxacillin	Bactocill	COVERED			Medline Only
Penicillin G Benzathine	Bicillin LA	COVERED			Medline Only
Penicillin G Potassium (IV form)	Pfizerpen	COVERED			Medline Only
Penicillin V Potassium	PenVK	COVERED			Issue
Piperacillin/ Tazobactam	Zosyn	NOT COVERED	ePA ID Consult Required		Medline Only
Anti-Infectives Cephalosporins (0210-0250)					
Cefadroxil	Duricef	COVERED			Issue
Cefazolin Sodium	Ancef	NOT COVERED	ePA ID Consult Required		Medline Only
Cefdinir	Omnicef	COVERED			Issue
Cefepime	Maxipime	NOT COVERED	ePA ID Consult Required		Medline Only
Cefixime	Suprax	COVERED			Issue
Cefpodoxime	Vantin	COVERED			Issue
Ceftazidime	Fortaz, Tazidime	NOT COVERED	ePA ID Consult Required		Medline Only
Ceftriaxone	Rocephin	COVERED			Medline Only
Cefuroxime	Ceftin	COVERED			Issue
Cephalexin	Keflex	COVERED			Issue
Anti-Infectives Macrolides (0310-0353)					
Azithromycin	Zithromax	COVERED			Issue
Clarithromycin	Biaxin	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Erythromycin	E-Mycin, Erytab, Erythrocin	COVERED			Issue
Anti-Infectives Tetracyclines (0400-0435)					
Doxycycline	Vibramycin, Periostat	COVERED			Issue
Tetracycline	Sumycin	NOT COVERED	ePA ID Consult Required		Issue
Anti-Infectives Fluoroquinolones (0500)					
Ciprofloxacin Oral	Cipro, Ciloxin	COVERED		BEERS LIST CRITERIA - Dose reduction required for CrCl <30mL/min. Risk of CNS effects (seizures, confusion) and tendon rupture in renal impairment.	Issue
Levofloxacin	Levaquin	COVERED			Issue
Levofloxacin Injection	Levaquin Injection	NOT COVERED	ePA ID Consult Required		Medline Only
Anti-Infectives Aminoglycosides (0700)					
Neomycin Sulfate	Mycifradin	COVERED			Issue
Streptomycin	Streptomycin	COVERED			Medline Only
Anti-Infectives Antimycobacterial (0900)					
Ethambutol	Myambutol	COVERED		TB TREATMENT PROTOCOL	Medline
Isoniazid	INH, Nydrazid	COVERED		TB TREATMENT PROTOCOL	Medline
Pyrazinamide	PZA	COVERED		TB TREATMENT PROTOCOL	Medline
Rifampin	Rifadin	COVERED		TB TREATMENT PROTOCOL	Issue
Rifapentine	Priftin	COVERED		TB TREATMENT PROTOCOL	Medline Only
Anti-Infectives Antifungals (1100-1150)					
Fluconazole	Diflucan	COVERED			Issue
Terbinafine Oral	Lamisil	COVERED		LIMIT 2 CYCLES (CYCLE=90 DAYS); NFR AFTER	Issue
Anti-Infectives Antivirals (1210)					
Abacavir	Ziagen	COVERED			Issue
Abacavir/ Dolutegravir/ Lamivudine	Triumeq	COVERED			Issue
Bictegravir/ Emtricitabine/Tenofovir Alafenamide	Biktarvy	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Cabotegravir/Rilpivirine	Cabenuva	COVERED			Issue
Cobicistat/ Elvitegravir/ Emtricitabine/Tenofovir Alafenamide	Genvoya	COVERED			Issue
Cobicistat/Elvitegravir/ Emtricitabine/Tenofovir DF	Stribild	COVERED			Issue
Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide	Symtuza	COVERED			Issue
Dolutegravir	Tivicay	COVERED			Issue
Dolutegravir/Lamivudine	Dovato	COVERED			Issue
Dolutegravir/Rilpivirine	Juluca	COVERED			Issue
Doravirine	Pifeltro	COVERED			Issue
Doravirine/ Lamivudine/ Tenofovir	Delstrigo	COVERED			Issue
Efavirenz/ Emtricitabine/ Tenofovir	Atripla	COVERED			Issue
Emtricitabine/ Rilpivirine/Tenofovir	Complera	COVERED			Issue
Emtricitabine/Rilpivirine/ Tenofovir Alafenamide	Odefsey	COVERED			Issue
Emtricitabine/ Tenofovir	Truvada	COVERED			Issue
Emtricitabine/Tenofovir Alafenamide	Descovy	COVERED			Issue
Rilpivirine	Edurant	COVERED			Issue
Ritonavir	Norvir	COVERED			Issue
Tenofovir	Viread	COVERED			Issue
Anti-Infectives Hepatitis C (1235)					
Entecavir	Baraclude	COVERED			Issue
Glecaprevir/Pibrentasvir	Mavyret	COVERED			Medline
Lamivudine HBV	Epivir HBV	COVERED			Issue
Ledipasvir/Sofosbuvir	Harvoni	COVERED			Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Ribavirin	Copegus	COVERED			Issue
Sofosbuvir	Sovaldi	COVERED			Medline Only (Keep on

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
					Person with monitoring for camps without Pill Lines.)
Sofosbuvir/Velpatasvir	Epclusa	COVERED			Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Sofosbuvir/Velpatasvir/Voxilaprevir	Vosevi	COVERED			Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Tenofovir Alafenamide	Vemlidy	COVERED			Issue
Anti-Infectives Antivirals/Herpes (1240)					
Acyclovir Oral	Zovirax	COVERED			Issue
Valacyclovir	Valtrex	COVERED			Issue
Anti-Infectives Flu/Covid (1250-1299)					
Molnupirvir	Lagevirio	COVERED			Issue
Nirmatrelvir/Ritonavir	Paxlovid	COVERED			Issue
Oseltamivir	Tamiflu	COVERED			Issue
Vaccines & Immune Serums & Diagnostic Products (1710-1910 & 9400-9430)					
COVID-19 Vaccine	COVID Vaccine DOC Inventory Cost Effective Choice	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Haemophilus B Polysaccharide Conjugate-Tetanus Toxoid	Acthib	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Hepatitis A Inactivated/Hepatitis B Recombinant Vaccine	Twinrix	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Hepatitis A Virus Vaccine	Havrix	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Hepatitis B Immune Globulin	H-BIG	COVERED			Medline Only
Hepatitis B Virus Vaccine recombinant	Engerix-B, Recombivax-HB	COVERED		PUBLIC HEALTH ORDER SET	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
HPV Vaccine	Gardasil 9	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Immune Globulin	Hizentra	COVERED			Medline Only
Influenza Virus Vaccine	Fluogen or Fluzone	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Meningococcal Vaccine	Menomune	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Mumps, Measles, & Rubella vaccine	MMR-II	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Pneumococcal Conjugate 13-Valent Vaccine	Pevnar 13	NOT COVERED	ePA ID Consult Required	ID Consult Recommended	Medline Only
Pneumococcal Conjugate 20-Valent Vaccine	Pevnar 20	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Pneumococcal Polysaccharide 23 Valent Vaccine	Pneumovax	NOT COVERED	ePA ID Consult Required		Medline Only
RhoDimmune Globulin	RhoGAM	COVERED			Medline Only
RSV Vaccine	Abrysvo, Arexvy	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Tetanus & Diphtheria	Tenivac	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Tetanus & Diphtheria & Pertussis Toxoid Absorbed (adult)	Adacel	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Tetanus Immune Globulin	BayTet	COVERED			Medline Only
Tuberculin	Tubersol	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Varicella Zoster Virus Vaccine, Recombinant	Shingrix	COVERED		PUBLIC HEALTH ORDER SET	Medline Only
Anti-Infectives Antimalarial (1300)					
Hydroxychloroquine	Plaquenil	COVERED		Regular Ophthalmic exams required	Issue
Anti-Infectives Anthelmintics (1500)					
Ivermectin	Stromectol	NOT COVERED	ePA ID Consult Required		Medline
Anti-Infectives Miscellaneous (1600-1699)					
Clindamycin	Cleocin	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Clindamycin IV	Cleocin IV	NOT COVERED	ePA ID Consult Required		Medline Only
Dapsone	Dapsone	COVERED			Issue
Linezolid	Zyvox	COVERED			Issue
Metronidazole	Flagyl, MetroGel	COVERED			Issue
Nitrofurantoin	Macrochantin	COVERED		BEERS LIST CRITERIA - Avoid in patients with CrCl <30mL/min. High risk for chronic use. Risk of pulmonary toxicity, peripheral neuropathy, hepatotoxicity.	Issue
Sulfamethoxazole/ Trimethoprim (SMX-TMP)	Septra DS, Bactrim DS, Cotrim DS	COVERED		BEERS LIST CRITERIA - Dose reduction required for CrCl 15-29 mL/min. Avoid in patients with CrCl <15mL/min. Risk of hyperkalemia in renal impairment. Increased risk with ACEi or ARB. Recommended to hold ACEi or ARB or check potassium levels after 4 or 5 days.	Issue
Vancomycin	Vancocin	COVERED			IV - Medline Only; Oral - Issue
Antineoplastics/Chemotherapy (2110-2199)					
Hydroxyurea	Hydrea	NOT COVERED	ePA Utilize NCCN		Issue
Interferon Alfa 2B	Intron A	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN		Medline Only
Leucovorin Calcium	Leucovorin calcium	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN		Medline
Megestrol	Megace	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN	BEERS LIST CRITERIA - High risk in patients >65 years of age. Avoid use. Increased risk of thrombosis and death with minimal effect on weight.	Medline
Methotrexate	Trexall	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN		Issue
Procarbazine	Matulane	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN		Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Tamoxifen Citrate	Nolvadex	NOT COVERED	ePA Utilize Medicaid Antineoplastic Protocol and/or NCCN		Issue
Glucocorticosteroids (2210-2220)					
Budesonide Capsule	Entocort EC	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Dexamethasone	Decadron	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Fludrocortisone	Florinef	COVERED		BEERS LIST CRITERIA - Use caution in patients ≥65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Hydrocortisone Oral	Cortef	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Methylprednisolone	Depo-Medrol, Solu-Medrol, Medrol dose pack	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Prednisone	Deltasone	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Triamcinolone Injectable	Kenalog, Nasacort AQ	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Medline Only
Androgens & Estrogens & Vaginal Products (2300-2499 & 5510-5540)					
Estradiol Oral, Injectable or Vaginal	Estrace, Delestrogen	COVERED		Estradiol Vials - Urgent Stock Only, No patient specific BEERS LIST CRITERIA - High risk in patients >65 years of age due to increased risk for breast and endometrial cancer. Lacks both cognitive and cardiovascular protection. Not effective for incontinence. Consider using low dose vaginal estrogens for vaginal symptoms and UTI prevention. For vasomotor symptoms consider SSRI (not paroxetine) or SNRIs.	Oral and Vaginal: Issue; Injectable: Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Testosterone Cypionate	Depo-Testosterone	NOT COVERED	ePA Gender Affirming Care, Klinefelter syndrome, Endocrinologist recommendation	BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of prostate cancer and cardiac events. Use acceptable for confirmed symptomatic hypogonadism.	Medline Only
Contraceptives (2500-2599)					
Copper IUD	Paragard	NOT COVERED	ePA Health Plan Approved Conditions		Medline Only
Levonorgestrel IUD	Liletta	NOT COVERED	ePA Health Plan Approved Conditions		Medline Only
Nexplanon	Etonogestrel Contraceptive Implant	NOT COVERED	ePA Health Plan Approved Conditions		Medline Only
Norethindrone	Ortho Micronor	NOT COVERED	ePA Health Plan Approved Conditions		Issue
Norethindrone/Ethinyl Estradiol	Ortho-Novum 1/35, 7/7/7	NOT COVERED	ePA Health Plan Approved Conditions	BEERS LIST CRITERIA -High risk in patients >65 years of age due to increased risk for breast and endometrial cancer. Lacks both cognitive and cardiovascular protection. Not effective for incontinence. Consider using low dose vaginal estrogens for vaginal symptoms and UTI prevention. For vasomotor symptoms consider SSRI (not paroxetine) or SNRIs.	Issue
Norgestimate/Ethinyl Estradiol	Ortho-Tri-Cyclen	NOT COVERED	ePA Health Plan Approved Conditions	BEERS LIST CRITERIA - High risk in patients >65 years of age due to increased risk for breast and endometrial cancer. Lacks both cognitive and cardiovascular protection. Not effective for incontinence. Consider using low dose vaginal estrogens for vaginal symptoms and UTI prevention. For vasomotor symptoms consider SSRI (not paroxetine) or SNRIs.	Issue
Progestins (2600)					
Progesterone	Prometrium	COVERED			Issue
Diabetic Medications – Insulins (2710)					
Insulin Aspart	NovoLog	COVERED		BEERS LIST CRITERIA - Avoid sliding scale rapid or short acting insulins in patients \geq 65 years of age due to	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				hypoglycemia and poor efficacy.	
Insulin Glargine 100u/mL	Lantus	COVERED		BEERS LIST CRITERIA - Avoid sliding scale rapid or short acting insulins in patients ≥ 65 years of age due to hypoglycemia and poor efficacy.	Medline Only
Insulin NPH	Insulin NPH	COVERED		BEERS LIST CRITERIA - Avoid sliding scale rapid or short acting insulins in patients ≥ 65 years of age due to hypoglycemia and poor efficacy.	Medline Only
Insulin Regular	Insulin Regular	COVERED		BEERS LIST CRITERIA - Avoid sliding scale rapid or short acting insulins in patients ≥ 65 years of age due to hypoglycemia and poor efficacy.	Medline Only
Anti-Diabetic/Diabetic Medications (2717-2770 & 6125)					
Dapagliflozin	Farxiga	COVERED		BEERS LIST CRITERIA - Avoid use in patients > 65 years of age due to reduced elimination in elderly. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Consider nasal steroid, 2nd generation antihistamine, or nasal saline for allergies. Consider melatonin for insomnia.	Issue
Dextrose	BD Glucose	COVERED		Limit 10 tablets every 25 days	Issue
Dulaglutide	Trulicity	NOT COVERED			Medline Only
Empagliflozin	Jardiance	NOT COVERED	ePA Failure of dapagliflozin - 90 day trial. NFR for cases where 90 day trial not met & clinical need exists	BEERS LIST CRITERIA - Use caution in patients > 65 years of age due to increased risk of genitourinary infections (especially in women) and euglycemic diabetic ketoacidosis. Monitor closely.	Medline
Glipizide IR	Glucotrol	COVERED		BEERS LIST CRITERIA - Avoid use in patients > 65 years of age. Increased risk of severe prolonged hypoglycemia.	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Glucagon	GlucaGen	COVERED			Medline Only
Glucose Tablet	Insta-Glucose	COVERED			Issue
Liraglutide	Victoza	COVERED			Issue
Metformin IR & ER	Glucophage IR & XR	COVERED			Issue
Pioglitazone	Actos	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age with heart failure. Increased risk of worsening heart failure due to fluid retention.	Issue
Semaglutide Injectable	Ozempic, Wegovy	NOT COVERED	ePA Ozempic DM + 90 days metformin. Not for weight loss; ePA Wegovy DM + 90 days metformin + obesity		Medline Only
Thyroid Agents (2810-2830)					
Levothyroxine	Synthroid or Levothroid	COVERED			Issue
Liothyronine	Cytomel	NOT COVERED	ePA Psychiatric Prescribers Only		Issue
Methimazole	Tapazole	COVERED			Issue
Propylthiouracil	PTU	COVERED			Issue
Endocrine & Metabolic Agents (3000-3090)					
Alendronate	Fosamax	COVERED			Issue
Calcitriol	Rocaltrol	COVERED			Issue
Cinacalcet	Sensipar	COVERED			Issue
Desmopressin	DDAVP	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to increased risk of hyponatremia. Consider 5-alpha reductase inhibitor for BPH.	Issue
Paricalcitol	Zemplar	NOT COVERED	ePA CKD/Dialysis		Issue
Cardiotonics & Antianginal Agents (3100-3299)					
Digoxin	Lanoxin	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age as a first line for A Fib or heart failure. High risk in patients >65 years of age in doses > 0.125mg/day. Increased risk of toxicity. Use of alternatives reduce	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				mortality and hospitalization. Consider beta-blockers for rate control. Consider ACEi/ARB or beta-blockers for heart failure.	
Isosorbide Dinitrate IR & ER	Sorbitrate, Isordil	COVERED			Issue
Isosorbide Mononitrate IR & ER	Imdur, Imdur ER	COVERED			Issue
Nitroglycerin ODT	Nitrostat	COVERED			Issue
Beta-Blockers (3310-3330)					
Bisoprolol	Zebeta	COVERED			Issue
Carvedilol	Coreg	COVERED			Issue
Labetalol	Trandate	NOT COVERED	ePA Pregnancy		Issue
Metoprolol IR & ER	Lopressor, Toprol XL	COVERED			Issue
Nadolol	Corgard	COVERED			Issue
Propranolol IR & ER	Inderal	COVERED			Issue
Sotalol	Betapace	COVERED			Issue
Sotalol AF	Betapace AF	NOT COVERED	ePA Cardiologist/Hospital s/ Emergency Department		Issue
Calcium Channel Blockers (3400)					
Amlodipine	Norvasc	COVERED			Issue
Diltiazem IR & CD	Cardizem/ Cardizem CD	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to potentially worsening heart failure with reduced ejection fraction. Consider using thiazide, ACEi, or ARB for hypertension.	Issue
Nifedipine CC	Adalat CC	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.	Issue
Verapamil	Calan, Calan SR	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to potentially worsening heart failure with reduced ejection fraction.	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				Consider using thiazide, ACEi, or ARB for hypertension.	
Antiarrhythmics (3510-3550)					
Amiodarone	Cordarone	NOT COVERED	ePA Cardiologist/Hospital s/Emergency Department	BEERS LIST CRITERIA - Avoid in patients with CrCl <30mL/min due to increased potassium and decreased sodium. Avoid in combination with ACEi, ARB, or aliskiren. Consider using thiazide, ACEi, ARB, or long-acting CCB for hypertension.	Issue
Propafenone	Rythmol	NOT COVERED	ePA Cardiologist/Hospital s/Emergency Department		Issue
Antihypertensives (3610-3640)					
Clonidine Oral	Catapres	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age as a first line antihypertensive. Increased risk of orthostatic hypotension, bradycardia, or CNS adverse effects. Consider using thiazide, ACEi, ARB, or long-acting CCB for hypertension.	Medline
Doxazosin	Cardura	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age. Increased risk of orthostatic hypotension especially in patients with syncope or women with urinary incontinence. Consider using thiazide, ACEi, ARB, or long acting CCB for hypertension.	Issue
Enalapril	Vasotec	COVERED			Issue
Hydralazine	Apresoline	COVERED			Issue
Lisinopril	Zestril, Prinivil	COVERED			Issue
Losartan	Cozaar	COVERED			Issue
Prazosin	Minipress	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age. Increased risk of orthostatic hypotension especially in patients with syncope or women with urinary incontinence. Consider using thiazide,	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				ACEi, ARB, or long-acting CCB for hypertension.	
Valsartan	Diovan	COVERED			Issue
Cardiovascular Combinations (3699 & 4099)					
Acetazolamide	Diamox	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures except for seizure or mood disorders. If use required, consider bone protection (bisphosphonates). Avoid combining two or more other CNS active drugs due to increased risk of fall. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	Issue
Amlodipine/Olmesartan	Azor	COVERED			Issue
Losartan/ Hydrochlorothiazide	Hyzaar	COVERED			Issue
Sacubitril/Valsartan	Entresto	COVERED			Issue
Diuretics (3720-3799)					
Chlorthalidone	Thalitone	COVERED		12.5mg is preferred starting dose	Issue
Furosemide	Lasix	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to increased risk of hyponatremia. Check Sodium when starting or changing dose risk of SIADH.	Issue
Hydrochlorothiazide	Hydrodiuril	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to increased risk of hyponatremia. Check Sodium when starting or changing dose risk of SIADH.	Issue
Hydrochlorothiazide/ Triamterene	Maxzide, Dyazide	COVERED			Issue
Metolazone	Zaroxolyn	COVERED			Issue
Spironolactone	Aldactone	COVERED		BEERS LIST CRITERIA - Avoid in patients with CrCl <30mL/min. Increased risk of hyperkalemia in renal impairment. Use caution in patients >65 years of age due to increased risk of hyponatremia. Check Sodium	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				when starting or changing dose risk of SIADH.	
Torseamide	Demadex	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to increased risk of hyponatremia. Check Sodium when starting or changing dose risk of SIADH.	Issue
Vasopressor (3800)					
Midodrine	ProAmatine	COVERED			Medline
Anaphylaxis Therapy Agents (3890)					
Epinephrine	EpiPen	COVERED			Medline
Antihyperlipidemics (3910-3999)					
Atorvastatin	Lipitor	COVERED			Issue
Cholestyramine	Prevalite, Questran	COVERED			Issue
Ezetimibe	Zetia	COVERED			Issue
Fenofibrate Tablet	Tricor	COVERED			Issue
Rosuvastatin	Crestor	COVERED			Issue
Simvastatin	Zocor	COVERED			Issue
Antihistamines (4110-4155)					
Cetirizine	Zyrtec	COVERED			Issue
Diphenhydramine Capsule & Solution	Banophen Capsule & Solution	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to reduced elimination in elderly. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Use acceptable in acute treatment of severe allergic reactions. Consider nasal steroid, 2nd generation antihistamine, or nasal saline for allergies. Consider melatonin for insomnia.	Issue
Loratadine	Claritin	COVERED			Issue
Promethazine Oral	Phenergan Oral	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age due to anticholinergic	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				effects. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade. Consider ondansetron for nausea/vomiting.	
Nasal Agents (4210-4250)					
Azelastine Nasal	Astelin	COVERED			Issue
Cromolyn Sodium Nasal	Intal	COVERED			Issue
Fluticasone Nasal	Flonase	COVERED			Glass Bottle PLN only
Ipratropium	Atrovent	COVERED			Issue
Triamcinolone Nasal	Nasacort AQ	COVERED			Issue
Cough & Cold Medications (4310-4399)					
Acetylcysteine Solution	Mucomyst	COVERED			Medline
Dextromethorphan Liquid	Delsym	COVERED			Medline Only (Keep on Person with monitoring for camps without Pill Lines.)
Guaifenesin ER	Mucinex	COVERED			Issue
Guaifenesin/ Dextromethorphan Tablet	Robitussin DM	COVERED			Issue
Sodium Chloride (Nasal Spray, Irrigation solution, IV Solution, etc.)	Sodium Chloride (Nasal Spray, Irrigation solution, IV Solution, etc.)	COVERED			Issue
Antiasthmatic (4410-4450)					
Albuterol HFA & Nebulizer	Ventolin HFA, Proair HFA	COVERED		Limit 1 inhaler every 25 days; 1:1 inhaler exchange	Issue
Albuterol/ Ipratropium NEB	Duoneb	COVERED			Issue
Beclomethasone HFA	QVAR Redihaler	COVERED			Medline Only
Budesonide Nebulizer	Pulmicort Nebulizer	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				combo only with gastroprotection.	
Fluticasone Furoate	Arnuity Ellipta	COVERED			Issue
Fluticasone HFA	Flovent	COVERED			Issue
Ipratropium	Atrovent	COVERED			Issue
Mometasone Furoate/Formoterol HFA	Dulera	COVERED			Issue
Montelukast	Singulair	COVERED			Issue
Salmeterol	Serevent Diskus	COVERED			Issue
Terbutaline Sulfate	Brethine	NOT COVERED	ePA OB/GYN consult/injectable formulation for uterine contraction – emergency situation		Issue
Umeclidinium	Incruse Ellipta	COVERED			Issue
Umeclidinium/Vilanterol	Anoro Ellipta	COVERED			Issue
Laxatives & Stool Softeners (4610-4699)					
Bisacodyl	Dulcolax	COVERED			Issue
Calcium Polycarbophil	Fibercon	COVERED			Issue
Docusate Sodium	Colace	COVERED			Issue
Lactulose	Cephulac, Constulose	NOT COVERED	ePA Hepatic Encephalopathy	NFR for all other indications	Issue
Magnesium Citrate	Magnesium Citrate	COVERED		Not to exceed 2 doses per week.	Medline
Magnesium Hydroxide	Milk of Magnesia	COVERED			Issue
Polyethylene Glycol	Miralax	COVERED			Issue
Polyethylene Glycol - Electrolyte Solution	Golytely, Gavilyte	COVERED		Urgent Stock Only, No patient specific	Issue
Psyllium Sugar Free Only	Metamucil Sugar Free Only	COVERED			Issue
Senna	X-Prep	COVERED			Issue
Sodium Phosphate/Sodium Biphosphate	Fleets enema	COVERED			Issue
Antidiarrheal, Probiotics & Antacids (4710-4899)					
Aluminum & Magnesium hydroxide	Maalox	COVERED			Issue
Bismuth Subsalicylate	Pepto-Bismol	COVERED			Issue
Calcium Carbonate 500mg Tablet	Tums	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Loperamide	Imodium	COVERED		Limit 60 Tablet per month	Issue
Ulcer/Antispasmodics/Anticholinergics (4900-4910 & 4930)					
Hyoscyamine Sulfate	Levsin	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to unclear efficacy. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Consider linaclotide (NFR Required) or Lubiprostone (NFR Required).	Medline
Sucralfate	Carafate	COVERED			Issue
Dicyclomine	Bentyl	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to unclear efficacy. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Consider linaclotide (NFR Required) or lubiprostone (NFR Required).	Medline
Proton Pump Inhibitors & H-2 Antagonists (4920-4999)					
Famotidine	Pepcid	COVERED		BEERS LIST CRITERIA - Dose reduction required for CrCl <50mL/min. Risk central nervous system effects and mental status changes in renal impairment. Consider using PPI if use can be kept under 8 weeks or otherwise indicated.	Issue
Omeprazole Sodium Bicarbonate	Zegerid	NOT COVERED	ePA Tube Feeding	BEERS LIST CRITERIA - Avoid scheduled use for over 8 weeks in patients >65 years of age due to increased risk of C. dif, pseudomembranous colitis, bone loss, and/or fractures. Use acceptable for > 8 weeks in patients with high ulcer risk (corticosteroid use or chronic NSAID use), erosive esophagitis,	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				hypersecretory disorder, or Barrett's esophagus.	
Pantoprazole	Protonix	COVERED		BEERS LIST CRITERIA - Avoid scheduled use for over 8 weeks in patients >65 years of age due to increased risk of C. dif, pseudomembranous colitis, bone loss, and/or fractures. Use acceptable for > 8 weeks in patients with high ulcer risk (corticosteroid use or chronic NSAID use), erosive esophagitis, hypersecretory disorder, or Barrett's esophagus.	Issue
Antiemetics (5020-5028)					
Meclizine	Antivert	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age due to reduced elimination in elderly. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.	Issue
Ondansetron ODT	Zofran ODT	COVERED			Issue
Digestive Aids (5100-5199)					
Pancrelipase (all products)	Pancrease	COVERED			Issue
Gastrointestinal Agents (5200-5245)					
Metoclopramide	Reglan	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to extrapyramidal side effects and/or tardive dyskinesia. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade. Use acceptable for gastroparesis if treatment does not exceed 12 weeks. Consider ondansetron for nausea/vomiting.	Issue
Simethicone	Mylicon	COVERED			Issue
Ursodiol	Actigall	COVERED			Issue
Inflammatory Bowel Agents (5250)					

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Mesalamine (All except ER)	Asacol, Lialda Rowasa (All Except Pentasa)	COVERED			Issue
Sulfasalazine	Azulfidine	COVERED			Issue
Phosphate Binder Agents (5280)					
Calcium Acetate	PhosLo	COVERED			Issue
Sevelamer Carbonate Tablet	Renvela	COVERED			Issue
Urinary Antispasmodics (5410-5430)					
Bethanechol	Urecholine	COVERED			Issue
Oxybutynin IR & ER	Ditropan IR & ER	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.	Medline
Solifenacin	Vesicare	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age due to anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.	Issue
Genitourinary & Prostatic Hypertrophy Agents (5600-5699)					
Finasteride	Proscar	COVERED			Issue
Phenazopyridine	Pyridium	COVERED			Issue
Tamsulosin	Flomax	COVERED			Issue
Anxiolytics (5710-5720)					
Buspirone	Buspar	COVERED			Medline Only (Facilities without pill lines may

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
					prescribe as SC-Earned)
Chlordiazepoxide	Librium	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased sensitivity and impaired metabolism (long-acting agents). Use may be acceptable for seizures, REM sleep disorders, alcohol withdrawal, severe anxiety, and perioperative use. Avoid combining two or more other CNS active drugs due to increased risk of fall. Consider buspirone, SSRIs (except paroxetine), or SNRIs depending on comorbidities for anxiety. For sleep consider melatonin.	Medline Only
Diazepam Tablet	Valium Tablet	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased sensitivity and impaired metabolism (long-acting agents). Use may be acceptable for seizures, REM sleep disorders, alcohol withdrawal, severe anxiety, and perioperative use. Avoid combining two or more other CNS active drugs due to increased risk of fall. Consider buspirone, SSRIs (except paroxetine), or SNRIs depending on comorbidities for anxiety. For sleep consider melatonin.	Medline Only
Hydroxyzine	Vistaril or Atarax	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to reduced elimination in elderly. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Consider nasal steroid, 2nd generation antihistamine, or nasal saline for allergies. Consider melatonin for insomnia.	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Lorazepam	Ativan	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased sensitivity and impaired metabolism (long-acting agents). Use may be acceptable for seizures, REM sleep disorders, alcohol withdrawal, severe anxiety, and procedural use. Avoid combining two or more other CNS active drugs due to increased risk of fall. Consider buspirone, SSRIs (except paroxetine), or SNRIs depending on comorbidities for anxiety. For sleep consider melatonin.	Medline Only

Antidepressants (5803-5830)

Amitriptyline	Elavil	COVERED		<p>FORMULARY GUIDELINES - No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.</p> <p>BEERS LIST CRITERIA - High risk in patients >65 years of age due to increased risk of sedation, orthostatic hypotension, unsteady gait, psychomotor impairment and anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required). Consider bupropion (NFR Required), SSRIs (except paroxetine), or SNRIs</p>	Medline
---------------	--------	---------	--	--	---------

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				depending on comorbidities for depression. Consider melatonin for insomnia.	
Citalopram	Celexa	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures due to unsteady gait, psychomotor impairment, and/or syncope. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.	Issue
Desipramine	Norpramin	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of sedation, orthostatic hypotension, unsteady gait, psychomotor impairment and anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required). Consider bupropion (NFR	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				Required), SSRIs (except paroxetine), or SNRIs depending on comorbidities for depression. Consider melatonin for insomnia.	
Doxepin	Sinequan	COVERED		<p>No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.</p> <p>BEERS LIST CRITERIA - High risk in patients >65 years of age in doses >6mg/day due to increased risk of sedation, orthostatic hypotension, unsteady gait, psychomotor impairment, and anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required). Consider bupropion (NFR Required), SSRIs (except paroxetine), or SNRIs depending on comorbidities for depression. Consider melatonin for insomnia.</p>	Medline
Duloxetine	Cymbalta	COVERED		<p>No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.</p> <p>BEERS LIST CRITERIA - Avoid in patients with CrCl < 30mL/min. Risk of nausea or diarrhea increased in renal</p>	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				impairment. Avoid combining two or more other CNS active drugs due to increased risk of fall.	
Escitalopram	Lexapro	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures due to unsteady gait, psychomotor impairment, and/or syncope. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.	Issue
Fluoxetine	Prozac	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures due to unsteady gait, psychomotor impairment, and/or syncope. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.	Issue
Imipramine	Tofranil	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - High risk in patients >65 years of age due to increased risk of sedation, orthostatic	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				<p>hypotension, unsteady gait, psychomotor impairment and anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required). Consider bupropion (NFR Required), SSRIs (except paroxetine), or SNRIs depending on comorbidities for depression. Consider melatonin for insomnia.</p>	
Mirtazapine	Remeron	COVERED		<p>No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Use caution in patients >65 years of age. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.</p>	Medline
Nortriptyline	Pamelor	COVERED		<p>No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of sedation, orthostatic hypotension, unsteady gait, psychomotor impairment and</p>	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required). Consider bupropion (NFR Required), SSRIs (except paroxetine), or SNRIs depending on comorbidities for depression. Consider melatonin for insomnia.	
Sertraline	Zoloft	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval. BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures due to unsteady gait, psychomotor impairment, and/or syncope. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.	Issue
Trazodone	Desyrel	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic class or indication) may be prescribed at one time without Psychiatric CRC approval.	Medline
Venlafaxine IR, ER and XR	Effexor, Effexor XR	COVERED		No more than 2 anti-depressant medications (regardless of therapeutic	Medline Only (Facilities without pill

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				<p>class or indication) may be prescribed at one time without Psychiatric CRC approval.</p> <p>BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures due to unsteady gait, psychomotor impairment, and/or syncope. Check Sodium when starting or changing dose risk of SIADH. Avoid combining two or more other CNS active drugs due to increased risk of fall.</p>	lines may prescribe as SC-Earned)
Antipsychotics (5907-5950)					
Aripiprazole Tablet	Abilify	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; 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).</p> <p>BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.</p>	Medline
Chlorpromazine	Thorazine	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; Use for PRN and/or off-label purposes or simultaneous use of more than two antipsychotic agents (except for cross taper for</p>	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				<p>up to 30 days or unless permitted per approved protocol). BEERS LIST CRITERIA - Avoid in patients with syncope or BPH. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.</p>	
Clozapine	Clozaril	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid in patients with BPH. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.</p>	Medline
Fluphenazine HCl & Decanoate	Prolixin	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid use in patients ≥ 65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients.</p>	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.	
Haloperidol Lactate & Decanoate	Haldol	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.	Medline Only
Lithium Carbonate	Eskalith, Lithobid	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; 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).	Medline
Loxapine	Loxitane	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; Use for PRN and/or off-label	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				<p>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). BEERS LIST CRITERIA - Avoid in patients with BPH. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.</p>	
Olanzapine	Zyprexa, Zyprexa Zydis	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid in patients with BPH. Increased risk of orthostatic hypotension, confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.</p>	Medline
Perphenazine	Trilafon	COVERED		<p>Should be initiated and followed by a psychiatric practitioner or MD; 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).</p>	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				BEERS LIST CRITERIA - Avoid in patients with BPH. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.	
Prochlorperazine	Compazine	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade. Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH. Use acceptable for gastroparesis if treatment does not exceed 12 weeks. Consider ondansetron for nausea/vomiting.	Issue
Risperidone Consta & Tablet	Risperdal Consta, Risperdal	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid use in patients >65 years of	Medline Only (Consta), Medline (Tablet)

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.	
Risperidone ODT	Risperal M-Tab	NOT COVERED	ePA ODT COA & RTU Patients	Should be initiated and followed by a psychiatric practitioner or MD; 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). BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.	Medline
Ziprasidone	Geodon	COVERED		Should be initiated and followed by a psychiatric practitioner or MD; 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).	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				BEERS LIST CRITERIA - Avoid use in patients ≥ 65 years of age due to increased risk of stroke, cognitive decline, and death in dementia patients. Increased risk for patients with Parkinson's disease due to dopamine receptor blockade (except clozapine, quetiapine, and pimavanserin). Avoid combining two or more other CNS active drugs due to increased risk of fall. Check Sodium when starting or changing dose risk of SIADH.	
Stimulants & Anti-Obesity (6110-6140)					
Guanfacine ER	Intuniv	COVERED		BEERS LIST CRITERIA - High risk in patients > 65 years of age. Increased risk of orthostatic hypotension, bradycardia, or CNS adverse effects. Consider using thiazide, ACEi, ARB, or long-acting CCB for hypertension.	Issue
Psychotherapeutic & Neurological Agents (6200-6299)					
Dimethyl Fumarate	Tecfidera	COVERED			Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Donepezil	Aricept	COVERED		BEERS LIST CRITERIA - Use caution in patients with syncope. Risk of bradycardia. Consider using Memantine.	Medline
Interferon Beta 1A	Avonex	COVERED			Medline Only
Memantine IR	Namenda	COVERED			Issue
Ofatumumab	Kesimpta	COVERED			Issue
Non-Narcotic Analgesics (6410-6499)					
Acetaminophen 325mg Tablet & Suppository	Tylenol, Ofirmev Tablet & Suppository	COVERED			Issue
Acetaminophen Liquid	Tylenol Liquid	NOT COVERED	ePA Wired Jaw	NFR for all other indications	Medline
Aspirin 325mg	Aspirin	NOT COVERED	ePA Post-Operative Protocol	BEERS LIST CRITERIA - Use caution in patients > 65 years	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				of age for primary CV prevention. Avoid use at doses >325mg/day. Bleeding risk outweighs potential benefit of prevention in elderly.	
Aspirin EC 81mg	Bayer	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age for primary CV prevention. Avoid use at doses >325mg/day. Bleeding risk outweighs potential benefit of prevention in elderly.	Issue
Salsalate	Disalcid	COVERED			Issue
Opioid Analgesics (6510-6599)					
Acetaminophen/ Codeine	Tylenol #3	NOT COVERED	ePA Dental Only	BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Buprenorphine	Subutex, Sublocade, Brixadi	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Buprenorphine/ Naloxone	Suboxone	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	
Fentanyl	Duragesic	NOT COVERED	ePA Cancer/Hospice/ Palliative Care per protocol - IPU only	BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only Inpatient use only
Hydromorphone	Dilaudid	NOT COVERED	ePA Cancer/Hospice/ Palliative Care per protocol - IPU only	BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Methadone	Dolophine	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				acceptable for recent acute severe pain.	
Morphine Sulfate ER	MS Contin, Oramorph SR	COVERED		BEERS LIST CRITERIA -Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Morphine Sulfate IR	MS IR tab	NOT COVERED	ePA Cancer/Hospice/ Palliative Care per protocol - IPU only	BEERS LIST CRITERIA -Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Oxycodone IR Tablet	Roxicodone	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures, using gabapentinoids, or using benzodiazepines. Avoid use with gabapentinoids except when transitioning off opioids for opioid-sparing effect. Increased risk of overdose with benzodiazepines. Avoid combining two or more other CNS active drugs due to increased risk of fall. Use acceptable for recent acute severe pain.	Medline Only
Anti-Inflammatory Agents (6610)					
Diclofenac Tablet	Voltaren Tablet	COVERED		BEERS LIST CRITERIA - Avoid chronic use in patients >65 years of age with or without ulcer history due to increased	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	
Ibuprofen	Motrin	COVERED		BEERS LIST CRITERIA - Avoid chronic use in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	Issue
Indomethacin	Indocin	NOT COVERED	ePA Gout	BEERS LIST CRITERIA - High risk in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Avoid use. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	Issue
Ketorolac Injection	Toradol Injection	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				injury, hypertension, and/or worsening heart failure. Avoid use. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	
Meloxicam	Mobic	COVERED		BEERS LIST CRITERIA - Avoid chronic use in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	Issue
Naproxen 250mg & 500mg	Anaprox	COVERED		BEERS LIST CRITERIA - Avoid chronic use in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	Issue
Immune Modulators (6627-6660)					
Adalimumab-****	Humira Biosimilar - DOC Inventory Cost Effective Choice	COVERED			Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Etanercept	Enbrel	NOT COVERED	ePA Failed Adalimumab and/or biosimilar of Adalimumab		Medline Only
Leflunomide	Arava	COVERED			Issue
Rizatriptan	Maxalt	NOT COVERED	ePA Trial of Sumatriptan for 3-6 months		Medline
Sumatriptan Tablet	Imitrex	COVERED		May issue up to 9 tablets per month.	Issue
Gout Agents (6800)					
Allopurinol Tablet	Zyloprim	COVERED			Issue
Colchicine	Colcrys	COVERED		Quantity limitation of 30 Tablet per 90 days BEERS LIST CRITERIA - Dose reduction required for CrCl <30mL/min. Risk of bone marrow toxicity, GI adverse effects, and neuromuscular adverse effects in renal impairment. Consider using corticosteroid.	Issue
Probenecid	Benemid	COVERED		BEERS LIST CRITERIA - Avoid in patients with CrCl <30mL/min. Consider using fenofibrate or losartan if xanthine oxidase inhibitor not appropriate.	Issue
Local Anesthetics (6900-6999)					
Bupivacaine	Marcaine with & without Epinephrine	COVERED			Medline Only
Lidocaine (Injectable)	Xylocaine (Injectable)	COVERED			Medline Only
Lidocaine/ Epinephrine	Xylocaine with Epinephrine	COVERED		Urgent Stock Only, No patient specific	Medline Only
Anticonvulsants (7260)					
Carbamazepine	Tegretol	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age. Check Sodium when starting or changing dose risk of SIADH.	Medline
Clobazam	Onfi	NOT COVERED	ePA per Neurologist	BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to increased sensitivity and impaired metabolism (long-acting agents). Use may be acceptable for seizures, REM	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				sleep disorders, alcohol withdrawal, severe anxiety, and periprocedural use. Avoid combining two or more other CNS active drugs due to increased risk of fall. Consider buspirone, SSRIs (except paroxetine), or SNRIs depending on comorbidities for anxiety. For sleep consider melatonin.	
Divalproex DR & Sprinkles	Depakote	COVERED			Medline
Gabapentin	Neurontin	NOT COVERED	ePA per DOC Protocols	BEERS LIST CRITERIA - Dose reduction required for CrCl <60mL/min. Risk of CNS adverse effects in renal impairment. Avoid with opioids except when transitioning off opioids for opioid-sparing effect. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	Medline Only
Lamotrigine IR	Lamictal	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures except for seizure or mood disorders. If use required, consider bone protection (bisphosphonates). Avoid combining two or more other CNS active drugs due to increased risk of fall. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	Medline
Levetiracetam	Keppra	COVERED		BEERS LIST CRITERIA - Dose reduction required for CrCl < 80mL/min. Risk of CNS adverse effects in renal impairment.	Issue
Oxcarbazepine	Trileptal	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age. Check Sodium when starting or changing dose risk of SIADH.	Medline
Phenytoin	Dilantin	COVERED			Medline
Pregabalin	Lyrica	NOT COVERED	ePA per DOC Protocols	BEERS LIST CRITERIA - Dose reduction required for CrCl <60mL/min or with opioids.	Medline Only

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				Risk of CNS adverse effects in renal impairment. Avoid with opioids except when transitioning off opioids for opioid-sparing effect. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	
Topiramate	Topamax	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures except for seizure or mood disorders. If use required, consider bone protection (bisphosphonates). Avoid combining two or more other CNS active drugs due to increased risk of fall. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	Medline Only
Valproic acid	Depakene	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with history of falls/fractures except for seizure or mood disorders. If use required, consider bone protection (bisphosphonates). Avoid combining two or more other CNS active drugs due to increased risk of fall. For neuropathic pain consider using SNRIs, capsaicin, or lidocaine patches (NFR Required).	Medline
Anti-Parkinson's & Neuromuscular Agents (7310-7450)					
Amantadine	Symmetrel	COVERED			Issue
Benzotropine Mesylate	Cogentin	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age due to unclear efficacy or antipsychotic-associated extrapyramidal effects or Parkinson's disease. Avoid use. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with	Medline

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				anticholinergic properties. Increased risk of cognitive decline. Consider carbidopa/levodopa for Parkinson's disease.	
Carbidopa/ Levodopa ER Tablet	Sinemet CR	NOT COVERED	ePA Parkinson's Diagnosis with IR trial		Issue
Carbidopa/ Levodopa IR	Sinemet	COVERED			Issue
Entacapone	Comtan	COVERED			Issue
Pramipexole	Mirapex	COVERED			Issue
Ropinirole	Requip	COVERED			Issue
Trihexyphenidyl	Artane	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age due to unclear efficacy or antipsychotic-associated extrapyramidal effects or Parkinson's disease. Avoid use. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline. Consider carbidopa/levodopa for Parkinson's disease.	Medline
Muscle Relaxers (7510-7520)					
Baclofen	Lioresal	NOT COVERED	ePA MS Spasticity & Intractable hiccups	BEERS LIST CRITERIA - Avoid use in patients with CrCl<60mL/min due to risk of encephalopathy. If use required use lowest effective dose and monitor for mental status changes.	Medline
Methocarbamol	Robaxin	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age due to questionable efficacy at doses tolerated in elderly. Avoid use. Consider acetaminophen, NSAID (if no heart or renal failure), or salsalate.	Medline Only (Facilities without pill lines may prescribe as SC-Earned)
Tizanidine	Zanaflex	COVERED			Medline
Antimyasthenic/Cholinergic Agents (7600)					
Pyridostigmine	Mestinon	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Vitamins, Minerals, Nutrients & Alternative Medicines (7710-8230 & 9500)					
Ascorbic Acid	Vitamin C	NOT COVERED	ePA Iron Absorption & Wound Healing		Issue
Cholecalciferol 1000IU, 5000IU, 50000IU	Vitamin D3 1000IU, 5000IU, 50000IU	COVERED			Issue
Cyanocobalamin Injection	Vitamin B12 Injection	COVERED			Medline Only
Cyanocobalamin Oral	Vitamin B12 Oral	NOT COVERED	ePA Bariatric Surgery Patients		Medline
Dextrose & Sodium Chloride	Dextrose & Sodium Chloride	COVERED			Medline Only
Ferrous Gluconate	Fergon	NOT COVERED	ePA Ferrous Sulfate Intolerance		Issue
Ferrous Sulfate	Feosol	COVERED			Issue
Folic Acid Tablet	Folvite tab	COVERED			Issue
Iron Sucrose	Venofer	NOT COVERED	ePA CKD/Dialysis		Medline Only
Lactated Ringer's	Lactated Ringer's	COVERED			Medline Only
Magnesium Oxide	MagOx	COVERED			Issue
Melatonin	Melatonin	COVERED			Issue
Multivitamins with Folic Acid	Prenatal Rx - Medicaid preferred product	COVERED			Issue
Multivitamins with No Iron	MVI with no Iron	COVERED			Issue
Multivitamins/ Minerals AREDS 2 Formula	Preser Vision AREDS 2	COVERED			Issue
Niacin & Niacin SR	Niacin, Niaspan	COVERED			Issue
Phytonadione (Vitamin K-1)	Aqua-Mephyton, Mephyton	COVERED			Medline Only
Potassium Chloride Micro-dispersible	K-Dur, Klor Con	COVERED			Issue
Potassium Chloride Wax Matrix	K-Tab	COVERED			Issue
Pyridoxine 50mg	Vitamin B-6 50mg	COVERED			Issue
Sodium Ferric Gluconate Complex	Ferrlecit	COVERED			Medline Only
Vitamin B Complex with Folic Acid	Nephrovite, Nephrocip	NOT COVERED	ePA CKD/Dialysis		Issue
Vitamin B-1 100mg	Thiamine 100mg	COVERED			Issue
Vitamin D with Calcium 600-400MG	Calcium with Vitamin D 600-400mg	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Hematopoietic Agents (8240)					
Epoetin Alfa-***	Epogen, Procrit Biosimilar - DOC Inventory Cost Effective Choice	COVERED			Medline Only
Filgrastim-****	Neupogen Biosimilar - DOC Inventory Cost Effective Choice	COVERED			Medline Only
Anticoagulants (8310-8337)					
Apixaban	Eliquis	COVERED		BEERS LIST CRITERIA - Avoid in patients with CrCl <25mL/min lack of evidence of efficacy and safety. Consider using Warfarin.	Medline
Enoxaparin Syringes	Lovenox Syringes	COVERED		BEERS LIST CRITERIA - Dose reduction required for CrCl <30 mL/min. Increased risk of bleeding. Consider unfractionated heparin or dalteparin with anti-factor Xa monitoring.	Medline Only
Heparin	Heparin	COVERED			Medline Only
Rivaroxaban	Xarelto	COVERED			Medline
Warfarin Sodium	Coumadin	COVERED			Medline
Hemostatics and Hematological (8410-8580)					
Albumin Human	Plasbumin	COVERED			Medline Only
Alteplase	Activase	COVERED			Medline Only
Antihemophilic Factor	Monarch Factor VIII	COVERED			Medline Only
Anti-Inhibitor Coagulant Complex	Feiba VH	COVERED			Medline Only
Clopidogrel	Plavix	COVERED			Issue
Darbepoetin	Aranesp	NOT COVERED	ePA CKD/Dialysis		Medline Only
Dextran	Gentran	COVERED			Medline Only
Pentoxifylline	Trental	COVERED			Issue
Tranexamic Acid 5% Solution (Compounded)	Tranexamic Acid 5% Solution (Compounded)	NOT COVERED	ePA Dental & Female patients only.		Medline
Ophthalmic & Otic Agents (8610-8799)					
Acetic Acid	Acetic Acid Solution	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Acetic Acid/Aluminum Acetate	Domeboro Otic	COVERED			Issue
Atropine Sulfate	Isopto-Atropine	COVERED		BEERS LIST CRITERIA - Avoid use in patients >65 years of age due to anticholinergic effects. Increased risk of confusion, cognitive impairment, delirium, dry mouth, constipation, and urinary retention. Avoid in men. Avoid combining medications with anticholinergic properties. Increased risk of cognitive decline.	Issue
Bacitracin/ Polymyxin B/ Neomycin Ophthalmic	Polymycin Ophthalmic Ointment	COVERED			Issue
Benoxinate/ Fluorescein	Fluress	NOT COVERED	ePA Optometrist Use Only		Medline
Brimonidine 0.1%	Alphagan-P	COVERED			Issue
Carbamide Peroxide Otic	Debrox Otic	COVERED		1 bottle per 60 days	Issue
Dexamethasone/ Tobramycin	Tobradex	COVERED			Issue
Difluprednate	Durezol	COVERED			Issue
Dorzolamide	Trusopt	COVERED			Issue
Dorzolamide/ Timolol	Cosopt	COVERED			Issue
Erythromycin	E-Mycin, Erytab, Erythrocin	COVERED			Issue
Fluorometholone 0.1% Suspension	FML, Flarex	COVERED			Issue
Gentamicin Sulfate Ophthalmic Only	Garamycin	COVERED			Issue
Ketorolac Ophthalmic 0.5%	Acular 0.5%	COVERED		BEERS LIST CRITERIA - High risk in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Avoid use. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs,	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
				SNRIs for pain/inflammation depending on comorbidities.	
Ketotifen 0.025%	Zaditor	COVERED			Issue
Latanoprost	Xalatan	COVERED			Issue
Loteprednol 0.5%	Lotemax	COVERED			Issue
Neomycin/ Polymyxin B/ Dexamethasone	Maxitrol	COVERED			Issue
Ofloxacin Ophthalmic	Floxin	COVERED			Issue
Polymyxin B/Trimethoprim	Polytrim	COVERED			Issue
Prednisolone Acetate	PredMild, PredForte	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Sulfacetamide Sodium	Sulamyd	COVERED			Issue
Tears Artificial - Carboxymethylcellulose 1% (all formulations)	Akwa Tears	COVERED			Issue
Tears Artificial - Mineral Oil/Petrolatum 3-94% ointment	Genteal Tears PF	COVERED			Issue
Timolol Maleate	Timoptic	COVERED			Issue
Tropicamide	Mydral	NOT COVERED	ePA Optometrist Use Only		Medline
Mouth/Throat/Dental Agents (8810-8850)					
Chlorhexidine Gluconate	Peridex, Hibistat, Hibiclens	COVERED			AF: ISSUE; ALCOHOL: Medline Only
Clotrimazole Oral & Topical	Mycelex	COVERED			Issue
Dry Mouth Treatment	Biotene	COVERED		1:1 Exchange	Issue
Fluoride Topical	PreviDent	COVERED			Issue
Lidocaine Viscous	Xylocaine	COVERED			Medline
Nystatin	Mycostatin	COVERED			Issue
Pilocarpine	Isopto-Carpine, Pilocar, Salagen	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Triamcinolone Dental Paste	Kenalog Orabase	COVERED			Issue
Rectal Agents (8915-8999)					
Hydrocortisone HCl Rectal	Anusol-HC, Cortenema, Cortril	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Topical Anti-Infectives (9010-9015)					
Bacitracin	Bacitracin	COVERED			Issue
Ketoconazole	Nizoral Prescription Strength	COVERED			Issue
Mupirocin Ointment	Bactroban	COVERED			Issue
Tolnaftate	Tinactin	COVERED			Issue
Nystatin	Mycostatin	COVERED			Issue
Clotrimazole Oral & Topical	Mycelex	COVERED			Issue
Topical Anti-Inflammatory & Psoriasis Agents (9021-9052)					
Calcipotriene 0.005% Cream	Dovonex	COVERED			Issue
Coal Tar	Estar 7.5% Gel, Tera-gel Shampoo	NOT COVERED	ePA Psoriasis		Issue
Diclofenac Sodium Topical 1% Gel	Voltaren 1% Gel	COVERED		BEERS LIST CRITERIA - Avoid chronic use in patients >65 years of age with or without ulcer history due to increased risk for ulcer/GI bleed/perforation, kidney injury, hypertension, and/or worsening heart failure. Risks increased if CrCl <30mL/min and/or age >75 years. Use >7 days use PPI or misoprostol for GI protection. Consider acetaminophen, salsalate, capsaicin, lidocaine patches (NFR Required), topical NSAIDs, SNRIs for pain/inflammation depending on comorbidities.	Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Fluorouracil	Efudex	COVERED			Issue
Silver Nitrate	Grafco	COVERED			Medline Only
Silver Sulfadiazine	Silvadene, SSD	COVERED			Issue
Topical Corticosteroids (9055)					
Betamethasone Valerate 0.1%	Valisone	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Clobetasol	Temovate	COVERED			Issue
Triamcinolone 0.1% Topical	Kenalog Topical 0.1%	COVERED		BEERS LIST CRITERIA - Use caution in patients >65 years of age with delirium or high risk of delirium. May cause or worsen delirium. If use required use lowest effective dose for shortest time necessary. Avoid combining with NSAIDs due to increased risk of GI ulcer/bleed. Use combo only with gastroprotection.	Issue
Emollients & Misc Topicals (9065-9075 & 9097-9099)					
Aluminum Acetate	Burow's solution, Domeboro topical	COVERED			Issue
Hydrophilic Cream	Eucerin	NOT COVERED	ePA Eczema, Psoriasis, Scar Care, Senile Dermatitis	Limit 1 tube per Dispense	Issue
Hydrophilic Ointment	Aquaphor	NOT COVERED	ePA Eczema, Psoriasis, Scar Care, Senile Dermatitis	Limit 1 tube per Dispense	Issue
Sunscreen	Sunscreen	COVERED			Issue
Urea 40% Cream	Carmol 40 Cream	COVERED			Issue
Topical Immunomodulating Agents (9077)					
Imiquimod	Aldara	NOT COVERED	ePA Genital Warts		Issue
Topical Anesthetics (9085)					
Capsaicin	Zostrix	COVERED			Issue

Generic Name	Brand Name	Formulary Status	Special Criteria	Informational Notes	Issue/ Medline
Lidocaine Patches	Lidoderm	NOT COVERED	ePA per DOC Protocols	Urgent Stock Only, No patient specific	Medline Only
Lidocaine (except Patches)	Xylocaine	COVERED			Issue
Lidocaine/Prilocaine	Elma	COVERED			Issue
Scabies/Parasitic Topical Agents (9090)					
Permethrin Cream & Lotion	Nix or Acticin	COVERED			Issue
Antiseptics & Disinfectants (9200-9299)					
Povidone Iodine	Betadine	COVERED			Issue
Antidotes & Antagonists (9300-9399)					
Charcoal	CharcoAid	COVERED			Medline
Flumazenil	Romazicon	COVERED			Medline Only
Naloxone	Narcan	COVERED			Medline
Naltrexone Oral & Injectable	Vivitrol, Revia	COVERED			Oral: Issue; Injectable: Medline Only
Chemicals & Medical Devices (9600-9799)					
Alcohol Isopropyl	Isopropyl Alcohol	COVERED			Medline Only
Inhaler Spacer	Aerochamber	COVERED			Issue
Miscellaneous Solutions & Products (9900-9939; 9950-9999)					
Ammonia	Ammonia Inhalant	COVERED			Medline only
Miscellaneous Immunomodulators (9940-9944)					
Cyclosporine Oral	Neoral, Sandimmune	COVERED			Issue
Azathioprine	Imuran	COVERED			Issue
Lenalidomide	Revlimid	NOT COVERED	ePA Multiple Myeloma		Medline
Mycophenolate	CellCept, Myfortic	NOT COVERED	ePA Trial of tacrolimus & recommendation from specialist		Medline
Tacrolimus	Prograf	COVERED			Medline
Potassium Removing Agents (9945)					
Sodium/ Zirconium	Lokelma	COVERED		For emergent use consider hospitalization.	Issue

B – 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.

Under Construction

C – 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 Prescription Drug Program:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/prescription-drug-program>

ISMP:

<http://www.ismp.org/>

Washington State Pharmacy Quality Assurance Commission:

<https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/pharmacies-and-pharmaceutical-firms/commission-information>

Washington State Medicaid Criteria Link <Insert here>

<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/apple-health-medicaid-drug-coverage-criteria>

D – Historical Formulary Documents

Under Construction

E – Recent Revisions to Pharmaceutical Management and Formulary Manual

List of updates/corrections made in the text of the Pharmaceutical Management and Formulary Manual with applicable date.

Section Revised	Nature of Revision	Date Applied
Pharmaceutical Management Manual Changes	Complete revision. Please review in entirety.	6/13/25
Formulary Status Modifications	Complete revision to align DOC Formulary with Medicaid Preferred Drug List. Liothyronine – Not Covered with ePA for Psychiatric Prescribers Only Nefazodone – Not Covered	6/13/25
Urgent Stock List	Remove Albuterol Inhalers Add Methylprednisolone 1gm with a limit of 3 vials per facility	6/13/25