

**Bureau of Prisons
Health Services
Winter 2022 National Formulary Part 2**

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

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose	Unit	Fmly	
Abacavir Sulfate (ABC)	Oral Soln 20mg/ml															
	Abacavir Sulfate(ABC) Oral Soln 20 MG/ML 240ml (Ziagen)	Sol	12105005102020	No	0	Yes	Yes	No	No	N/A	No	Yes				
	MLP Requires Cosign															
Abacavir Sulfate (ABC)	Tablet															
	Abacavir (ABC) 300 MG TAB UD (Ziagen)	Tab	12105005100320	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Abacavir (ABC) 300 MG TAB (Ziagen)	Tab	12105005100320	No	0	Yes	No	No	No	N/A	No	Yes				
	MLP Requires Cosign															
Abacavir Sulfate/Lamivudine	600mg/300 mgTablet															
	Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	No	0	Yes	No	No	No	N/A	No	Yes				
	Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Tab	12109902200340	No	0	Yes	No	No	No	N/A	Yes	Yes				
	MLP Requires Cosign															
Abacavir-Lamivudine-Zidovudine	Tablet															
	Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	No	0	Yes	No	No	No	N/A	No	Yes				
	MLP Requires Cosign															
Ace Aerosol Spacer																
	Ace Spacer	Miscellaneous	97100000006300	No	0	No	Yes	No	No	N/A	No	Yes				
Acetaminophen 325 MG	Tablet															
	Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes				
	Acetaminophen 325 MG Tab (OTC) 20 count (Tylenol)	Tab	64200010000310	No	0	No	Yes	No	No	N/A	No	Yes				
	Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes				
	Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes				
	Acetaminophen 325 MG Tab (OTC) 100 count	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes				
	Acetaminophen 325 MG Tab UD (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	Yes	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmly
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
	Acetaminophen Intravenous Solution 10 MG/ML												
	Acetaminophen Intravenous Solution 10 MG/ML (Ofirmev)	Sol	64200010002070	No	0	No	No	Yes	No	No	N/A	No	Yes
	Advisories: **for surgery use Only** **Medical Referral Center (MRC) Use Only**												
	Acetaminophen Oral Solution												
	Acetaminophen elixir 160mg/5ml - 473 ml (Tylenol)	Elixir	64200010001015	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)	Elixir	64200010001015	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
	Acetaminophen Oral Solution 160 MG/5ML												
	Acetaminophen 160MG/5ML Oral Solution 120 ML (Pain & Fever)	Sol	64200010002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Liquid 160 MG/5ML - 120 ml	Liq	64200010000912	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Liquid 160 MG/5ML - 237 ml	Liq	64200010000912	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Liquid 160 MG/5ML - 473 ml	Liq	64200010000912	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Solution 160 MG/5ML UD [5ml]	Sol	64200010002010	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Acetaminophen Oral Suspension 160 MG/5ML 118 ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Suspension 160 MG/5ML 30ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Oral Suspension 160 MG/5ML 5ML UD (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Acetaminophen Oral Suspension 160 MG/5ML 60ML (Pain & Fever infants)	Susp	64200010001840	No	0	No	Yes	No	No	No	N/A	No	Yes
	Acetaminophen Sol 160 MG/5ML [480ml] (Tylenol)	Sol	64200010002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
	Acetaminophen Oral Solution 650 MG/20.3ML												
	Acetaminophen Oral Solution 325 MG/10.15ML	Sol	64200010002010	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Acetaminophen Sol 650 MG/20.3ML UD (Tylenol)	Sol	64200010002010	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**												
	Acetaminophen Rectal Suppository 325 MG												
	Acetaminophen Rectal Suppository 325 MG (Acephen)	Supp	64200010005215	No	0	No	Yes	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Fmly
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**															
	Acetaminophen Suppositories 120 mg															
	Acetaminophen Rectal Suppository 120 MG (Tylenol)	Supp	64200010005205	No	0	No	Yes	No	No	No	N/A	No	Yes			
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**															
	Acetaminophen Suppositories 650 mg															
	Acetaminophen Rectal Suppository 650 MG (Tylenol)	Supp	64200010005220	No	0	No	Yes	No	No	No	N/A	No	Yes			
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**															
	Acetaminophen Suspension 1000 MG/30ML															
	Acetaminophen Suspension 1000 MG/30ML [240 ml] (Tylenol Extra Strength Suspension)	Liq	64200010000914	No	0	No	Yes	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**															
	Acetaminophen/Codeine 300/15 MG Tablet															
	Acetaminophen-Codeine #2 300-15 MG tab (Tylenol #2)	Tab	65991002050310	No	3	Yes	No	Yes	Yes	N/A	No	Yes				
	Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**															
	Acetaminophen/Codeine 300/30 MG Tablets															
	Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	No	Yes				
	Acetaminophen/Codeine 300/30MG Tab UD (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes				
	Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**															
	Acetaminophen/Codeine 300/60MG Tablet															
	Acetaminophen/Codeine 300/60MG Tab (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	No	Yes				
	Acetaminophen/Codeine 300/60MG Tab UD (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes				
	Advisories: ****ORDER MAY NOT EXCEED 30 DAYS** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**															

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly
	Acetaminophen/Codeine Oral Soln 120-12 MG/5ML													
	Acetaminophen-Codeine Soln 120-12 MG/5ML 480ML	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes		
	Acetaminophen/Codeine 120MG/12 MG/5ML (5ML) Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML (5ML)Sol UD	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML, 10ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML,12.5ML Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes		
	Advisories:													
	****ORDER MAY NOT EXCEED 30 DAYS** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
	MLP Requires Cosign													
	acetaZOLAMIDE ER Capsules													
	acetaZOLAMIDE ER 500 MG 12 Hour Cap (Diamox SEQUELS)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	No	Yes		
	AcetaZOLAMIDE ER 500 MG 12 Hour Capsule UD (diamox)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	Yes	Yes		
	acetaZOLAMIDE Tablet													
	acetaZOLAMIDE 125 MG Tab UD	Tab	37100010000305	No	0	No	No	No	No	N/A	Yes	Yes		
	acetaZOLAMIDE 125 MG Tab (Diamox)	Tab	37100010000305	No	0	No	No	No	No	N/A	No	Yes		
	acetaZOLAMIDE 250 MG Tab (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	No	Yes		
	acetaZOLAMIDE 250 MG UD (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	Yes	Yes		
	Acetic Acid HC Otic (10ML) 2-1%													
	Acetic Acid HC otic (10ML) 2-1% ML (Vosol HC Otic)	Sol	87300020102000	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid Irrigation 0.25%													
	Acetic Acid 0.25%,1000ML irrigation (Acetic Acid Irrigation)	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid Irrigation 500 ML Solution 0.25 %	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid Irrigation Solution 0.25 % 250 ML	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetic Acid Otic (15 ML) 2%													
	Acetic Acid Otic (15 ML) 2% solution (Acetasol Otic)	Sol	87400010102010	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcholine Ophth 20 mg/2ml													
	Acetylcholine Ophth 1:100 soln (Miochol-E Intraocular Solution Reconstituted 20 MG)	Sol Recon	86501010102110	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories:													
	****FOR ANESTHESIA /SURGERY USE ONLY****													
	Medical Referral Center (MRC) Use Only													
	Acetylcysteine 20%, 4ML sol													
	Acetylcysteine 20%, 4ML sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine Inhalation Solution 10%													
	Acetylcysteine 10%, 10ML sol (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine Inhalation Solution 10% 4ml	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine Inhalation Solution 10% 10ml	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes		
	Acetylcysteine Inhalation Solution 10% 30 ML	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Acetylcysteine Inhalation Solution 20%											
	Acetylcysteine 20 % , 30 ML Sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes
	Acetylcysteine 20% Inhal Sol, 10 ml	Sol	43300010002005	No	0	No	No	No	No	N/A	No	Yes
	Acetylcysteine Intravenous Soln 200 MG/ML (20%)											
	Acetylcysteine Intravenous Solution 200 MG/ML (Acetadose)	Sol	93000007002020	No	0	No	No	Yes	No	N/A	No	Yes
	Acyclovir Suspension 200 MG/5ML											
	Acyclovir Susp 200 MG/5ML 16 oz (Zovirax)	Susp	12405010001810	No	0	No	Yes	No	No	N/A	No	Yes
	Acyclovir Injection											
	Acyclovir Sodium 500 MG IV Solution (Zovirax)	Sol Recon	12405010102120	No	0	No	No	Yes	No	N/A	No	Yes
	Acyclovir Sodium IV Solution 50 MG/ML 20ML	Sol	12405010102030	No	0	No	No	Yes	No	N/A	No	Yes
	Acyclovir Tablet/Capsule											
	Acyclovir 200 MG Cap (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	No	Yes
	Acyclovir 200 MG Cap UD (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	Yes	Yes
	Acyclovir 400 MG Tab (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	No	Yes
	Acyclovir 400 MG Tab UD (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	Yes	Yes
	Acyclovir 800 MG TAB (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	No	Yes
	Acyclovir 800 MG TAB UD (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	Yes	Yes
	Adenosine Injection											
	Adenosine Intravenous Solution 12 MG/4ML (Adenocard)	Sol	35500010002020	No	0	No	No	Yes	No	N/A	No	Yes
	Adenosine Intravenous Solution 6 MG/2ML	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Adenosine IV Solution 6 MG/2ML PFS	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions:											
	Restricted for use in radionuclide myocardial perfusion testing or for placement in Medical Referral Center or Care Level 3 crash cart.											
	Medical Referral Center (MRC) Use Only											
	Aerochamber Device											
	Ace Spacer/Aero-Holding Chambers Device (ace spacer)	Device	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
	Aerochamber EA (Aerochamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
	Albumin Human IV Soln 25%											
	Albumin Human IV Soln 25 % 50 ML (Albuminar-25)	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Albumin Human IV Soln 25 % 100 ML	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Albumin Human IV Soln 25 % 20 ML (Albutein)	Sol	85400010002015	No	0	No	Yes	Yes	No	N/A	No	Yes
	Albumin Human IV Soln 5%											
	Albumin Human IV Soln 5% 250 ML (Plasbumin)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes
	Albumin Human IV Soln 5% 50 ML	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes
	Albumin Human IV Soln 5% 500 ML (Albumin, Human)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmlly
	Albuterol Inhaler HFA) 90 MCG/ACT												
	Albuterol Inhaler HFA (18 GM) 90 mcg (Ventolin HFA)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	
	Albuterol Inhaler HFA (6.7 GM) 90mcg (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	
	Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT (Proair)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories: **** Proair HFA 8.5 GM is now the most cost affective/contract product- pharmacy please convert existing 6.7gm over to the 8.5gm size as local supply runs out" \$9.63 vs 25.58 per fill**												
	Albuterol Oral Syrup 2 MG/5ML												
	Albuterol Syrup (480ml) 2mg/5ml (Proventil Syrup)	Syrup	44201010101205	No	0	No	Yes	No	No	N/A	No	Yes	
	Albuterol Sulfate 0.083% neb solution												
	Albuterol Sulfate (3ml) 0.083% neb soln (Proventil)	Nebulization	44201010102515	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Albuterol Sulfate 0.5% Neb Solution												
	Albuterol Sulfate (0.5ML) 0.5% inh soln UD	Nebulization	44201010102520	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Albuterol Sulfate (20ml) 0.5% inh soln (Ventolin)	Nebulization	44201010102520	No	0	No	Yes	No	No	N/A	No	Yes	
	Albuterol Sulfate Tablet												
	Albuterol Sulfate 2 mg tab (Proventil)	Tab	44201010100305	No	0	No	No	No	No	N/A	No	Yes	
	Albuterol Sulfate 2 mg UD tab (Albuterol)	Tab	44201010100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Albuterol Sulfate 4 MG TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	No	Yes	
	Albuterol Sulfate 4 MG UD TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	Yes	Yes	
	Alcohol, Isopropyl												
	Alcohol, Isopropyl 70%, 480ML btl (Alcohol)	Sol	96201050102070	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories: *****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE*****												
	Alcohol, Isopropyl 70% Pads (200ct)												
	Alcohol, Isopropyl 70% Pads [200ct]			No	0	No	Yes	No	No	N/A	No	Yes	
	Alcohol, Isopropyl Pads												
	Alcohol, Isopropyl 70% PADS [100] (Alcohol Pads)	Pad	97703040004300	No	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Advisories: *****CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE*****												
	Alendronate Tablet												
	Alendronate 10 MG TAB (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	No	Yes	
	Alendronate 10 MG TAB UD (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	No	Yes	
	Alendronate 35 MG TAB UD (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 35 MG TAB Unit of Use Blister Pack (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 40 MG TAB (Fosamax)	Tab	30042010100340	No	0	No	No	No	No	N/A	No	Yes	
	Alendronate 5 MG Tab (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	No	Yes	
	Alendronate 5 MG Tab UD (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 70 MG Tab (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	No	Yes	
	Alendronate 70 MG Tab Unit Dose (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes	
	Alendronate 70 MG Tab Unit of Use Blister Pack (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Allopurinol Injection											
	Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	No	0	No	No	Yes	No	N/A	No	Yes
	Allopurinol Tablet											
	Allopurinol 100 MG Tab (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	No	Yes
	Allopurinol 100 MG Tab UD (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	Yes	Yes
	Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	No	Yes
	Allopurinol 300 MG Tab UD (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	Yes	Yes
	ALOH/Magnes/Simeth 2400/2400/240 MG Liquid											
	ALOH/MGOH/Simeth 30ML 2400/2400/240 mg (Mag-AI Plus XS)	Liq	48991003101835	No	0	No	Yes	No	No	N/A	Yes	Yes
	Mylanta DS Susp (OTC) 400-400-40 MG/5ML [480ml] (Mylanta double)	Susp	48991003101835	No	0	No	No	No	No	N/A	No	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**											
	ALOH/MGOH (Maalox) 225-200 MG/5ML Susp											
	Mag-AI Oral Liquid 200-200 MG/5ML UD Cup	Liq	48990002101815	No	0	No	Yes	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**											
	ALOH/MGOH/Simeth DS Susp 400-400-40 MG/5ML											
	ALOH/MGOH/Simeth DS 400/400/40 MG/5ML 355ML susp (Mi-Acid Maximum Strength)	Susp	48991003101835	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**											
	ALOH/MGOH/Simeth(Mylanta) 200-200-20 MG/5ML Susp											
	ALOH/MGOH/Simeth (Mylanta) (OTC) 355ML susp (Mylanta)	Susp	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes
	ALOH/MGOH/Simeth 30ML 1200/1200/120MG liq (Mag-AI Plus 30 ML CUP)	Liq	48991003101810	No	0	No	Yes	No	No	N/A	Yes	Yes
	ALOH/MGOH/Simeth Liq 200-200-20 MG/5ML (Mag-AI Plus)	Liq	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes
	ALOH/MGOH/Simeth Susp 200-200-20 MG/5ML[150ml] (Maalox Regular Strength)	Susp	48991003101810	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA Cosign	M/LP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**													
	ALOH/MGOH/Simethicone Chew Tablet ALOH/MGOH/Simeth 200/200/25 Chew TAB (Mintox Plus tablets)	Tab Chew	48991003100515	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**													
	Alteplase Injection Alteplase 2 MG inj (Cathflo)	Sol Recon	85601010002102	No	0	No	No	Yes	No	N/A	No	Yes		
	Alteplase, recomb Injection Alteplase, recomb 100MG inj (Activase) Alteplase, recomb 50 MG inj (Activase)	Sol Recon Sol Recon	85601010002120 85601010002110	No No	0 0	No No	No No	Yes Yes	No No	N/A N/A	No No	Yes Yes		
	Alum Hydrox (473 ML) Gel Alum Hydrox (473 ML) 320MG/5ML gel (Amphojel)	Susp	48100010201810	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**													
	Aluminum Acetate packets Aluminum Acetate (Domeboro) External Packet 25 % (Domeboro) Aluminum Acetate (Pedi-Boro Soak External Packet (Pedi-Boro Soak)	Packet Packet	90971002103020 90971002103020	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes		
	Amino Acid 10% IV Soln Amino Acid 10 % IV Soln 500 ml (TrophAmine Intravenous) Amino Acid 10% 1000 ML IV soln (Aminosyn) Amino Acid 10% IV soln (Freamine)	Sol Sol Sol	80302010102040 80302010102040 80302010102040	No No No	0 0 0	No No No	No Yes Yes	Yes Yes No	No No No	N/A N/A N/A	No No No	Yes Yes Yes		
	Amino Acid 15% Intravenous Solution Amino Acid 15% IV Solution 2000ml (Aminosyn II IV solution)	Sol	80302010102060	No	0	No	No	Yes	No	N/A	No	Yes		
	Amino Acid 8.5% IV Soln Amino Acid 8.5% 1000 ML IV soln (Freamine III 8.5%)	Sol	80302010102030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Amino Acid 8.5% w/Electrolyte IV Soln Amino Acid/Electrolytes IV Solution 8.5% 500ML (Aminosyn II)	Sol	80302010152045	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmily
	Amino Acid/Dex 4.25/5 IV Soln											
	Amino Acid/Dex 4.25/5 2L IV Soln (Clinimix E 4.25%)	Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose (4.25/5) IV Soln 1L (Clinimix E/dextrose)	Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dex/Elec 5/20 IV Soln 2L											
	Amino Acid/Dex/Elec 5/20 IV Soln 2L (Clinimix E)	Sol	80302020702040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dex/Electrolyte (5/15)											
	Amino Acid/Dex/Elec 5/15 1L IV Soln (Clinimix E 5/15 1 liter)	Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dex/Elec 5/15 2L IV Soln (Clinimix E 5/15 2 liter)	Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dext (5/15)											
	Amino Acid/Dext 5/15 1L IV Soln (Clinimix 5/15 1 Liter)	Sol	80302010272040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose (4.25/20)											
	Amino Acid/Dex 4.25/20 IV Soln (Clinimix/Dextrose (4.25/20))	Sol	80302010302032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose 4.25/10 IV Soln											
	Amino Acid/Dex 4.25/10 1L IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes
	Amino Acid/Dex 4.25/10 2L IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose 4.25/25 IV Soln											
	Amino Acid/Dex 4.25/25 IV soln (Aminosyn II)	Sol	80302010352032	No	0	No	Yes	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose 5/20 IV Sol											
	Amino Acid/Dex 5/20 2L IV Soln (Clinimix)	Sol	80302010302040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose/Elec 4.25/10 IV Soln											
	Amino Acid/Dex/Elec 4.25/10 2L IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dex/Elec 4.25/10 IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose/Elec 4.25/25 IV Soln											
	Amino Acid/Dex/Elec 4.25/25 2L IV Soln (Clinimix E)	Sol	80302020752032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose/Elec 4.25/5 IV Soln											
	Amino Acid/Dex/Elec 4.25/5 2L IV Soln (Clinimix E)	Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Dextrose/Elec 5/25 IV Soln											
	Amino Acid/Dex/Elec 5/25 IV soln 5 % (Clinimix E)	Sol	80302020752040	No	0	No	No	Yes	No	N/A	No	Yes
	Amino Acid/Glycerin w/Elec 3/3 IV Soln											
	Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)	Sol	80302010152010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Aminocaproic Acid Injection											
	Aminocaproic Acid 250 MG/ML inj (Amicar)	Sol	84100010002005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Aminocaproic Acid Tablet											
	Aminocaproic Acid 1000 MG Tablet (Amicar)	Tab	84100010000320	No	0	No	No	No	No	N/A	No	Yes
	Aminocaproic Acid 500 MG TAB (Amicar)	Tab	84100010000305	No	0	No	No	No	No	N/A	No	Yes
	Aminocaproic Acid 500 MG Tab UD	Tab	84100010000305	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
Aminophylline Injection													
	Aminophylline 25MG/ML, 20ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Aminophylline 25MG/ML,10ML inj (Aminophylline)	Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	
Amiodarone Injection													
	Amiodarone HCl IV Solution 150 MG/3ML	Sol	35400005002030	No	0	No	No	Yes	No	N/A	No	Yes	
	Amiodarone HCl IV Solution 450 MG/9ML (Cordarone)	Sol	35400005002040	No	0	No	No	Yes	No	N/A	No	Yes	
	Amiodarone HCl IV Solution 900 MG/18ML	Sol	35400005002050	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories:	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Formulary Restrictions:	****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****											
	Medical Referral Center (MRC) Use Only												
Amiodarone Tablet													
	Amiodarone HCl 100 MG Tab (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	No	Yes	
	Amiodarone HCl 100 MG Tab UD (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	N/A	Yes	Yes	
	Amiodarone HCl 200 MG Tab (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	No	Yes	
	Amiodarone HCl 200 MG Tab UD (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Amiodarone HCl 400 MG Tab (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	N/A	No	Yes	
	Amiodarone HCl 400 MG Tab UD (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories:	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Formulary Restrictions:	****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****											
Amitriptyline Tablet													
	Amitriptyline 10 MG TAB (Elavil)	Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 10 MG TAB UD (Elavil)	Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 25 MG Tab (Elavil)	Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 25 MG Tab UD (Elavil)	Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 50 MG Tab UD (Elavil)	Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 50 MG Tab (Elavil)	Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 75 MG Tab (Elavil)	Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 75 MG Tab UD (Elavil)	Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 100 MG Tab (Elavil)	Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 100 MG Tab UD (Elavil)	Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 150 MG Tab UD (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 150 MG Tab (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT**** **MLP Requires Cosign**												
amLODIPine Tablet												
	amLODIPine 2.5 MG TAB (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	No	Yes
	amLODIPine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	Yes	Yes
	amLODIPine 5 MG TAB (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	No	Yes
	amLODIPine 5 MG TAB UD (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	Yes	Yes
	amLODIPine 10 MG TAB (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	No	Yes
	amLODIPine 10 MG UD (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	Yes	Yes
Ammonia Aromatic Inhalation												
	Ammonia Aromatic 0.33 AMP inhalation (Ammonia Aromatic)	Inhaler	99000015102400	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ammonia Aromatic Inhalation Spirit 60 ML	Spirit	99000015109200	No	0	No	Yes	Yes	No	N/A	No	Yes
Amoxicillin Capsule												
	Amoxicillin 250 MG Cap (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin 250 MG Cap UD (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	Yes	Yes
	Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin 500 MG Cap UD (Trimox)	Cap	01200010100110	No	0	No	No	No	No	N/A	Yes	Yes
Amoxicillin Chewable Tablet												
	Amoxicillin 125 MG Chewable Tablet	Tab Chew	01200010100505	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin 250 MG Chewable Tablet	Tab Chew	01200010100510	No	0	No	No	No	No	N/A	No	Yes
Amoxicillin Suspension												
	Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin 250 MG/5ML Susp 80 ML (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin 400 MG/5ML Susp 50 ML (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 125 MG/5ML 100 ML	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 125 MG/5ML 150ML	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 200 MG/5ML 50 ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 200 MG/5ML 75 ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 200 MG/5ML 100ML (Amoxil)	Susp Recon	01200010101913	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 250 MG/5ML 100 ML	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 250 MG/5ML 150 ML	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 400 MG/5ML 100 ML	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin Oral Susp 400 MG/5ML 75 ML (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>MLP Cosign</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Emly</u>
	Amoxicillin Tablet											
	Amoxicillin 500 MG Tablet	Tab	01200010100303	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin 875 MG TAB (Amoxil)	Tab	01200010100315	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin-Pot Clav Chewable Tablet											
	Amoxicillin-Pot Clav 200-28.5 MG Chewable Tablet (Augmentin)	Tab Chew	01990002200515	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin-Pot Clav 400-57 MG Chewable tablet (Augmentin)	Tab Chew	01990002200535	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin/Clav 250MG/125MG TAB											
	Amoxicillin/Clav 250/125MG TAB (Augmentin)	Tab	01990002200310	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin/Clav 500MG/125MG Tablet											
	Amoxicillin/Clav 500/125MG TAB (Augmentin)	Tab	01990002200320	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin/Clav 500/125MG TAB UD (Augmentin)	Tab	01990002200320	No	0	No	No	No	No	N/A	Yes	Yes
	Amoxicillin/Clav 875MG/125MG TAB											
	Amoxicillin/Clav 875/125MG TAB (Augmentin)	Tab	01990002200340	No	0	No	No	No	No	N/A	No	Yes
	Amoxicillin/Clav 875/125MG UD (Augmentin)	Tab	01990002200340	No	0	No	No	No	No	N/A	Yes	Yes
	Amoxicillin/Clav Suspension											
	Amoxicillin-Clav Oral Susp 125-31.25 MG/5ML100ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 125-31.25MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 125-31.25MG/5ML150ML (Augmentin)	Susp Recon	01990002201910	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 200-28.5 MG/5ML 50 ML	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 250-62.5 MG/5ML 100ML (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 250-62.5MG/5ML 75 ML (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Oral Susp 600-42.9 MG/5ML 125ML (Augmentin)	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin-Clav Susp 200-28.5 MG/5ML 75 ML	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmentin)	Susp Recon	01990002201915	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (100ML) Oral Susp 400-57 MG/5ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)	Susp Recon	01990002201920	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (200ML) 600mg/5ml susp (Augmentin)	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (50ML) Oral Susp 400-57 MG/5ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav (75ML) Oral Susp 400-57 MG/5ML (Augmentin)	Susp Recon	01990002201935	No	0	No	Yes	No	No	N/A	No	Yes
	Amoxicillin/Clav Susp 600-42.9MG/5ML [75ml]	Susp Recon	01990002201960	No	0	No	Yes	No	No	N/A	No	Yes
	Amphoter B Lipid Cpx Injection											
	Amphoter B Lipid Cpx 5MG/ML inj (Abelcet)	Susp	11000010301820	No	0	No	Yes	Yes	No	N/A	No	Yes
	Amphoter B Liposome Injection											
	Amphoter B Liposome 50 MG inj (Ambisone)	Susp Recon	11000010401920	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sigin	M LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmily
	Amphotericin B Injection												
	Amphotericin B IV Solution 50 MG	Sol Recon	11000010002105	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin Injection												
	Ampicillin 1 GM ADV inj (Ampicillin)	Sol Recon	01200020302122	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin 1 GM inj (Ampicillin)	Sol Recon	01200020302120	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin 2 GM ADV inj (Ampicillin)	Sol Recon	01200020302127	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin 2 GM inj (Ampicillin)	Sol Recon	01200020302125	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin Sodium Inj Soln 250 MG	Sol Recon	01200020302110	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin Sodium Inj Soln 500 MG	Sol Recon	01200020302115	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin Sodium Injection Soln 10 GM	Sol Recon	01200020302132	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin Sodium Injection Solution 125 MG	Sol Recon	01200020302105	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin Sodium Intravenous Solution 10 GM	Sol Recon	01200020302132	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam Injection												
	Ampicillin-Sulbactam Inj Soln 1.5 (1-0.5)GM	Sol Recon	01990002252110	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin-Sulbactam Iv Soln 15 GM Bulk (Unasyn)	Sol Recon	01990002252152	No	0	No	No	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 1.5GM inj (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 1.5GM inj ADV (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam 3GM inj (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam Inj Soln 15 (10-5) GM Bulk (Unasyn)	Sol Recon	01990002252152	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam Inj Soln Recon 3 (2-1) GM (Unasyn)	Sol Recon	01990002252120	No	0	No	No	Yes	No	N/A	No	Yes	
	Anastrozole Tablet												
	Anastrozole 1 MG TAB (Arimidex)	Tab	21402810000310	No	0	No	No	No	No	N/A	No	Yes	
	Anastrozole 1 MG Tab UD (Arimidex)	Tab	21402810000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	****Limit to 14 days dispensing if cost is > \$25 per tablet/capsule****												
	Anticoagulant sod citrate conc												
	Anticoagulant sod citrate conc 46.7%, 30ML inj (TriCitrasol)	Concentrate	83400080101320	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories:												
	FDA warning - not for use in hemodialysis units												
	Anticoagulant Sodium Citrate Soln 4 GM/100ML												
	Anticoagulant Sodium Citrate Soln 4GM/100ML(500m (Anticoagulant Sodium Citrate Soln 4 GM/100ML)	Sol	83400080102020	No	0	No	No	Yes	No	N/A	No	Yes	
	Sodium Citrate 4 % 5ml (re-pack syringe) (anticoagulant)	Sol	83400080102020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Antihemophilic fact ,reco Xyntha Solofuse IV Kit												
	Antihemophilic fact Xyntha IV 250 UNIT (Xyntha)	Kit	85100010266420	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Antihemophilic fact Xyntha Solofuse IV 1000 UNIT (Xyntha Solofuse)	Kit	85100010266440	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	Antihemophilic fact Xyntha Solofuse IV 3000UNIT (Xyntha)	Kit	85100010266470	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Antihemophilic fact Xyntha Solofuse IV 500 UNIT (Xyntha Solofuse)	Kit	85100010266430	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Antihemophilic fact Xyntha Solofuse IV Kit 2000U (Xyntha Solofuse)	Kit	85100010266460	No	0	Yes	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	MLP Requires Cosign											
	Antihemophilic Factor-VWF Injection											
	Antihemophilic Factor-VWF Soln 250-600 UNIT (Humate P)	Sol Recon	85100015102122	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic Factor-VWF IV Kit 1000-1000 UNIT (Wilate)	Kit	85100015106440	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic Factor-VWF IV Kit 500-500 UNIT (Wilate)	Kit	85100015106430	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic Factor-VWF Soln 1000-2400 UNIT (Humate P)	Sol Recon	85100015102144	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic/VWF Cmplx/Human IV Sol 2000 UNIT (Alphanate/Vwf)	Sol Recon	85100015102193	No	0	No	No	Yes	No	N/A	No	Yes
	Antiheophilic Fac Humate-P IV Soln 500-1200 UNIT (Humate-P)	Sol Recon	85100015102132	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic, factor VIII Injection											
	Antihemophilic Fac VIII High(~1000)Koate-DVI IV (Koate-DVI Intravenous Soluti)	Sol Recon	85100010002140	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic Fac VIII Med(~500)(Koate-DVI) IV (Koate-DVI)	Sol Recon	85100010002130	No	0	No	No	Yes	No	N/A	No	Yes
	Antihemophilic fact, Koate-DVI IV Soln 250 UNIT (Koate-DVI)	Sol Recon	85100010002110	No	0	No	No	Yes	No	N/A	No	Yes
	Apixaban Oral Tablet											
	Apixaban 2.5 MG Tablet (Eliquis)	Tab	83370010000320	No	0	No	No	No	No	N/A	No	Yes
	Apixaban 2.5 MG Tablet UD (Eliquis)	Tab	83370010000320	No	0	No	No	No	No	N/A	Yes	Yes
	Apixaban 5 MG Tablet (Eliquis)	Tab	83370010000330	No	0	No	No	No	No	N/A	No	Yes
	Apixaban 5 MG Tablet UD (Eliquis)	Tab	83370010000330	No	0	No	No	No	No	N/A	Yes	Yes
	Apraclonidine 0.5% Ophthalmic Solution											
	Apraclonidine HCl Ophthalmic Solution 0.5 % 10ML (Iopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Apraclonidine ophth 0.5% (5 ML) soln (Iopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****											
	Apraclonidine 1% Ophthalmic Solution											
	Apraclonidine ophth 1% (5 ML) soln (Iopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	No	Yes
	Apraclonidine Ophthalmic Solution 1% [0.1ml] (Iopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****											
	Aprepitant Capsule											
	Aprepitant 125 MG CAP (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	No	Yes
	Aprepitant 125 MG Cap UD (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	Yes	Yes
	Aprepitant 3 day pack 1x125mg, 2x80mg Cap (Emend)	Miscellaneous	50280020006320	No	0	No	Yes	No	No	N/A	No	Yes
	Aprepitant 40 MG Capsule UD (Emend)	Cap	50280020000110	No	0	No	No	No	No	N/A	Yes	Yes
	Aprepitant 80 MG CAP (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	No	Yes
	Aprepitant 80 MG Cap UD (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**													
	Arginine Injection													
	Arginine HCL 10% inj (R-Gen 10)	Sol	94200012102005	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Aripiprazole Lauroxil IM Syringe													
	Aripiprazole IM Syringe 675 MG/2.4ML (Astrada Initio)	Prefilled	5925001520E43 5	No	0	Yes	No	Yes	No	N/A	No	Yes		
	ARIPiprazole Lauroxil IM Syringe 1064 MG/3.9ML (Aristada)	Prefilled	5925001520E45 0	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	ARIPiprazole Lauroxil IM Syringe 882 MG/3.2ML (Aristada)	Prefilled	5925001520E44 0	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	ARIPiprazole Lauroxil IM Syringe 441 MG/1.6ML (Aristada)	Prefilled	5925001520E42 0	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	ARIPiprazole Lauroxil IM Syringe 662 MG/2.4ML (Aristada)	Prefilled	5925001520E43 0	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	MLP Requires Cosign													
	ARIPiprazole Oral Solution 1 MG/ML													
	ARIPiprazole Oral Soln 1 MG/ML, 150ML (Abilify)	Sol	59250015002020	No	0	Yes	Yes	No	No	N/A	No	Yes		
	MLP Requires Cosign													
	ARIPiprazole Tablet													
	ARIPiprazole 2 MG Tab (Abilify)	Tab	59250015000305	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 2 MG Tab UD (Abilify)	Tab	59250015000305	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 5 MG Tab (Abilify)	Tab	59250015000310	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 5 MG Tab UD (Abilify)	Tab	59250015000310	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 7.5 MG (1/2 of 15mg tab) re-packUD (Abilify)	Tab	59250015000330	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 10 MG Tab (Abilify)	Tab	59250015000320	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 10 MG Tab UD (Abilify)	Tab	59250015000320	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 15 MG Tab (Abilify)	Tab	59250015000330	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 15 MG Tab UD (Abilify)	Tab	59250015000330	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 20 MG Tab (Abilify)	Tab	59250015000340	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 20 MG Tab UD (Abilify)	Tab	59250015000340	No	0	Yes	No	No	No	N/A	Yes	Yes		
	ARIPiprazole 30 MG Tab (Abilify)	Tab	59250015000350	No	0	Yes	No	No	No	N/A	No	Yes		
	ARIPiprazole 30 MG Tab UD (Abilify)	Tab	59250015000350	No	0	Yes	No	No	No	N/A	Yes	Yes		
	MLP Requires Cosign													
	Articaine-Epinephrine Inj Soln 4%-1:200000													
	Articaine-EPINEPHrine Inj Soln 4 %-1:200000 (Articadent)	Sol Cartridge	6999100205E21 5	No	0	No	Yes	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Formulary Restrictions: **Dental Clinic Use only**																
	Articaine-Epinephrine Inj Solution 4 %-1:100000																
	Articaine-EPINEPHrine Inj Soln 4 %-1:100000 (Articadent)	Sol Cartridge	6999100205E22 0	No	0	No	No	Yes	Yes	No	N/A	No	No	Yes			
	Formulary Restrictions: **Dental Clinic Use only**																
	Aspirin 325 MG Tablet																
	Aspirin 325 MG Tab (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 325 MG Tab (OTC) 100 Count	Tab	64100010000315	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 325 MG Tab (OTC) 24 count	Tab	64100010000315	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 325 MG Tab (OTC) 50 count	Tab	64100010000315	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 325 MG Tab UD (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Aspirin 500 MG Tab (Aspirin)	Tab DR	64100010000607	No	0	No	No	No	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																
	Aspirin 81 MG Tablet (365 day)																
	Aspirin 81 MG Tab Chewable (Aspirin)	Tab Chew	64100010000510	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 81 MG Tab Chewable UD	Tab Chew	64100010000510	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Aspirin 81 MG EC Tab (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin 81 MG EC Tab UD (Aspirin E.C.)	Tab DR	64100010000601	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																
	Aspirin Suppository																
	Aspirin 300 MG Supp (Aspirin)	Supp	64100010005218	No	0	No	Yes	No	No	No	N/A	No	Yes				
	Aspirin Rectal Suppository 600 MG	Supp	64100010005228	No	0	No	Yes	No	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																
	Aspirin, E.C. 325 MG Tablet																
	Aspirin, E.C. 325 MG Tab (Ecotrin)	Tab DR	64100010000605	No	0	No	No	No	No	No	N/A	No	Yes				
	Aspirin, E.C. 325 MG Tab UD (Aspirin)	Tab DR	64100010000605	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Atazanavir (ATV) Sulfate Capsule															
	Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)	Cap	12104515200130	No	0	Yes	No	No	No	No	N/A	No	Yes			
	Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)	Cap	12104515200130	No	0	Yes	No	No	No	No	N/A	Yes	Yes			
	Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)	Cap	12104515200140	No	0	Yes	No	No	No	No	N/A	No	Yes			
	Atazanavir Sulfate (ATV) 200 MG CAP UD (Reyataz)	Cap	12104515200140	No	0	Yes	No	No	No	No	N/A	Yes	Yes			
	Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)	Cap	12104515200150	No	0	Yes	No	No	No	No	N/A	No	Yes			
	Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)	Cap	12104515200150	No	0	Yes	No	No	No	No	N/A	Yes	Yes			
	MLP Requires Cosign															
	Atazanavir/Cobicistat 300-150 MG Tab (Evotaz)															
	Atazanavir/Cobicistat 300-150 MG Tab [Evotaz] (Evotaz)	Tab	12109902220330	No	0	Yes	No	No	No	No	N/A	No	Yes			
	MLP Requires Cosign															
	Atenolol Tablet															
	Atenolol 100 MG TAB (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	No	N/A	No	Yes			
	Atenolol 100 MG UD (Tenormin)	Tab	33200020000310	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atenolol 25 MG TAB UD (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atenolol 25 MG TAB (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	No	N/A	No	Yes			
	Atenolol 50 MG TAB (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	No	N/A	No	Yes			
	Atenolol 50 MG TAB UD (Tenormin)	Tab	33200020000305	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atorvastatin Tablet															
	Atorvastatin 10 MG Tab (Lipitor)	Tab	39400010100310	No	0	No	No	No	No	No	N/A	No	Yes			
	Atorvastatin 10 MG TAB UD	Tab	39400010100310	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atorvastatin 20 MG TAB (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	No	N/A	No	Yes			
	Atorvastatin 20 MG TAB UD (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atorvastatin 40 MG TAB (Lipitor)	Tab	39400010100330	No	0	No	No	No	No	No	N/A	No	Yes			
	Atorvastatin 40 MG TAB UD	Tab	39400010100330	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Atorvastatin 80 MG TAB (Lipitor)	Tab	39400010100350	No	0	No	No	No	No	No	N/A	No	Yes			
	Atorvastatin 80 MG TAB UD	Tab	39400010100350	No	0	No	No	No	No	No	N/A	Yes	Yes			
	Non-Formulary Use Criteria:															
	1. DOCUMENTED FAILURE OF SIMVASTATIN AT MAXIMUM DOSE															
	2. Failure of niacin utilization via the brand name Niaspan formulation															
	3. Must complete and submit appendix 2, steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.															
	Atropine Injection															
	Atropine 1MG/ML inj (Atropine)	Sol	49101010102030	No	0	No	No	Yes	No	No	N/A	No	Yes			
	Atropine Sulfate Inj Prefill Syringe 0.25 MG/5ML	Sol Prefilled	4910101010E50	No	0	No	Yes	Yes	No	No	N/A	No	Yes			
	Atropine Sulfate Inj Prefill Syringe 0.5 MG/5ML	Sol Prefilled	4910101010E50	No	0	No	No	Yes	No	No	N/A	No	Yes			
	Atropine Sulfate Inj Prefilled Syringe 1 MG/10ML	Sol Prefilled	4910101010E51	No	0	No	No	Yes	No	No	N/A	No	Yes			
	Atropine Sulfate Injection Solution 8 MG/20ML	Sol	49101010102070	No	0	No	No	Yes	No	No	N/A	No	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Medical Referral Center (MRC) Use Only											
	Atropine Ophth Oint											
	Atropine Sulfate Ophthalmic Ointment 1 %	Oint	86350010104210	No	0	No	Yes	No	No	N/A	No	Yes
	Atropine Ophth Solution 1%											
	Atropine ophth 1%, 15 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Atropine ophth 1%, 2 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Atropine ophth 1%, 5 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Atropine sulfate Injection 0.4mg/ml											
	Atropine sulfate 0.4MG/ML inj (Atropine)	Sol	49101010102020	No	0	No	No	Yes	No	N/A	No	Yes
	azaTHIOprine Tablet											
	azaTHIOprine 100 MG TAB (Imuran)	Tab	99406010000325	No	0	No	No	No	No	N/A	No	Yes
	azaTHIOprine 50 MG TAB (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	No	Yes
	azaTHIOprine 50 MG TAB UD (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	Yes	Yes
	azaTHIOprine 75 MG TAB (Imuran)	Tab	99406010000315	No	0	No	No	No	No	N/A	No	Yes
	Azithromycin Injection											
	Azithromycin INJ 500 MG vial (Zithromax)	Sol Recon	03400010002120	No	0	Yes	Yes	Yes	No	N/A	No	Yes
	MLP Requires Cosign											
	Azithromycin Tablet											
	Azithromycin Tab 500 MG	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	Yes
	Azithromycin Tab 500 MG UD	Tab	03400010000334	No	0	Yes	No	No	No	N/A	Yes	Yes
	Azithromycin Tab 500 MG, [Tri-Pak] (Zithromax Tri-Pak)	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	Yes
	Azithromycin Tab 250 MG (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	No	Yes
	Azithromycin Tab 250 MG UD (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	Yes	Yes
	Azithromycin Tab 250 MG, [Z-Pak] (Zithromax Z-Pak)	Tab	03400010000320	No	0	Yes	Yes	No	No	N/A	No	Yes
	Azithromycin Tab 600 MG (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	No	Yes
	Azithromycin Tab 600 MG UD (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	Yes	Yes
	MLP Requires Cosign											
	B&L Advanced Eye Relief											
	B & L Advanced Eye Relief (B&L Advanced Eye Relief)	Sol	86200060002020	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions:											
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****											
	Bacillus Calmette-Guerin Vacc inj											
	Bacillus Calmette-Guerin 50mg inj [Tice] (Tice BCG vaccine)	Susp Recon	21700013001930	No	0	No	Yes	Yes	No	N/A	No	Yes
	Advisories:											
	Do Not Administer IV, SubQ, Intradermally											
	Formulary Restrictions:											
	****FOR ONCOLOGY USE AT MEDICAL CENTER ONLY****											
	Medical Referral Center (MRC) Use Only											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Bacitracin/Poly B Opth Oint 500-10000 Unit/GM Bacitracin/Poly B opth 3.5 GM oint (Poly-Bac)	Oint	86109902104200	No	0	No	Yes	No	No	N/A	No	Yes
	Bacteriostatic Water(Benz Alc) Injec Soln Bacteriostatic Water(Benz Alc) Injec Soln	Sol	98401020102000	No	0	No	Yes	No	No	N/A	No	Yes
	Balcoltra Oral Tablet 0.1-20 MG-MCG(21) Levonorgestrel/Ethinyl est 0.1-20 MG-MCG[28] (Balcoltra)	Tab	25990003350320	No	0	No	Yes	No	No	N/A	No	Yes
	Barium (VoLumen) Oral Suspension 0.1 % Barium (VoLumen) Oral Suspension 0.1% 450ml (VoLumen)	Susp	94401010101805	No	0	No	Yes	Yes	No	N/A	No	Yes
	Barium Oral Susp Recon 96 % (E-Z Paque) Barium (E-Z-Paque) Oral Susp Recon 96 % (E-Z Paque)	Susp Recon	94401010101921	No	0	No	Yes	Yes	No	N/A	No	Yes
	Barium Oral Susp Recon 98% (E-Z-HD Oral) Barium (E-Z-HD) Oral Susp Recon 98% (E-Z HD Oral Susp)	Susp Recon	94401010101923	No	0	No	No	Yes	No	N/A	No	Yes
	Barium Oral Suspension 40 % (Tagitol V) Barium Oral Suspension 40 % [Tagitol V] (Tagitol V Oral Suspension 40 %)	Susp	94401010101834	No	0	No	No	Yes	No	N/A	No	Yes
	Barium Sulfate 2.1 % Suspension Barium Sulfate 2.1% [Readi-Cat 2]Oral Susp 450ml (Readi-cat2) Readi-Cat 2 Oral Suspension 2 % 450 ml (Readi-cat 2)	Susp Susp	94401010101826 94401010101825	No No	0 0	No No	Yes No	Yes Yes	No No	N/A N/A	No No	Yes Yes
	Barium Sulfate for Suspension (Packet) Barium Sulfate Oral Packet 2 % (E-Z- Cat dry)	Packet	94401010103010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Beclomethasone HFA Oral Inhaler 40 Mcg/ACT Beclomethasone HFA inh 40 MCG [8.7GM] (QVAR)	Aero Sol	44400010103408	No	0	No	Yes	No	No	N/A	No	Yes
	Beclomethasone HFA Oral Inhaler 80 Mcg/ACT Beclomethasone HFA inh 80 MCG (7.3GM) (QVAR) Beclomethasone HFA inh 80 MCG [8.7GM] (Qvar)	Aero Sol Aero Sol	44400010103428 44400010103428	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes
	Beclomethasone RediHaler Inh Aerosol 80 MCG/ACT Beclomethasone RediHaler Inh 80 MCG/ACT 10.6GM (QVAR) Beclomethasone RediHaler Inh 40 MCG/ACT 10.6GM (Qvar)	Aero Breath Aero Breath	44400010128140 44400010128120	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes
	Belladonna and Opium Suppository Belladonna and opium 15A supp (B & O) Belladonna and opium 16A supp (B&O)	Supp Supp	49109902155210 49109902155220	No No	2 2	Yes Yes	Yes Yes	Yes Yes	No No	N/A N/A	No Yes	Yes Yes
	Formulary Restrictions: **Inpatient use only; order may not exceed 3 days** **Medical Referral Center (MRC) Use Only** **MLP Requires Cosign**											
	Benzo/Butamben/Tetra Benzo/Butamben/Tetra 56GM Spray (Cetacaine)	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ****Pill line or clinic Use only****											
	Benzocaine Mouth/Throat Paste 20 %											
	Benzocaine Mouth/Throat Paste 20 % (Orabase-B)	Paste	88350010004420	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Benzoin Compound tincture											
	Benzoin Compound External Tincture 29ML	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes
	Benzoin Compound Tincture 60 ML (Benzoin Compound)	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes
	Formulary Restrictions: **Clinic use only, not to be issued to inmate**											
	Benztropine Injection											
	Benztropine 1MG/ML, 2ML inj (Ampule) (Cogentin)	Sol	73100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Benztropine Injection Soln 1 MG/ML (Vial)	Sol	73100010102005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
	Benztropine Tablet											
	Benztropine 0.5 MG Tab (Cogentin)	Tab	73100010100305	No	0	No	No	No	No	N/A	No	Yes
	Benztropine 0.5 MG Tab UD (Cogentin)	Tab	73100010100305	No	0	No	No	No	No	N/A	Yes	Yes
	Benztropine 1 MG Tab (Cogentin)	Tab	73100010100310	No	0	No	No	No	No	N/A	No	Yes
	Benztropine 1 MG Tab UD (Cogentin)	Tab	73100010100310	No	0	No	No	No	No	N/A	Yes	Yes
	Benztropine 2 MG Tab (Cogentin)	Tab	73100010100315	No	0	No	No	No	No	N/A	No	Yes
	Benztropine 2 MG Tab UD (Cogentin)	Tab	73100010100315	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****											
	Betamethasone Dip 0.05% Cream											
	Betamethasone Dip 15GM 0.05% crea (Diprosone cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes
	Betamethasone Dip 45GM 0.05% crea (Diprosone Cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes
	Betamethasone Dip 0.05% Ointment											
	Betamethasone Dip 15GM 0.05% oint (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes
	Betamethasone Dip 45GM 0.05% oint (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Betamethasone Dip Aug Cream 0.05%													
	Betamethasone Dip Aug 15 GM 0.05% Cream (diprolene)	Cm	90550020053705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip Aug 50 GM 0.05% crea (Diprolene)	Cm	90550020053705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories: *****Not recommended for application to face or groin. Maximum recommended duration is 2 weeks, use pulse therapy if > 2 weeks *****													
	Betamethasone Dip Aug Ointment 0.05%													
	Betamethasone Dip Aug 15 GM 0.05% oint (Diprolene)	Oint	90550020054205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip Aug 45 GM 0.05% Ointment (Diprolene)	Oint	90550020054205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip Aug 50 GM 0.05% oint (Diprolene)	Oint	90550020054205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories: *****Not recommended for application to face or groin. Maximum recommended duration is 2 weeks, use pulse therapy if > 2 weeks *****													
	Betaxolol 0.25% Ophth Suspension													
	Betaxolol HCl Ophth 0.25%, 5 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCl Ophth 0.25%, 10 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCL Ophthalmic Suspension 0.25 % 15 ML (Betoptic S)	Susp	86250010101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol 0.5% Ophth Solution													
	Betaxolol HCl Ophth 0.5 % 10 ml Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCl Ophth 0.5 % 15 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCl Ophth 0.5%, 5 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Bethanechol Chloride Tablet													
	Bethanechol 5 MG TAB (Urecholine)	Tab	54300010100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Bethanechol 10 MG TAB (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	No	N/A	No	Yes	
	Bethanechol 10 MG TAB UD (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bethanechol 25 MG TAB (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	No	N/A	No	Yes	
	Bethanechol 25 MG TAB UD (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bethanechol 50 MG TAB (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	No	N/A	No	Yes	
	Bethanechol 50 MG TAB UD (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bevacizumab-awwb (Mvasi) IV Soln 100 MG/4ML													
	Bevacizumab-awwb (Mvasi) IV Solution 100 MG/4ML (Mvasi)	Sol	21335020202025	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bevacizumab-awwb (Mvasi) IV Solution 400 MG/16ML (Mvasi)	Sol	21335020202030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bexsero Intramuscular Susp Prefilled Syr													
	Bexsero Intramuscular Susp Prefilled Syr (Bexero)	Susp Prefilled	1720004015E62 0	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Bicalutamide Tablet													
	Bicalutamide 50 MG TAB (Casodex)	Tab	21402420000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Bicalutamide 50 MG TAB UD (Casodex)	Tab	21402420000320	No	0	No	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
Bictegravir/Emtricitabine/Tenof	50-200-25MG Tab											
	Bictegravir/Emtricitabine/Tenof 50-200-25 MG UD (Biktaryv)	Tab	12109903240330	No	0	No	No	No	No	N/A	Yes	Yes
	Bictegravir/Emtricitabine/Tenof 50-200-25MG Tab (Biktaryv)	Tab	12109903240330	No	0	No	No	No	No	N/A	No	Yes
Bictegravir/Emtricitabine/Tenof	30-120-15 MG Tab											
	Bictegravir/Emtricitabine/Tenof 30-120-15 MG Tab (Biktaryv)	Tab	12109903240320	No	0	No	No	No	No	N/A	No	Yes
Bisacodyl E.C.	Tablet											
	Bisacodyl E.C. 5 MG TAB (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	No	Yes
	Bisacodyl E.C. 5 MG TAB UD (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	N/A	Yes	Yes
Bisacodyl	Suppository											
	Bisacodyl 10 MG supp (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	N/A	No	Yes
	Bisacodyl 10 MG supp UD (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	N/A	Yes	Yes
Bismuth Subsal	Caplets											
	Bismuth Subsal 262 MG Caplet (Pepto-Bismol)	Tab	47300010000307	No	0	No	No	No	No	N/A	No	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**												
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**												
Bismuth Subsal	Suspension 524 MG/30ML											
	Bismuth Subsal Oral Susp 262 MG/15ML 118ML (Pepto bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
	Bismuth Subsal Oral Susp 262 MG/15ML 473 ML (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
	Bismuth Subsal Oral Susp 262MG/15ML 236 ML (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
	Bismuth Subsal Oral Suspension 262 MG/15ML 354ML (Pepto-bismol)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
	Bismuth Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)	Susp	47300010001805	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**												
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**												
Bismuth Subsal	Tablet											
	Bismuth Subsal 262 MG Chew TAB (Pepto-Bismol)	Tab Chew	47300010000507	No	0	No	No	No	No	N/A	No	Yes
	Bismuth Subsalicylate 262 MG Tab UD (Pepto bis)	Tab	47300010000307	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Unit Dose	Family
<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**</p> <p>Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**</p>														
Bleomycin sulfate Injection														
	Bleomycin Sulfate 3 U/ML (15 Units) inj (Blenoxane)	Sol Recon	21200010102105	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bleomycin sulfate 3 U/ML (30 Units) inj (Blenoxane)	Sol Recon	21200010102115	No	0	No	No	Yes	No	No	N/A	No	Yes	
Brimonidine Tartrate 0.2% Ophth soln														
	Brimonidine Tartrate Ophth 0.2 % Sol [10ml] (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Brimonidine Tartrate Ophth 0.2 % sol [5ml] (Alphagan)	Sol	86602020102010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Brimonidine Tartrate Ophth 0.2% Soln [15ml] (Alphagan)	Sol	86602020102010	No	0	No	No	No	No	No	N/A	No	Yes	
Bromocriptine Tab/Cap														
	Bromocriptine Mesylate 2.5 MG TAB (Parlodel)	Tab	73200020100305	No	0	No	No	No	No	No	N/A	No	Yes	
	Bromocriptine Mesylate 2.5 MG TAB UD (Parlodel)	Tab	73200020100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bromocriptine Mesylate 2.5 MG Tab UD (repack)	Tab	73200020100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bromocriptine Mesylate 5 MG CAP (Parlodel)	Cap	73200020100105	No	0	No	No	No	No	No	N/A	No	Yes	
Bupivacaine HCl 0.25% Injection														
	Bupivacaine HCl 0.25% ML Inj 50ML (Marcaine)	Sol	69100010102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Marcaine PF Injection Soln 0.25% 10 ML (Marcaine)	Sol	69100010102007	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Marcaine-MPF Inj Soln 0.25% 30 ML (Sensorcaine-MPF)	Sol	69100010102007	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
Bupivacaine HCl 0.5% Injection														
	Bupivacaine HCl (PF) Injection Soln 0.5 % 10 ML (Marcaine)	Sol	69100010102012	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Bupivacaine Injection Soln 0.5% 50ML (Sensorcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
Bupivacaine HCl 0.75% Injection														
	Bupivacaine HCl (PF) Injection Soln 0.5 % 30ml	Sol	69100010102012	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bupivacaine HCl (PF) Injection Soln 0.75 % 10 ML	Sol	69100010102018	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bupivacaine HCl (PF) Injection Soln 0.75% 30 ML	Sol	69100010102018	No	0	No	No	Yes	No	No	N/A	No	Yes	
Bupivacaine-Epinephrine 0.25% Injection														
	Bupivacaine-Epinephrine Inj Soln 0.25 % 10ML (Bupivacaine-Epinephrine)	Sol	69991002102010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bupivacaine-Epinephrine(PF) Inj 0.25%-1:200000	Sol	69991002102012	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Bupivacaine/EPINEPHrine Inj 0.25% -1:200000 50ML (Sensorcaine)	Sol	69991002102010	No	0	No	Yes	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Bupivacaine-Epinephrine 0.5% Injection											
	Bupivacaine-Epinephrine Inj Soln 0.5 % 10ML (Bupivacaine-Epinephrine)	Sol	69991002102015	No	0	No	No	Yes	No	N/A	No	Yes
	Bupivacaine-MPF/Epinephrine Inj 0.5-1:200000% (Sensorcaine-MPF)	Sol	69991002102017	No	0	No	No	Yes	No	N/A	No	Yes
	Bupivacaine/EPINEPHrine Inj 0.5% -1:200000 50 ML (Sensorcaine/epi)	Sol	69991002102015	No	0	No	Yes	Yes	No	N/A	No	Yes
	Bupivacaine-Epinephrine 0.75% Injection											
	Bupivacaine-Epinephrine (PF) Inj 0.75% -1:200000	Sol	69991002102025	No	0	No	No	Yes	No	N/A	No	Yes
	Buprenorphine -Naloxone Sublingual Tab (zubsolv)											
	Buprenorp HCl-Naloxone HCl Subl 8-2 MG (1/2 Tab)	Tab Sublingual	65200010200740	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorph/Nalox 3 Tab Combo 12-3 MG Subl (zubsolv)	Tab Sublingual	65200010200740	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine HCL/Naloxone 2-0.5 MG Subling Tab (Suboxone)	Tab Sublingual	65200010200720	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Buprenorphine -Naloxone 0.7-0.18MG Sublingal Tab (Zubsolv)	Tab Sublingual	65200010200710	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine -Naloxone 1.4-0.36MG Sublingual TB (Zubsolv)	Tab Sublingual	65200010200715	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine -Naloxone 11.4-2.9MG Subling Tab (Zubsolv)	Tab Sublingual	65200010200760	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine -Naloxone 2.9-0.71MG Subling Tab (Zubsolv)	Tab Sublingual	65200010200725	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine -Naloxone 5.7-1.4 MG Subling Tab (Zubsolv)	Tab Sublingual	65200010200732	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine -Naloxone 8.6-2.1MG Sublingual TAB (Zubsolv)	Tab Sublingual	65200010200745	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl/Naloxone 2-0.5MG Sublin Tab UD	Tab Sublingual	65200010200720	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl/Naloxone 8-2 MG Subling Tab	Tab Sublingual	65200010200740	No	3	Yes	No	Yes	No	N/A	No	Yes
	Buprenorphine HCl/Naloxone 8-2 MG Subling Tab UD	Tab Sublingual	65200010200740	No	3	Yes	No	Yes	No	N/A	Yes	Yes
	MLP Requires Cosign											
	Buprenorphine (butrans) Transdermal Patch Weekly											
	Buprenorphine Transderm Patch Weekly 10 MCG/HR (Butrans)	Patch Weekly	65200010008830	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Buprenorphine Transderm Patch Weekly 7.5 MCG/HR (Butrans)	Patch Weekly	65200010008825	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Buprenorphine Transdermal Patch Weekly 15 MCG/HR (Butrans)	Patch Weekly	65200010008835	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Buprenorphine Transdermal Patch Weekly 20 MCG/HR (Butrans)	Patch Weekly	65200010008840	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Buprenorphine Transdermal Patch Weekly 5 MCG/HR	Patch Weekly	65200010008820	No	3	Yes	No	Yes	No	N/A	No	Yes
	MLP Requires Cosign											
	Buprenorphine (Sublocade Subcu Prefilled Syringe											
	Buprenorphine Subcu Prefill Syringe 100 MG/0.5ML (Sublocade)	Sol Prefilled	6520001000E52	No	3	Yes	No	Yes	No	N/A	No	Yes
	Buprenorphine Subcu Prefill Syringe 300MG/1.5ML (Sublocade)	Sol Prefilled	6520001000E53	No	3	Yes	No	Yes	No	N/A	No	Yes
	MLP Requires Cosign											
	Buprenorphine HCl Buccal Film											
	Buprenorphine HCl Buccal Film 75 MCG (Belbuca)	Film	65200010108210	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 150 MCG (Belbuca)	Film	65200010108220	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 300 MCG (Belbuca)	Film	65200010108230	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 450 MCG (Belbuca)	Film	65200010108240	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 600 MCG (Belbuca)	Film	65200010108250	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 750 MCG (Belbuca)	Film	65200010108260	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes
	Buprenorphine HCl Buccal Film 900 MCG (Belbuca)	Film	65200010108270	No	3	Yes	Yes	Yes	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmily
	MLP Requires Cosign													
	Buprenorphine HCL Injection													
	Buprenorphine HCL 0.3 MG/ML inj (Buprenex)	Sol	65200010102005	No	3	Yes	Yes	Yes	No	N/A	No	Yes		
	Formulary Restrictions:													
	****FOR ANESTHESIA/SURGERY USE ONLY*** Is this order for anesthesia/surgery use?*													
	MLP Requires Cosign													
	Buprenorphine HCl Sublingual Tablets													
	Buprenorphine HCl Subl 4 MG (1/2 Tab) repack	Tab Sublingual	65200010100780	No	3	Yes	No	Yes	No	N/A	Yes	Yes		
	Buprenorphine HCl Sublingual Tab 8 MG Bulk	Tab Sublingual	65200010100780	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl Sublingual Tab 8 MG UD	Tab Sublingual	65200010100780	No	3	Yes	No	Yes	No	N/A	Yes	Yes		
	Buprenorphine HCl Sublingual Tablet 2 MG Bulk	Tab Sublingual	65200010100760	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl Sublingual Tablet 2 MG UD	Tab Sublingual	65200010100760	No	3	Yes	No	Yes	No	N/A	Yes	Yes		
	MLP Requires Cosign													
	Buprenorphine HCl/Naloxone Sublingual Film													
	Buprenorphine HCl/Naloxo 12-3 MG Sublingual Film (Suboxone)	Film	65200010208250	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxo 2-0.5MG Sublingual Film (Suboxone sublingual film)	Film	65200010208220	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxo 4-1 MG Sublingual Film (Suboxone)	Film	65200010208230	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxo 8-2 MG Sublingual Film (Suboxone)	Film	65200010208240	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxone 2.1-0.3MG Subl film (Bunavail)	Film	65200010208260	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxone 4.2-0.7 MG Subl film (Bunavail)	Film	65200010208270	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Buprenorphine HCl/Naloxone 6.3-1 MG Subl film (Bunavail)	Film	65200010208280	No	3	Yes	No	Yes	No	N/A	No	Yes		
	Non-Formulary Use Criteria:													
	1. Will only be approved for detoxification, not for pain or maintenance therapy.													
	2. Prescribing physician MUST have buprenorphine certification and DHHS-SAMHSA waiver. These must be submitted with request.													
	3. Only buprenorphine/naloxone (Suboxone) will be approved.													
	MLP Requires Cosign													
	Buprenorphine Subcu Implant kit 74.2 MG													
	Buprenorphine Subcu Implant kit 74.2 MG (Probuphine)	Implant	65200010102320	No	3	No	No	Yes	No	N/A	No	Yes		
	busPIRone Tablet													
	busPIRone 5 MG TAB (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	No	Yes		
	busPIRone 5 MG UD (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	Yes	Yes		
	busPIRone 7.5 MG TAB (Buspar)	Tab	57200005100315	No	0	No	No	No	No	N/A	No	Yes		
	busPIRone 10 MG TAB (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	No	Yes		
	busPIRone 10 MG UD (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	Yes	Yes		
	busPIRone 15 MG TAB (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	No	Yes		
	busPIRone 15 MG UD (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	Yes	Yes		
	busPIRone 30 MG TAB (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	No	Yes		
	BusPIRone 30 MG TAB UD (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Busulfan Intravenous solution 6 mg/ml Busulfan Intravenous Solution 6 MG/ML (Busulfex Intravenous Soln)	Sol	21100010002020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Busulfan Tablet Busulfan 2 MG Tab (Myleran) Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***	Tab	21100010000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Butorphanol Injection Butorphanol 1 MG/ML inj (Stadol) Butorphanol 2 MG/ML inj (Stadol) Formulary Restrictions: ****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**	Sol Sol	65200020102005 65200020102010	No No	4 4	Yes Yes	Yes Yes	Yes Yes	No No	N/A N/A	No No	Yes Yes		
	Cadexomer Iodine GEL Cadexomer Iodine Gel 0.9% (40GM) GEL (Iodosorb)	Gel	92200003004020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Calamine Lotion Calamine External Lotion 120 ML (Calamine) Calamine External Lotion 177 ML [HUMCO] Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***	Lotion Lotion	90971010004100 90971010004100	No No	0 0	No No	Yes No	No No	No No	No No	N/A N/A	No No	Yes Yes	
	Calamine/Zinc Oxide 8-8% Lotion Calamine External Lotion 177 ML Calamine External Lotion 180 ML Calamine/Zinc Oxide External Lotion 120 ml Calamine/Zinc Oxide External Lotion 8-8% 177 ML Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***	Lotion Lotion Lotion Lotion	90979902204100 90979902204100 90979902204100 90979902204100	No No No No	0 0 0 0	No No No No	No Yes No Yes	No No No No	No No No No	No No No No	N/A N/A N/A N/A	No No No No	Yes Yes Yes Yes	
	Calci-Chew Cherry Tab Calcium Carb (Calci-Chew) Cherry 1250 MG Tab (Calci-Chew) Calcium Carbonate (calciChew) Tab 500 MG UD Calcium Carbonate (calcichew)Tab Chewable 500 MG (Calci-Chew)	Tab Chew Tab Chew Tab Chew	79100007000515 79100007000515 79100007000515	No No No	0 0 0	No No No	No No No	No No No	No No No	No No No	N/A N/A N/A	No Yes No	Yes Yes Yes	
	Calcipotriene Cream 0.005% Calcipotriene Cream 0.005% [120 gm] (Dovonex) Calcipotriene Cream 0.005% 1GM Calcipotriene Cream 0.005% 30 gm (Dovonex) Calcipotriene Cream 0.005% 60 gm (Dovonex)	Cm Cm Cm Cm	90250025003710 90250025003710 90250025003710 90250025003710	No No No No	0 0 0 0	No No No No	Yes Yes Yes Yes	No No No No	No No No No	No No No No	N/A N/A N/A N/A	No No No No	Yes Yes Yes Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"****											
	Calcipotriene oint 0.005%											
	Calcipotriene External Ointment 0.005% 120 GM	Oint	90250025004210	No	0	No	Yes	No	No	N/A	No	Yes
	Calcipotriene Ointment 0.005% 60 gm (Dovonex)	Oint	90250025004210	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"****											
	Calcipotriene soln 0.005%											
	Calcipotriene Soln 0.005% 60ml (Dovonex)	Sol	90250025002020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"****											
	Calcitonin Salmon Inj 200IU/ML											
	Calcitonin Salmon, 2ML 200IU/ML Inj (Miacalcin)	Sol	30043020002020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Calcitonin Salmon Intranasal 200 Unit/Act											
	Calcitonin Salmon Intranasal 200IU/DOSE ML 3.7ML (Miacalcin)	Sol	30043020002080	No	0	No	Yes	No	No	N/A	No	Yes
	Calcitriol 1 MCG/ML Inj											
	Calcitriol 1 MCG/ML Inj (Calcijex)	Sol	30905030002005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Calcitriol Cap											
	Calcitriol 0.25 MCG Cap (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	No	Yes
	Calcitriol 0.25 MCG Cap UD (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	Yes	Yes
	Calcitriol 0.5 MCG Cap (Rocaltrol)	Cap	30905030000110	No	0	No	No	No	No	N/A	No	Yes
	Calcitriol 0.5 MCG Cap UD	Cap	30905030000110	No	0	No	No	No	No	N/A	Yes	Yes
	Calcium Acetate Tablet/Capsule											
	Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	No	Yes
	Calcium Acetate 667 MG Cap UD	Cap	52800020100120	No	0	No	No	No	No	N/A	Yes	Yes
	Calcium Acetate 667 MG Cap UD (Re-Pack) (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	Yes	Yes
	Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	No	Yes
	Calcium Acetate 667 MG Tab UD (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	Yes	Yes
	Calcium Carbonate (Oyster) Tab											
	Calcium Carbonate 500 MG Tab (Oyst-Cal)	Tab	79100070000320	No	0	No	No	No	No	N/A	No	Yes
	Calcium Carbonate 500 MG Tab UD	Tab	79100070000320	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**											
	Calcium Carbonate Antacid Tab (Chewable)											
	Calcium Carbonate Chew Tab 500MG (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	No	Yes
	Calcium Carbonate Chew Tab 500MG UD (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	Yes	Yes
	Calcium Carbonate Chew Tab 750MG (Tums EX)	Tab Chew	48300010000520	No	0	No	No	No	No	N/A	No	Yes
	Calcium Carbonate Chewable Tab 1000 MG (Tums Ultra)	Tab Chew	48300010000545	No	0	No	No	No	No	N/A	No	Yes
	Calcium Carbonate Tablet 648 MG	Tab	48300010000309	No	0	No	No	No	No	N/A	No	Yes
	Calcium Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)	Tab Chew	48300010000515	No	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*** Non-Formulary Use Criteria: **Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**																
	Calcium Carbonate Tablet																
	Calcium Carbonate 600 MG Tab (Caltrate)	Tab	79100007000350	No	0	No	No	No	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Carbonate 600 MG Tab UD	Tab	79100007000350	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Calcium Carbonate 1250 MG Tab	Tab	79100007000345	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Calcium Carbonate 1250 MG Tab UD	Tab	79100007000345	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Advisories: **Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**																
	Calcium Carbonate/Vit D 500MG/100UNIT Chew Tab																
	Calcium Carb/Vit D 500-100 MG-UNIT Chew tab	Tab Chew	79109902640520	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Calcium Carbonate/ Vit D 500-200 MG-UNIT Tablet (Oysco 500+D)	Tab	79109902640335	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***																
	Calcium Carbonate/Vit D 250-125 MG-UNIT tab																
	Calcium Carb-Vit D3 250-125 MG-UNIT Tab UD	Tab	79109902640320	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Calcium Carbonate-Vit D3 250-125 MG-UNIT Tab	Tab	79109902640320	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***																
	Calcium Carbonate/Vit D 600MG/200IU Tab																
	Calcium Carbonate/Vit D 600MG/200IU Tab (Caltrate with D)	Tab	79109902100389	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***																
	Calcium Carbonate/Vit D 600MG/800 UNIT tab																
	Calcium Carbonate/Vit D 600MG/800 UNIT tab (Caltrate 600)	Tab	79109902640357	No	0	No	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Calcium Carbonate/Vit D 600MG/800 UNIT tab UD	Tab	79109902640357	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly	
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**														
	Calcium Carbonate/Vit D Tablet														
	Calcium 600+D Oral Tablet 600-200 MG-UNIT	Tab	79109902630365	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Carbonate/D 250-125 MG-UNIT Tablet (Oyster shell)	Tab	79109902630330	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Carbonate/Vit D 500MG/200 Unit Tab UD (Oyst-Cal D)	Tab	79109902630345	No	0	No	No	No	No	No	N/A	Yes	Yes		
	Calcium Carbonate/Vit D 500MG/200 Units Tab (Oyst-Cal D)	Tab	79109902630345	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)	Tab	79109902630368	No	0	No	No	No	No	No	N/A	No	Yes		
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**														
	Calcium Carbonate/vit D3 600-200 MG-UNIT Tab														
	Calcium Carbonate/Vit D3 600-200 MG-UNIT Tab (calcium carb)	Tab	79109902640350	No	0	No	No	No	No	No	N/A	No	Yes		
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**														
	Calcium Carbonate/Vit D3 600-400 MG-UNIT Tab														
	Calcium 500/D Tablet Chewable 500-400 MG-UNIT	Tab Chew	79109902640525	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Carbonate/Vit D 500MG/400 Unit Tab (SM Oyster Shell Calcium/Vit D Tab 500-400 MG-UNIT)	Tab	79109902640340	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Tab	79109902640354	No	0	No	No	No	No	No	N/A	Yes	Yes		
	Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab (Oyster Shell Calcium)	Tab	79109902640340	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium/Vitamin D 600-400 MG-UNIT Tablet	Tab	79109902640354	No	0	No	No	No	No	No	N/A	No	Yes		
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**														
	Calcium CHLoride Inj														
	Calcium CHLoride 1GM/10ML Inj (AMER)	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Calcium Chloride IV Soln 10% PFS 10 ml	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Medical Referral Center (MRC) Use Only														
	Calcium Citrate Tablet														
	Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000310	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Citrate 200 MG Tab [950 MG] (Calcium Citrate)	Tab	79100015000310	No	0	No	No	No	No	No	N/A	No	Yes		
	Calcium Citrate 250 MG Tablet	Tab	79100015000303	No	0	No	No	No	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
	Calcium Citrate/D3 630mg/500IU															
	Calcium Citrate/D3 630mg/500IU tablet			No	0	No	No	No	No	No	No	N/A	No	Yes		
	Advisories:															
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*															
	Calcium Citrate/VIT D															
	Calcium Citrate/Vit D3 315M/250 UNIT Tab UD	Tab	79109902660333	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)	Tab	79109902660318	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Citrate-VitD)	Tab	79109902660330	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Calcium Citrate/Vit D 200MG/250 Unit Tab UD	Tab	79109902660318	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Calcium Citrate/Vit D 315MG/250 Unit Tab	Tab	79109902660333	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Advisories:															
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*															
	calcium GLUConate Injection															
	Calcium GLUConate 0.465 Meq/ml IV Soln (Calcium Gluconate)	Sol	79100030002010	No	0	No	No	Yes	No	No	N/A	No	Yes			
	Calcium GLUConate 10% Inj	Sol	79100030002010	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Calcium Gluconate-NaCl IV Soln 1-0.675 GM/50ML-%															
	Calcium Gluconate-NaCl IV Soln 1-0.675 GM/50ML-%	Sol	79109902192005	No	0	No	No	Yes	No	N/A	No	Yes				
	Calcium Lactate Tab															
	Calcium Lactate Oral Tablet 648 MG	Tab	79100040000380	No	0	No	No	No	No	N/A	No	Yes				
	Advisories:															
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.															
	Capecitabine Tablet															
	Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	No	Yes				
	Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	Yes	Yes				
	Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	No	Yes				
	Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	Yes	Yes				
	Formulary Restrictions:															
	Limit to 14 days dispensing if cost is > \$25 per tablet/capsule															
	Capsaicin 0.1% (0.075% active) Cream															
	Capsaicin 0.1% Ext Cream 56.6 GM (Zostrix HP External cream)	Cm	90850025003735	No	0	No	Yes	No	No	N/A	No	Yes				
	Capsaicin Cream 0.1% (0.075% active) [60Gm] (Trixaicin 0.075%)	Cm	90850025003730	No	0	No	Yes	No	No	N/A	No	Yes				
	Capzasin-HP External Cream 0.1% 42.5gm	Cm	90850025003735	No	0	No	Yes	No	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non Schd.	DEA Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmly
<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Failed 30 day trial of oral NSAIDs or NSAIDs are contraindicated AND** **2. Documented improvement in functional status (required for renewals) OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **4. Diclofenac gel 3% will not be approved without sufficient justification why 1% cannot be used.**</p>													
Capsaicin External Cream 0.025%													
	Capsaicin External Cream 0.025% [60GM]	Cm	90850025003710	No	0	No	Yes	No	No	N/A	No	Yes	
<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Failed 30 day trial of oral NSAIDs or NSAIDs are contraindicated AND** **2. Documented improvement in functional status (required for renewals) OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **4. Diclofenac gel 3% will not be approved without sufficient justification why 1% cannot be used.**</p>													
Captopril Tablet													
	Captopril 12.5 MG Tab (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	No	Yes	
	Captopril 12.5 MG Tab UD (Capoten)	Tab	36100010000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Captopril 25 MG Tab (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	No	Yes	
	Captopril 25 MG Tab UD (Capoten)	Tab	36100010000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Captopril 50 MG Tab (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes	
	Captopril 50 MG Tab UD (Capoten)	Tab	36100010000315	No	0	No	No	No	No	N/A	No	Yes	
	Captopril 100 MG Tab (Capoten)	Tab	36100010000320	No	0	No	No	No	No	N/A	No	Yes	
carBAMazepine ER 12 Hour Tablet													
	carBAMazepine ER 12 Hour 100 MG Tab (Tegretol-XR)	Tab ER 12	72600020007410	No	0	No	No	No	No	N/A	No	Yes	
	carBAMazepine ER 12 Hour 100 MG Tab UD (repack) (TEGretol)	Tab ER 12	72600020007410	No	0	No	No	No	No	N/A	Yes	Yes	
	carBAMazepine ER 12 Hour 200 MG Cap (Carbatrol)	Cap ER 12	72600020006920	No	0	No	No	No	No	N/A	No	Yes	
	carBAMazepine ER 12 Hour 200 MG Tab (Tegretol-XR)	Tab ER 12	72600020007420	No	0	No	No	No	No	N/A	No	Yes	
	carBAMazepine ER 12 Hour 200 MG Tab UD (Tegretol)	Tab ER 12	72600020007420	No	0	No	No	No	No	N/A	Yes	Yes	
	carBAMazepine ER 12 Hour 400 MG Tab (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	N/A	No	Yes	
	carBAMazepine ER 12 Hour 400 MG Tab UD (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Advisories:												
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.												
carBAMazepine	Suspension 100 MG/5ML												
	carBAMazepine SUSP 100MG/5ML UD (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	carBAMazepine SUSP 100MG/5ML, 450 ML (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	No	N/A	No	Yes
	carBAMazepine SUSP 200MG/10ML UD (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Advisories:												
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.												
carBAMazepine	Tablet												
	carBAMazepine 100 MG Chew Tab (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	No	N/A	No	Yes
	carBAMazepine 100 MG Chew Tab UD (Tegretol)	Tab Chew	72600020000505	No	0	No	No	No	No	No	N/A	Yes	Yes
	carBAMazepine 200 MG Tab (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	No	N/A	No	Yes
	carBAMazepine 200 MG Tab UD (Tegretol)	Tab	72600020000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
carBAMazepine	XR 12 Hour Capsule												
	carBAMazepine ER 12 Hour 100 MG Cap (Carbatrol)	Cap ER 12	72600020006910	No	0	No	No	No	No	No	N/A	No	Yes
	carBAMazepine ER 12 Hour 300 MG Cap (Carbatrol)	Cap ER 12	72600020006930	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
	****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
Carbamide Peroxide Otic	6.5%												
	Carbamide Peroxide Otic 6.5% [15 ML] (Debrox)	Sol	87400030002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories:												
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
	Non-Formulary Use Criteria:												
	1. Patient is indigent AND treatment is medically necessary. Orders are limited to 10 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.												
Carbidopa/Levodopa	Tablet												
	Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carbidopa/Levodopa 10/100 MG Tab (Sinemet) (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 25/100 MG Tab (Sinemet) (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carbidopa/Levodopa 25/250 MG Tab (Sinemet) (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet) (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Carbidopa/Levodopa Tablet ER (Sinemet CR)													
	Carbidopa/Levodopa ER 25-100 MG Tab UD(SinemetCR	Tab ER	73209902100410	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Carbidopa/Levodopa ER 25/100 MG Tab(Sinemet CR) (Sinemet CR)	Tab ER	73209902100410	No	0	No	No	No	No	No	N/A	No	Yes	
	Carbidopa/Levodopa ER 50-200 MG Tab UD(SinemetCR (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Carbidopa/Levodopa ER 50/200 MG Tab (Sinemet CR) (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	No	N/A	No	Yes	
	CARBOplatin Inj													
	CARBOplatin 50 MG/5ML Inj Soln 5ML (Paraplatin Inj)	Sol	21100015002030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	CARBOplatin 450 MG/45ML inj Soln (Paraplatin)	Sol	21100015002040	No	0	No	No	Yes	No	N/A	No	Yes		
	CARBOplatin Intravenous Solution 150 MG/15ML	Sol	21100015002035	No	0	No	No	Yes	No	N/A	No	Yes		
	CARBOplatin Intravenous Solution 600 MG/60ML	Sol	21100015002045	No	0	No	No	Yes	No	N/A	No	Yes		
	Carmustine Inj													
	Carmustine 100 MG Inj (BiCNU)	Sol Recon	21102010002105	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Carvedilol Tablet													
	Carvedilol 3.125 MG Tab (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	No	Yes		
	Carvedilol 3.125 MG Tab UD (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	Yes	Yes		
	Carvedilol 6.25 MG Tab (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	No	Yes		
	Carvedilol 6.25 MG Tab UD (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	Yes	Yes		
	Carvedilol 12.5 MG Tab (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	No	Yes		
	Carvedilol 12.5 MG Tab UD (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	Yes	Yes		
	Carvedilol 25 MG Tab (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	No	Yes		
	Carvedilol 25 MG Tab UD (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	Yes	Yes		
	Cascara Aromatic Extract													
	Cascara Sagrada Oral Fluid Extract 1 GM/ML	Fluid Extract	46200020001450	No	0	No	No	No	No	N/A	No	Yes		
	Castor Oil													
	Castor Oil 60 ML (Castor Oil)	Oil	96202007001700	No	0	No	No	No	No	N/A	No	Yes		
	Castor Oil 120 ML (Castor Oil)	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes		
	Castor Oil 480 ML	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	Yes		
	Castor Oil (59 ML)													
	Castor Oil [59 ML]			No	0	No	Yes	No	No	N/A	No	Yes		
	Castor Oil Oral 100 % (180ml)													
	Castor Oil Oral 100 % [180ml]	Oil	46200030001799	No	0	No	No	No	No	N/A	No	Yes		
	ceFAZolin in Dextrose dds													
	CeFAZolin - Dextrose 2 GM/50ml IV Premix DUPLEX (Ancef)	Sol Recon	02100015132130	No	0	No	No	Yes	No	N/A	No	Yes		
	ceFAZolin and Dextrose DDS 1 GRAM Duplex (Ancef)	Sol Recon	02100015132120	No	0	No	Yes	Yes	No	N/A	No	Yes		
	CeFAZolin Dextrose IV Soln 1 GM/50ML Frozen (Ancef)	Sol	02100015132010	No	0	No	No	Yes	No	N/A	No	Yes		
	ceFAZolin Sodium-Dextrose IV Soln 2-4 GM/100ML-% (Ancef)	Sol	02100015132030	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cesign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	ceFAZolin Inj											
	ceFAZolin 1 GM Inj (Ancef)	Sol Recon	02100015102115	No	0	No	Yes	Yes	No	N/A	No	Yes
	ceFAZolin 2 GM Inj (Ancef)	Sol Recon	02100015102118	No	0	No	Yes	Yes	No	N/A	No	Yes
	ceFAZolin 1 Gram Advantage Inj (Ancef)	Sol Recon	02100015102117	No	0	No	Yes	Yes	No	N/A	No	Yes
	ceFAZolin 10 GM Inj (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	Yes
	ceFAZolin 500 MG Inj (Ancef)	Sol Recon	02100015102110	No	0	No	Yes	Yes	No	N/A	No	Yes
	ceFAZolin BULK 10GM/100ML Vial (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	Yes
	CeFAZolin Sodium Injection Soln 20 GM (Ancef)	Sol Recon	02100015102140	No	0	No	No	Yes	No	N/A	No	Yes
	Cefdinir Oral Capsule											
	Cefdinir 300 Cap MG UD (Omnicef)	Cap	02300040000120	No	0	No	No	No	No	N/A	Yes	Yes
	Cefdinir 300MG Cap (Omnicef)	Cap	02300040000120	No	0	No	No	No	No	N/A	No	Yes
	Cefepime Inj											
	Cefepime 1GM ADV (Maxipime)	Sol Recon	02400040102110	No	0	No	Yes	Yes	No	N/A	No	Yes
	Cefepime HCl 1 GM Inj	Sol Recon	02400040102110	No	0	No	No	Yes	No	N/A	No	Yes
	Cefepime HCL 2 GM Inj (Maxipime)	Sol Recon	02400040102120	No	0	No	No	Yes	No	N/A	No	Yes
	Cefepime HCl Intravenous Solution 1 GM/50ML	Sol	02400040102022	No	0	No	No	Yes	No	N/A	No	Yes
	Cefepime HCl Intravenous Solution 2 GM/100ML	Sol	02400040102024	No	0	No	No	Yes	No	N/A	No	Yes
	Cefepime IV Solution 1 GM Advantage (Maxipime)	Sol Recon	02400040102112	No	0	No	No	Yes	No	N/A	No	Yes
	Cefepime IV Solution 2 GM Advantage (Maxipime)	Sol Recon	02400040102122	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Cefepime-Dextrose Intravenous Soln 1 GM/50ML											
	Cefepime-Dextrose Premix Duplex IV 1 GM/50ML	Sol Recon	02400040122110	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Cefepime-Dextrose Intravenous Soln 2 GM/50ML											
	Cefepime-Dextrose Premix Duplex IV 2 GM/50ML (Maxipime)	Sol Recon	02400040122120	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	CefTAZidime in D5W 1 GM/50ML IV Soln											
	CefTAZidime and Dextr IV 1 GM/50ML Duplex	Sol Recon	02300080142110	No	0	No	No	Yes	No	N/A	No	Yes
	CefTAZidime and Dextr IV Soln 2 GM/50ML Dup	Sol Recon	02300080142120	No	0	No	No	Yes	No	N/A	No	Yes
	CefTAZidime and Dextrose IV Soln 1 GM/50ML (Fortaz)	Sol Recon	02300080142110	No	0	No	No	Yes	No	N/A	No	Yes
	CefTAZidime Injection											
	Ceftazidime 2 GM ADV (Fortaz 2 gm adv)	Sol Recon	02300080002117	No	0	No	No	Yes	No	N/A	No	Yes
	Ceftazidime 1 GM ADV (Fortaz)	Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ceftazidime 1 GM Inj (Tazicef Inj)	Sol Recon	02300080002110	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ceftazidime 2 GM Inj (Fortaz 2 GM)	Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ceftazidime 500 MG Inj (Fortaz)	Sol Recon	02300080002105	No	0	No	No	Yes	No	N/A	No	Yes
	cefTAZidime Inj Soln Reconstituted 6 GM (Fortaz)	Sol Recon	02300080002120	No	0	No	No	Yes	No	N/A	No	Yes
	Ceftazidime Inj Solution 6 GM (Tazicef)	Sol Recon	02300080002122	No	0	No	No	Yes	No	N/A	No	Yes
	Ceftazidime Intravenous Solution 2 GM (Fortaz)	Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ceftazidime Intravenous Solution 1 GM (Tazicef)	Sol Recon	02300080002112	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	M.P. Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	CefTRIAxone / Dextrose Premix											
	CefTRIAxone - Dex Premix Duplex 1 GM	Sol Recon	02300090132120	No	0	No	Yes	No	No	N/A	No	Yes
	CefTRIAxone - Dex Premix Duplex 2 GM (Rocephin)	Sol Recon	02300090132130	No	0	No	Yes	No	No	N/A	No	Yes
	cefTRIAxone Inj											
	cefTRIAxone 1 GM Inj (IM ENTRY) (Rocephin Inj)	Sol Recon	02300090102115	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone 2 GM Inj (Rocephin Inj)	Sol Recon	02300090102120	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone 250 MG inj (Rocephin Inj)	Sol Recon	02300090102105	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone 500 MG Inj (Rocephin Inj)	Sol Recon	02300090102110	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone ADD-Vantage 1 GM Inj (Rocephin)	Sol Recon	02300090102117	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone ADD-Vantage 2 GM Inj (Rocephin)	Sol Recon	02300090102122	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone Sod Injection Soln 1 GM (IV) (Rocephine)	Sol Recon	02300090102115	No	0	No	No	Yes	No	N/A	No	Yes
	cefTRIAxone Sodium IV Soln 10 GM	Sol Recon	02300090102125	No	0	No	No	Yes	No	N/A	No	Yes
	cefTRIAxone Sodium IV Solution 2 GM/20ml	Sol Recon	02300090102122	No	0	No	No	Yes	No	N/A	No	Yes
	cefTRIAxone Premix Injection											
	cefTRIAxone Premix 1 GM / 50ML INJ (Rocephin)	Sol	02300090112015	No	0	No	Yes	Yes	No	N/A	No	Yes
	cefTRIAxone Premix 2 GM / 50ML INJ (Rocephin)	Sol	02300090112020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Cephalexin Capsule/Tablet											
	Cephalexin 250 MG Cap (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	No	Yes
	Cephalexin 250 MG Cap UD (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	Yes	Yes
	Cephalexin 333 MG Cap (Keflex)	Cap	02100020000107	No	0	No	No	No	No	N/A	No	Yes
	Cephalexin 500 MG Cap (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	No	Yes
	Cephalexin 500 MG Cap UD (Keflex)	Cap	02100020000110	No	0	No	No	No	No	N/A	Yes	Yes
	Cephalexin 750 MG Capsule (Keflex)	Cap	02100020000120	No	0	No	No	No	No	N/A	No	Yes
	Cephalexin Oral Tablet 500 MG	Tab	02100020000315	No	0	No	No	No	No	N/A	No	Yes
	Cetuximab 2MG/ML INj (NEW)											
	Cetuximab 2MG/ML (Erbitux)	Sol	21360015002020	No	0	No	No	Yes	No	N/A	No	Yes
	Cetuximab Intravenous Soln 200 MG/100ML (Erbitux)	Sol	21360015002025	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Charcoal Activated Oral Liquid 25 GM/120ML											
	Charcoal Activated Oral Liquid 25 GM/120ML (ctidose-Aqua Oral Liquid 25 GM/120ML)	Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes
	Charcoal Activated Oral Liquid 50 GM/240ML (Kerr Insta-Char Oral)	Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes
	Charcoal Activated W/SORBITOL suspension											
	Charcoal Activated W/SORBITOL 25GM / 120ML ML (Actidose w/Sorbitol)	Liq	93000010200900	No	0	No	Yes	No	No	N/A	No	Yes
	Charcoal Activated w/Sorbitol Liquid 50 GM/240ML (Kerr Insta-char)	Liq	93000010200900	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	M.P. Cesign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Chlorambucil Tablet											
	Chlorambucil 2 MG Tab (Leukeran)	Tab	21101010000305	No	0	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***											
	Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol)											
	Chlorhexidine Gluc Mouth/Throa Sol 0.12% 15ml UD	Sol	88150020102012	No	0	No	Yes	No	No	N/A	Yes	Yes
	Chlorhexidine Gluc Oral Soln 0.12% (15ML) UD (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	Yes	Yes
	Chlorhexidine Gluc Oral Soln 0.12% (30ML) UD (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	Yes	Yes
	Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol) (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate Oral Soln 0.12% 15ml UD	Sol	88150020102012	No	0	No	Yes	No	No	N/A	Yes	Yes
	Formulary Restrictions: ****DENTAL USE ONLY** Alcohol free only*****											
	Chlorhexidine Gluconate Soln External 4%											
	Chlorhexidine Gluconate Ext Liquid 4 % 473 ml (Betasept)	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate EXT Liquid 4% [3790 ml] (Betasept)	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate EXT Liquid 4% [946ml] (Betasept)	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate External Soln 4% 30ML UD (Hibiclens)	Sol	92100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Chlorhexidine Gluconate Solution 4 % [237 ml]	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate Solution 4% [118 ML] (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Chlorhexidine Gluconate Solution 4% [15 ML] (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: **for pre-op use only** **Medical Referral Center (MRC) Use Only**											
	Chlorthalidone Tablet											
	Chlorthalidone 25 MG Tab (Hygroton)	Tab	37600025000305	No	0	No	No	No	No	N/A	No	Yes
	Chlorthalidone 25 MG Tab UD	Tab	37600025000305	No	0	No	No	No	No	N/A	Yes	Yes
	Chlorthalidone 50 MG Tab (Hygroton)	Tab	37600025000310	No	0	No	No	No	No	N/A	No	Yes
	Chlorthalidone 15 MG Tab (Thalitone)	Tab	37600025000303	No	0	No	No	No	No	N/A	No	Yes
	Cinacalcet HCL Tablet											
	Cinacalcet HCL 30 MG Tab (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	No	Yes
	Cinacalcet HCL 60 MG Tab (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	No	Yes
	Cinacalcet HCL 30 MG Tab UD (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	Yes	Yes
	Cinacalcet HCL 60 MG Tab UD (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	Yes	Yes
	Cinacalcet HCL 90 MG Tab (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	No	Yes
	Cinacalcet HCL 90 MG Tab UD (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Advisories: ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, http://www.pgm.va.gov/PBM/criteria.htm ****												
	Formulary Restrictions: **RESTRICTED TO DIALYSIS Patients ONLY**												
	Ciprofloxacin Tablet												
	Ciprofloxacin 250 MG Tab (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	No	N/A	No	Yes
	Ciprofloxacin 250 MG Tab UD (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Ciprofloxacin 500 MG Tab (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	No	N/A	No	Yes
	Ciprofloxacin 500 MG Tab UD (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Ciprofloxacin 750 MG Tab (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	No	N/A	No	Yes
	Ciprofloxacin 750 MG Tab UD (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Ciprofloxacin HCl 100 MG Tab (cipro)	Tab	05000020100305	No	0	Yes	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****Do Not Use for MRSA**** **MLP Requires Cosign**												
	Ciprofloxacin Injection												
	Ciprofloxacin 10 MG/ML 400 MG Inj (Cipro IV)	Sol	05000020002026	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****Do Not Use for MRSA**** **MLP Requires Cosign**												
	Ciprofloxacin IV Premix												
	Ciprofloxacin IV 400 MG Inj (Cipro)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro IV)	Sol	05000020112024	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****Do Not Use for MRSA**** **MLP Requires Cosign**												
	Ciprofloxacin Ophth oint. 0.3%												
	Ciprofloxacin Ophth Ointment 0.3% [3.5GM] (Ciprofloxacin Ophth Ointment)	Oint	86101023104210	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	MLP Requires Cosign												
	Ciprofloxacin Ophth Solution 0.3%												
	Ciprofloxacin HCl Ophth Soln 0.3 % [10 ML]	Sol	86101023102010	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Ciprofloxacin HCl Ophth Soln 0.3% [2.5ML] (Ciloxan)	Sol	86101023102010	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Ciprofloxacin HCl Ophth Soln 0.3% [5ML] (Ciloxan Ophth Solution)	Sol	86101023102010	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	MLP Requires Cosign												
	Ciprofloxacin/Dexameth 0.3-01% OTIC												
	Ciprofloxacin/Dexameta Otic 0.3%/0.1% [7.5ML] (Ciprodex Otic Suspension)	Susp	87991002361820	No	0	No	Yes	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Cisatracurium Besylate Inj 2 mg/ml											
	Cisatracurium Besylate (PF) IV Soln 200 MG/20ML (Nimbex)	Sol	74200013102035	No	0	No	No	Yes	No	N/A	No	Yes
	Cisatracurium Besylate IV Soln 10 MG/5ML (Nimbex)	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	Yes
	Cisatracurium Besylate IV Soln 10 MG/ML 20 ML	Sol	74200013102035	No	0	No	No	Yes	No	N/A	No	Yes
	Cisatracurium Besylate IV Soln 2 MG/ML 5 ML	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	Yes
	Cisatracurium Besylate IV Solution 20 MG/10ML (Nimbex)	Sol	74200013102016	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	CISplatin Injection											
	CISplatin IV Solution 50 MG/50ML	Sol	21100020002020	No	0	No	No	Yes	No	N/A	No	Yes
	CISplatin IV Solution 100 MG/100ML (Platinol)	Sol	21100020002025	No	0	No	No	Yes	No	N/A	No	Yes
	CISplatin IV Solution 200 MG/200ML (Platinol)	Sol	21100020002030	No	0	No	No	Yes	No	N/A	No	Yes
	Citalopram Oral Solution											
	Citalopram 10MG/5ML Oral solution (Celexa)	Sol	58160020102020	No	0	No	Yes	No	No	N/A	No	Yes
	Citalopram 20MG/10ML Oral Soln - 10 ML UD (Celexa)	Sol	58160020102020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Advisories:											
	****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
	NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
	Citalopram Tablet											
	Citalopram 10 MG Tab (Celexa)	Tab	58160020100310	No	0	No	No	No	No	N/A	No	Yes
	Citalopram 10 MG Tab UD (Celexa)	Tab	58160020100310	No	0	No	No	No	No	N/A	Yes	Yes
	Citalopram 20 MG Tab (Celexa)	Tab	58160020100320	No	0	No	No	No	No	N/A	No	Yes
	Citalopram 20 MG Tab UD (Celexa)	Tab	58160020100320	No	0	No	No	No	No	N/A	Yes	Yes
	Citalopram 40 MG Tab (Celexa)	Tab	58160020100340	No	0	No	No	No	No	N/A	No	Yes
	Citalopram 40 MG Tab UD (Celexa)	Tab	58160020100340	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:											
	****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
	NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
	Citrate Of Magnesia Oral solution											
	Citrate Of Magnesia 296 ML Bottle (Citrate Of Magnesia Cherry)	Sol	46100020102000	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories:											
	Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.											
	Clarithromycin Tablet											
	Clarithromycin 250 MG Tab (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	No	Yes
	Clarithromycin 250 MG Tab UD (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	Yes	Yes
	Clarithromycin 500 MG Tab (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	No	Yes
	Clarithromycin 500 MG Tab UD (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	Formulary Restrictions: ****SECOND LINE THERAPY FOR MOST INDICATIONS**** **MLP Requires Cosign**											
	Clindamycin HCl Capsule											
	Clindamycin HCl 75 MG Capsule (Cleocin)	Cap	16220020100105	No	0	No	No	No	No	N/A	No	Yes
	Clindamycin HCl 150 MG Cap (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	No	Yes
	Clindamycin HCl 150 MG Cap UD (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	Yes	Yes
	Clindamycin HCl 300 MG Cap (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	No	Yes
	Clindamycin HCl 300 MG Cap UD (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	Yes	Yes
	Clindamycin Inj											
	Clindamycin Phosphate 900MG/6ML Inj (Cleocin)	Sol	16220020302033	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate 9 GM/60ML Inj Soln (Cleocin)	Sol	16220020302034	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Phosphate Inj Soln 300 MG/2ML (Cleocin)	Sol	16220020302031	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate Inj Soln 600 MG/4ML (Cleocin)	Sol	16220020302037	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate Injection Soln 600 MG/4ML	Sol	16220020302032	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate IV Soln 300 MG/2ML 2ML (Cleocin)	Sol	16220020302036	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Phosphate IV Soln 900 MG/6ML (Cleocin)	Sol	16220020302038	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate in D5W											
	Clindamycin Premix 900MG/50MLin D5 Inj (Cleocin Phosphate)	Sol	16220020312040	No	0	No	No	Yes	No	N/A	No	Yes
	Clindamycin Phosphate in NaCl IV Soln											
	Clindamycin Phosphate/NaCl IV 300-0.9 MG/50ML%	Sol	16220020322010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Phosphate/NaCl IV 600-0.9 MG/50ML	Sol	16220020322015	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Phosphate/NaCl IV 900-0.9 MG/50ML	Sol	16220020322020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Premix											
	Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clinolipid Intravenous Emulsion 20 %											
	Clinolipid Intravenous Emulsion 20 % 500 ML	Emul	80200010601620	No	0	No	Yes	Yes	No	N/A	No	Yes
	Clinolipid Intravenous Emulsion 20 % 100 mL	Emul	80200010601620	No	0	No	No	Yes	No	N/A	No	Yes
	Clinolipid Intravenous Emulsion 20 % 250 ml	Emul	80200010601620	No	0	No	No	Yes	No	N/A	No	Yes
	clonazepam Tablet											
	clonazepam 0.25 mg Tab (1/2 tab) (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	clonazepam 0.5 MG Tab (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	clonazepam 0.5 MG Tab UD (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
	clonazepam 1 MG Tab (Klonopin)	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	clonazepam 1 MG Tab UD (Klonopin)	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
	clonazepam 2 MG Tab UD (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
	clonazepam 2 MG Tab (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Non-Formulary Use Criteria:																
	01. Control of severe agitation in psychiatric patients																
	02. When lack of sleep causes an exacerbation of psychiatric illness																
	03. Part of a prolonged taper schedule																
	04. Detoxification for substance abuse																
	05. Failure of standard modalities for seizure disorders (4th line therapy)																
	06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)																
	07. Adjunct to neuroleptic therapy to stabilize psychosis																
	08. Second line therapy for anti-mania																
	09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)																
	10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent																
	Formulary Restrictions:																
	Formulary for 30 days only. Is this order for less than 31 days?																
	MLP Requires Cosign																
	cloNIDine ER Transdermal Patch																
	cloNIDine Transdermal Patch 0.1 MG/24Hr (Catapres-TTS-1)	Patch Weekly	36201010008810	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes			
	cloNIDine Transdermal Patch 0.2 MG/24HR (Catapres TTS)	Patch Weekly	36201010008820	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes			
	cloNIDine Transdermal Patch 0.3 MG/24Hr (Catapres-TTS-3)	Patch Weekly	36201010008830	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes			
	Non-Formulary Use Criteria:																
	1. Dose taper over 2 to 4 days for arriving inmates taking greater than 1 mg per day. Refer to clonidine withdrawal guidance, particularly for patients on concomitant beta blocker therapy. Non-formulary request may be submitted after taper initiated.																
	2. Use in clozapine-induced hypersalivation (CIH) after failure or contraindication to benztrapine, amitriptyline, and alpha blocker. NOTE: Including combination therapy with benztrapine and an alpha blocker for 12 weeks.																
	3. Use in Tourette's syndrome.																
	4. Not to be used in hypertensive urgencies/ emergencies. See Hypertensive clinical practice guidelines and 2006 National P&T Minutes, page 103.																
	Formulary Restrictions:																
	Maximum formulary limit of seven days																
	cloNIDine Tablet																
	cloNIDine 0.1 MG Tab UD (Catapres 0.1 MG Unit Dose)	Tab	36201010100305	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes				
	cloNIDine 0.1 MG Tab (Catapres 0.1 MG)	Tab	36201010100305	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	cloNIDine 0.2 MG Tab UD (Catapres 0.2 MG Unit Dose)	Tab	36201010100310	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes				
	cloNIDine 0.2 MG Tab (Catapres)	Tab	36201010100310	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	cloNIDine 0.3 MG Tab (Catapres 0.3 MG)	Tab	36201010100315	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	cloNIDine 0.3 MG Tab UD (Catapres 0.3 MG Unit Dose)	Tab	36201010100315	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes				
	Advisories:																
	****Not to be used in hypertensive urgencies and emergencies. refer to the 2006 National P&T Minutes pages 103-106 and BOP Hypertension Clinical Practice Guidelines.****																
	Non-Formulary Use Criteria:																
	1. Dose taper over 2 to 4 days for arriving inmates taking greater than 1 mg per day. Refer to clonidine withdrawal guidance, particularly for patients on concomitant beta blocker therapy. Non-formulary request may be submitted after taper initiated.																
	2. Use in clozapine-induced hypersalivation (CIH) after failure or contraindication to benztrapine, amitriptyline, and alpha blocker. NOTE: Including combination therapy with benztrapine and an alpha blocker for 12 weeks.																
	3. Use in Tourette's syndrome.																
	4. Not to be used in hypertensive urgencies/ emergencies. See Hypertensive clinical practice guidelines and 2006 National P&T Minutes, page 103.																
	Formulary Restrictions:																
	Maximum formulary limit of seven days																

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
	Clodidogrel Tablet													
	Clodidogrel Bisulfate 300 MG Tab [Loading Dose] (Plavix)	Tab	85158020100340	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Clodidogrel Bisulfate 300 MG Tab[LoadingDose] UD (Plavix)	Tab	85158020100340	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Clodidogrel Bisulfate 75 MG Tab (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	No	N/A	No	Yes	
	Clodidogrel Bisulfate 75 MG Tab UD (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Non-Formulary Use Criteria:													
	1. Does patient have aspirin allergy (anaphylaxis, bronchospasm)? (indications for use as single antiplatelet agent therapy).													
	2. Does patient have recurrent non-cardioembolic cerebral ischemia while on aspirin? (indications for use as single antiplatelet agent therapy).													
	3. Does patient have ACS (NSTEMI,STEMI,unstable angina(UA)) with no revascularization - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)													
	4. Is patient post PCI - 1 year therapy recommended (indication for use as dual antiplatelet therapy with aspirin)													
	5. Is patient post CABG - 4 weeks therapy recommended (indication for use as dual antiplatelet therapy with aspirin)													
	6. Does patient have non-coronary stenting? (indication for use as dual antiplatelet therapy with aspirin)													
	MLP Requires Cosign													
	Clotrimazole Cream 1%													
	Clotrimazole Cream 1% USP 15 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Clotrimazole Cream 1% 28.35GM	Cm	90154020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Clotrimazole Cream 1% 30 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Clotrimazole Cream 1% 45 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories:													
	****60 Day Formulary Restriction**													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."***													
	Non-Formulary Use Criteria:													
	1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolnaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	Clotrimazole Solution 1%													
	Clotrimazole Solution 1% 10 ML	Sol	90154020002005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Clotrimazole Solution 1% 30 ML (Lotrimin)	Sol	90154020002005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories:													
	****30 day formulary Restriction**													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."***													
	Clotrimazole Troche													
	Clotrimazole Troche 10 MG (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	No	N/A	No	Yes	
	Clotrimazole Troche 10 MG UD (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Clotrimazole Vaginal 1%												
	Clotrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal)	Cm	55104020003705	No	0	No	Yes	No	No	No	N/A	No	Yes
	Clotrimazole Vaginal Cream 2 % 21 GM (3 day vaginal Cream 2%)	Cm	55104020003710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories:												
	***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic.												
	During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***												
	CloZAPine Tablet												
	CloZAPine 25 MG Tab (Clozaril)	Tab	59152020000320	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	CloZAPine 25 MG Tab UD (Clozaril 25 MG)	Tab	59152020000320	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	CloZAPine 50 MG Tab (Clozaril)	Tab	59152020000325	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	CloZAPine 100 MG Tab (Clozaril 100 MG)	Tab	59152020000330	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	CloZAPine 100 MG Tab UD (Clozaril)	Tab	59152020000330	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	CloZAPine 200 MG Tab (Clozaril)	Tab	59152020000340	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	CloZAPine 200 MG Tab UD	Tab	59152020000340	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	CloZAPine 50 MG Tab UD (Clozaril)	Tab	59152020000325	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	Advisories:												
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**												
	PSYCHIATRIST USE ONLY ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS****												
	Formulary Restrictions:												
	**Patients initiated on clozapine are to be placed on a medical hold for the first six month of therapy while on a weekly lab schedule. Exceptions to transfer made on a case by case basis for compelling correctional/ security issues if continuity of care can be established with gaining institution. Supporting documentation must be made in a BEMR note.												
	Also request that prior to transfer, it is required for the facility to verify with transferring institutions that they are REMS certified.**												
	Medical Referral Center (MRC) Initiation Only												
	MLP Requires Cosign												
	CoaguChek XS PT Test InVitro Strip												
	CoaguChek XS PT Test InVitro Strip	Strip	94100052006100	No	0	No	Yes	No	No	No	N/A	No	Yes
	Colchicine Capsule/Tablet												
	Colchicine 0.6 MG Capsule (Mitigare)	Cap	68000020000120	No	0	No	No	No	No	No	N/A	No	Yes
	Colchicine 0.6 MG Capsule UD (Mitigare)	Cap	68000020000120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Colchicine Tablet 0.6 MG (Colcrys)	Tab	68000020000310	No	0	No	No	No	No	No	N/A	No	Yes
	Colchicine Tablet 0.6 MG UD (Colcrys)	Tab	68000020000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	Use recommended only for acute gout or acute gout flare in patients intolerant of NSAIDs or for those who have used colchicine with success in the past. Other agents recommended for prophylaxis. Use of low dose colchicine for 3 to 6 months when initiating allopurinol therapy will require an approved non-formulary request.												
	Colchicine-Probenecid Oral Tablet 0.5-500 MG												
	Colchicine-Probenecid Oral Tablet 0.5-500 MG	Tab	68990002100310	No	0	No	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
	Colestipol Powder												
	Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	No	0	No	No	No	No	N/A	No	Yes	
	Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	No	0	No	No	No	No	N/A	No	Yes	
	Colestipol Tablet												
	Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	No	Yes	
	Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	Yes	Yes	
	Collagenase Ointment												
	Collagenase Ointment 250 UNIT/GM [90GM] (Santyl)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Collagenase Ointment 250 Units/GM [15GM] (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Collagenase Ointment 250 Units/GM [30GM] (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Medical Referral Center (MRC) Use Only												
	Contact- RGP Enzymatic Cleaner Liquid												
	Contact- Boston One Step Enzyme Cleaner Liquid (Boston One Step Enzyme Cleaner Liquid)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****												
	Contact- RGP Lens Cleaner/Conditioning Solution												
	Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Boston Conditioning Solution (Boston Conditioning Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Boston Simplus Multi Action Soln 105 ml	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****												
	Contact- RGP Lens Rewetting Solution Sol												
	Contact- B & L Renu Rewetting Drops 15ml (Renu Rewetting Drops)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****												
	Contact- Soft Lens Hydrogen Peroxide Clean Soln												
	Contact- B & L PeroxiClear Solution 90 ML (Peroxyclear)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Clear Care Plus/HydraGlyde Soln 360ML (Clear Care Plus)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Clear Care Plus/HydraGlyde Soln 90 ml (Clear Care Plus)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Clear Care Solution 355ml (Clear Care soln)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Clear Care Solution 90ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY*****												
	Contact- Soft Lens Multi-Purpose Soln												
	Contact - HM Multi-Purpose No Rub Solution 355ML (HM multi-Purpose)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Opti-Free RepleniSH Solution (60 ML) (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Opti-Free RepleniSH Solution 120 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- Opti-Free Replenish Solution 300 ml (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Contact- SM Multi-Purpose Soln 355 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
	Contact- Soft Rewetting Solution											
	Contact - Opti-Free RepleniSH Rewetting Soln10ML (Opti -free replenish)	Sol	8690200002000	No	0	No	Yes	No	No	N/A	No	Yes
	Contact- B & L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu)	Sol	8690200002000	No	0	No	Yes	No	No	N/A	No	Yes
	Contact- Opti-Free Express Rewetting Sol, 10 ML (Opti-Free Rewetting Drops)	Sol	8690200002000	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****											
	Corticotropin Repository Injection 80 units/ml											
	Corticotropin Repository 80 Units/ML (Acthar GEL, H.P.)	Gel	30300010004010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Cosyntropin											
	Cosyntropin Inj Reconstituted 0.25 MG Inj (Cortrosyn)	Sol Recon	94200037002105	No	0	No	Yes	Yes	No	N/A	No	Yes
	Cromolyn Ophth Soln 4%											
	Cromolyn OPHTH Solution 4%, 10ML (Crolom Ophthalmic Solution)	Sol	86802010102005	No	0	No	Yes	No	No	N/A	No	Yes
	Cromolyn Sodium nebulization soln 20MG/2ML											
	Cromolyn Sodium 20MG/2ML AMP (Intal)	Nebulization	44150010102505	No	0	No	Yes	Yes	No	N/A	Yes	Yes
	Cyanacobolamin (Vit B-12) 1000MG Tablet											
	Cyanocobalamin (Vit B-12) 1000 MCG Tablet			No	0	No	No	No	No	N/A	No	Yes
	Cyanocobalamin inj											
	Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 1 ml (Vitamin B-12 Injection)	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 10ml	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 30ml	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes
	Cyanocobalamin Tablet											
	Cyanocobalamin (Vit B-12) 100 MCG Tab (Vitamin B-12)	Tab	82100010000315	No	0	No	No	No	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 100 MCG Tab UD (vitamin b 12)	Tab	82100010000315	No	0	No	No	No	No	N/A	Yes	Yes
	Cyanocobalamin (Vit B-12) 250 MCG Tab (vitamin B-12)	Tab	82100010000320	No	0	No	No	No	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 250 MCG Tab UD (Vitamin B-12)	Tab	82100010000320	No	0	No	No	No	No	N/A	Yes	Yes
	Cyanocobalamin (Vit B-12) 500 MCG Tab	Tab	82100010000325	No	0	No	No	No	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 500 MCG Tab UD	Tab	82100010000325	No	0	No	No	No	No	N/A	Yes	Yes
	Cyanocobalamin (Vit B-12) 1000 MCG Tab (Vitamin B-12)	Tab	82100010000330	No	0	No	No	No	No	N/A	No	Yes
	Cyanocobalamin (Vit B-12) 1000 MCG Tablet UD (vit b12)	Tab	82100010000330	No	0	No	No	No	No	N/A	Yes	Yes
	Cyanocobalamin (Vit B-12) 2000 MCG Tablet (vit b-12)	Tab	82100010000335	No	0	No	No	No	No	N/A	No	Yes
	Cyclopentolate HCl Opth 0.5%											
	Cyclopentolate HCl Opth 0.5% (15ML) Sol (Cyclogyl)	Sol	86350020102005	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DFA Schd.	Co sigin	M LP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Cyclopentolate HCl Opth 1%													
	Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 1% (5ML) Sol (Cyclogyl)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 2%													
	Cyclopentolate HCl Ophthalmic Soln 2% 15ML	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 2% (2ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes		
	Cyclophosphamide Capsule													
	Cyclophosphamide 25 MG Capsule (Cytozan)	Cap	21101020000105	No	0	No	No	No	No	N/A	No	Yes		
	Cyclophosphamide 50 MG Capsule (Cytozan)	Cap	21101020000110	No	0	No	No	No	No	N/A	No	Yes		
	Formulary Restrictions:													
	Limit to 14 days dispensing if cost is > \$25 per tablet/capsule													
	Cyclophosphamide inj													
	Cyclophosphamide Injectio Sol Reconstituted 2 GM (Cytozan)	Sol Recon	21101020002130	No	0	No	No	Yes	No	N/A	No	Yes		
	Cyclophosphamide Injection Soln 1 GM (Cytozan)	Sol Recon	21101020002125	No	0	No	No	Yes	No	N/A	No	Yes		
	Cyclophosphamide Injection Soln 500 MG (Cytozan)	Sol Recon	21101020002120	No	0	No	No	Yes	No	N/A	No	Yes		
	Cyclophosphamide Intravenous Soln 500 MG/2.5ML	Sol	21101020002020	No	0	No	No	Yes	No	N/A	No	Yes		
	Cyclophosphamide Intravenous Solution 1 GM/5ML	Sol	21101020002030	No	0	No	No	Yes	No	N/A	No	Yes		
	cycloSPORINE (Neoral) Capsule													
	cycloSPORINE Modified (Neoral) 25 MG Cap (Neoral)	Cap	99402020300120	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE Modified (Neoral) 100 MG CAP (NEORAL 100MG)	Cap	99402020300150	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE Modified (Neoral) 50 MG Capsule (Neoral)	Cap	99402020300130	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE Modified Oral Soln 100 MG/ML 50 ML (Neoral)	Sol	99402020302020	No	0	No	Yes	No	No	N/A	No	Yes		
	cycloSPORINE Modified(Gengraf/Neoral)Cap 25MG UD (Gengraf)	Cap	99402020300120	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE Modified(Gengraf/Neoral)Cap100MG UD (Gengraf)	Cap	99402020300150	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE (Sandimmune) Capsule													
	cycloSPORINE (Sandimmune) 25 MG Cap UD (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE (Sandimmune) 100 MG Cap (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	N/A	No	Yes		
	cycloSPORINE (Sandimmune) 100 MG Cap UD (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	N/A	Yes	Yes		
	cycloSPORINE 25 MG Cap [gen Sandimmune] (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	N/A	No	Yes		
	cycloSPORINE inj 50 mg/ml													
	cycloSPORINE (Sandimmune) 50 MG/ML, 5ML INJ (Sandimmune Injection)	Sol	99402020002005	No	0	No	No	Yes	No	N/A	No	Yes		
	cycloSPORINE IV Solution													
	cycloSPORINE 50 MG/ML IV Sol	Sol	99402020002005	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Co-sigin	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmily
	cycloSPORINE oral soln 100 mg/ml													
	cycloSPORINE (Sandimmune) 100 MG/ML (Sandimmune Oral Solution)	Sol	99402020002010	No	0	No	Yes	No	No	N/A	No	Yes		
	Cytarabine Injection													
	Cytarabine (PF) Injection Solution 100 MG/ML	Sol	21300010002040	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Cytarabine (PF) Injection Solution 20 MG/ML	Sol	21300010002011	No	0	No	No	Yes	No	N/A	No	Yes		
	Cytarabine Inj 20MG/ML (Cytosar)	Sol	21300010002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Dacarbazine Injection													
	Dacarbazine 10 MG/ML 10 ML inj Soln [100 MG]	Sol Recon	21700020002105	No	0	No	No	Yes	No	N/A	No	Yes		
	Dacarbazine 10 MG/ML 20 ML Inj [200 MG] (DTIC-Dome)	Sol Recon	21700020002110	No	0	No	Yes	Yes	No	N/A	No	Yes		
	DACTINomycin Injection													
	DACTINomycin 0.5 MG INJ (Cosmegen)	Sol Recon	21200020002105	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin Injection													
	Dalteparin 2500 UNIT/0.2ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E50	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 5000 UNIT/0.2ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E51	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 7500 UNIT/0.3ML Prefill Syringe (Fragmin)	Sol Prefilled	8310101010E52	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 10000 UNIT/ML Prefilled Syringe	Sol Prefilled	8310101010E53	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 12500 UNIT/0.5ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E53	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 15000 UNIT/0.6ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E54	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin 18000 UNT/0.72ML Prefilled Syringe (Fragmin)	Sol Prefilled	8310101010E55	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dalteparin Sod 95000 UNIT/3.8ML Subcu Soln (Fragmin)	Sol	83101010102080	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Danazol Capsule													
	Danazol 50 MG Cap (Danocrine)	Cap	23100005000105	No	0	No	No	No	No	N/A	No	Yes		
	Danazol 100 MG Cap (Danocrine)	Cap	23100005000110	No	0	No	No	No	No	N/A	No	Yes		
	Danazol 200 MG Cap (Danocrine)	Cap	23100005000115	No	0	No	No	No	No	N/A	No	Yes		
	Dapsone Tablet													
	Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	No	0	No	No	No	No	N/A	No	Yes		
	Dapsone 25 MG Tab UD	Tab	16300010000310	No	0	No	No	No	No	N/A	Yes	Yes		
	Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	No	Yes		
	Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Co-sigin	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Daratumumab (Darzalex) IV Solution 100 MG/5ML													
	Daratumumab Intravenous Solution 100 MG/5ML (Darzalex)	Sol	21354027002020	No	0	No	No	Yes	No	N/A	No	Yes		
	Daratumumab Intravenous Solution 400 MG/20ML (Darzalex)	Sol	21354027002030	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories:													
	Prior to treatment with daratumumab, ensure the following baseline tests are ordered and collected: type and screen and red blood cell antigen phenotype*													
	Medical Referral Center (MRC) Use Only													
	Darbepoetin Alfa (Albumin Free) inj													
	Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)	Sol	82401015102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E54	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)	Sol	82401015102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)	Sol Prefilled	8240101510E55	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)	Sol	82401015102030	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)	Sol	82401015102040	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E58	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)	Sol	82401015102060	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln)	Sol Prefilled	8240101510E58	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 300 MCG/ML (Aranesp (Albumin Free))	Sol	82401015102070	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa (Albumin Free) 500 MCG/ML syrin (Aranesp)	Sol Prefilled	8240101510E59	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa Prefill Syringe 100 MCG/0.5ML (Aranesp)	Sol Prefilled	8240101510E56	No	0	No	No	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa(Alb Free) 10 MCG/0.4ML Syringe (Aranesp)	Sol Prefilled	8240101510E51	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa(Alb Free) 150 MCG/0.3ML Syringe (Aranesp)	Sol Prefilled	8240101510E57	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Darbepoetin Alfa(Alb Free) 25 MCG/0.42ML Syringe (Aranesp)	Sol Prefilled	8240101510E52	No	0	No	Yes	Yes	No	N/A	No	Yes		

Advisories:

****Warning now dose in ML not mcg**

ESA USE IN CANCER PATIENTS:

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

ESA USE IN ESRD PATIENTS:

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmly
	1. Is on dialysis											
	2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**											
	Non-Formulary Use Criteria:											
	1. Patient receiving hepatitis C therapy; AND											
	**2. Patient is one of the following:											
	a. cirrhotic;											
	b. pre or post-liver transplant											
	c. HIV/HCV co-infected;											
	d. receiving HIV triple therapy;											
	AND**											
	3. Patient underwent evaluation for other causes of Page 37 of 189 anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND											
	4. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia-related signs and symptoms) and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND											
	5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.											
	All of the following must be true for patient to be eligible for epoetin alfa treatment of hepatitis C treatment-related anemia.											
	Epoetin alfa-epbx (Retacrit®) is the preferred formulary alternative.											
	Formulary Restrictions:											
	****RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**											
	USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**											
	Medical Referral Center (MRC) Use Only											
	Darunavir Ethanolate (DRV) Tablet (New)											
	Darunavir Ethanolate (DRV) 75 MG Tab (Prezista)	Tab	12104520000305	No	0	Yes	No	No	No	N/A	No	Yes
	Darunavir Ethanolate (DRV) 150 MG Tab (Prezista)	Tab	12104520000310	No	0	Yes	No	No	No	N/A	No	Yes
	Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)	Tab	12104520000325	No	0	Yes	No	No	No	N/A	No	Yes
	Darunavir Ethanolate (DRV) 600 MG Tab UD	Tab	12104520000325	No	0	Yes	No	No	No	N/A	Yes	Yes
	Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)	Tab	12104520000350	No	0	Yes	No	No	No	N/A	No	Yes
	Darunavir Ethanolate (DRV) 800 MG Tab UD (Prezista)	Tab	12104520000350	No	0	Yes	No	No	No	N/A	Yes	Yes
	MLP Requires Cosign											
	Darunavir Oral Suspension 100 MG/ML (NEW)											
	Darunavir Oral Suspension 100 MG/ML (200 ML) (Prezista)	Susp	12104520001820	No	0	Yes	Yes	No	No	N/A	No	Yes
	MLP Requires Cosign											
	Darunavir/Cobicistat 800-150 MG Tab											
	Darunavir/Cobicistat 800-150 MG Tab (Prezcobix)	Tab	12109902270320	No	0	Yes	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	MLP Requires Cosign												
	DAUNOrubicin HCL Inj												
	DAUNOrubicin 5MG/ML [4ml] (Cerubidine)	Sol	21200030102025	No	0	No	Yes	Yes	No	N/A	No	Yes	
	DAUNOrubicin HCl IV Soln 50 MG/10ML	Sol	21200030102035	No	0	No	No	Yes	No	N/A	No	Yes	
	Deferoxamine Mesylate Inj												
	Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)	Sol Recon	93000020102130	No	0	No	No	Yes	No	N/A	No	Yes	
	Deferoxamine Mesylate 500 MG Inj (Desferal)	Sol Recon	93000020102110	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories: ***** If dosing IV - manually check dose/volume as product is entered for IM dosing concentration*****												
	Demeclocycline HCl Tablet												
	Demeclocycline HCL 150 MG Tab (Declomycin)	Tab	04000010100305	No	0	No	Yes	No	No	N/A	No	Yes	
	Demeclocycline HCL 150 MG Tab UD (Declomycin)	Tab	04000010100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Demeclocycline HCL 300 MG Tab (Declomycin)	Tab	04000010100310	No	0	No	Yes	No	No	N/A	No	Yes	
	Demeclocycline HCl 300 MG Tab UD (Declomycin)	Tab	04000010100310	No	0	No	No	No	No	N/A	Yes	Yes	
	Desflurane Inhalation Soln												
	Desflurane Inhalation Soln [240 ML] (Suprane)	Sol	70200007002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Desipramine Tablet												
	Desipramine 10 MG Tab (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 10 MG Tab UD (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 25 MG Tab (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 25 MG Tab UD (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 50 MG Tab (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 50 MG Tab UD (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 75 MG Tab (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 75 MG Tab UD (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 100 MG Tab (Norpramin)	Tab	58200030100325	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 150 MG Tab (Norpramin)	Tab	58200030100330	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES, EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****												
	MLP Requires Cosign												
	Desmopressin Acetate Injection												
	Desmopressin Acetate 4MCG/ML Inj	Sol	30201010102030	No	0	No	No	Yes	No	N/A	No	Yes	
	Desmopressin Acetate PF 4 MCG/ML 1 ML Ampoules	Sol	30201010102031	No	0	No	Yes	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmily
	Desmopressin Acetate Nasal Solution											
	Desmopressin Acetate 0.01 MG/INH ML (DDAVP Nasal Spray)	Sol	30201010132010	No	0	No	Yes	No	No	N/A	No	Yes
	Desmopressin Acetate Tablet											
	Desmopressin Acetate 0.1 MG Tab (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	No	Yes
	Desmopressin Acetate 0.1 MG Tab UD (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	Yes	Yes
	Desmopressin Acetate 0.1 MG Tab UD (repack) (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	Yes	Yes
	Desmopressin Acetate 0.2 Mg Tab (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	No	Yes
	Desmopressin Acetate 0.2 MG Tab UD (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	Yes	Yes
	Desonide Cream 0.05%											
	Desonide Cream 0.05% [15GM]	Cm	90550035003705	No	0	No	Yes	No	No	N/A	No	Yes
	Desonide Cream 0.05% [60GM] (Desowen)	Cm	90550035003705	No	0	No	Yes	No	No	N/A	No	Yes
	Desonide Ointment 0.05%											
	Desonide Ointment 0.05% [15GM]	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	Yes
	Desonide Ointment 0.05% [60 GM] (Diprosone Oint)	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	Yes
	Dex 5 % 1/2 NS W/ 40 MEQ KCL 1000 ML INJ											
	Dex 5 % 1/2 NS W/ 40 MEQ KCL 1000 ML INJ	Sol	79993003102050	No	0	No	No	Yes	No	N/A	No	Yes
	Dex 5% 1/2 NS W/ 10MEQ KCL											
	Dex 5% 1/2 NS W/ 10 MEQ KCL 1000 ML INJ	Sol	79993003102015	No	0	No	No	Yes	No	N/A	No	Yes
	Dex 5% 1/2 NS W/ 20 MEQ KCL											
	Dex 5% 1/2 NS W/ 20 MEQ KCL 1000ML INJ	Sol	79993003102025	No	0	No	Yes	Yes	No	N/A	No	Yes
	Dex 5% NS W/ 20 MEQ KCL 1000 ml											
	Dex 5% 1/2 NS W/ 10 MEQ KCL 500 ML INJ	Sol	79993003102025	No	0	No	No	Yes	No	N/A	No	Yes
	Dex 5% NS W/ 20 MEQ KCL 1000 ml	Sol	79993003102027	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Injection											
	Dexamethasone Sod Phos Inj 10MG/ML (Decadron)	Sol	22100020202010	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sod Phos Inj 4 MG/ML (Decadron)	Sol	22100020202005	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sod Phos Inj Soln 100 MG/10ML MDV	Sol	22100020202060	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sod Phos Injec Soln 20 MG/5ML	Sol	22100020202040	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sod Phosphate PF Inj Soln 10 MG/ML	Sol	22100020202011	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sod Phosphate PF Syringe 10 MG/ML	Sol Prefilled	2210002020E51	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Sodium Phosphate 120 MG/30ML Inj	Sol	22100020202045	No	0	No	No	Yes	No	N/A	No	Yes
	Dexamethasone Ophth Solution 0.1%											
	Dexamethasone Ophth Soln 0.1%, 5ML (Dexamethasone Ophth)	Sol	86300010102005	No	0	Yes	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Fmly
	Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY** APPROVED**** **MLP Requires Cosign**															
	Dexamethasone Ophth Suspension 0.1% Dexamethasone Ophth Susp 0.1%, 5ML (Maxidex)	Susp	86300010001805	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY** APPROVED**** **MLP Requires Cosign**															
	Dexamethasone Oral Concentrate 1 MG/ML 30ML Dexamethasone Oral Concentrate 1 MG/ML 30 ML (intensol)	Concentrate	22100020001320	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Dexamethasone Oral Elixir 0.5 MG/5ML Dexamethasone Oral Elixir 0.5MG/5ML, 273ML (Decadron Elixir) **MLP Requires Cosign**	Elixir	22100020001005	No	0	Yes	Yes	Yes	No	N/A	No	Yes				
	Dexamethasone Oral Solution 0.5 MG/5ML Dexamethasone Oral Solution 0.5 MG/5ML 240 ml	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Oral Solution 0.5 MG/5ML 30ml	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Oral Solution 0.5 MG/5ML 500ML	Sol	22100020002005	No	0	No	Yes	No	No	N/A	No	Yes				
	Dexamethasone Oral Tablet Dexamethasone 0.5 MG Tab (Decadron)	Tab	22100020000315	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 0.5 MG Tab UD (Decadron)	Tab	22100020000315	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 0.75 MG Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 0.75 MG UD Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 1 MG Tab (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 1 MG Tab UD (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 1.5 MG Tab (Decadron)	Tab	22100020000330	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 1.5 MG Tab UD (Decadron)	Tab	22100020000330	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 2 MG Tab (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 2 MG Tab UD (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 4 MG Tab (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 4 MG Tab UD (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 6 MG Tab (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	No	Yes				
	Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	Yes	Yes				
	Dexamethasone 1.5 MG Tablet (21) Therapy Pack (DexPak 6 day)	Tab Therapy	2210002000B72	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Dexamethasone 1.5 MG Tablet (27) Therapy Pack (TaperDex 7 day)	Tab Therapy	2210002000B72	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Dexamethasone 1.5 MG Tablet (35) Therapy Pack (DexPak 10 day)	Tab Therapy	2210002000B72	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Dexamethasone 1.5 MG Tablet (39) Therapy Pack (Dxevo 11 Day)	Tab Therapy	2210002000B72	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Dexamethasone 1.5 MG Tablet (49) Therapy pack (TaperDex 12 -day)	Tab Therapy	2210002000B72	No	0	Yes	Yes	No	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Emly
	Dexamethasone 1.5 MG Tablet (51) Therapy Pack (DexPak 13 day)	Tab Therapy	2210002000B73	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Dexamethasone 20 MG Tab (Hemady) **MLP Requires Cosign**	Tab	22100020000360	No	0	Yes	Yes	No	No	N/A	No	Yes		
	Dexferrum (iron Dextran) SDV 50MG/2ML Iron Dextran SDV 50MG/2ML (DexFerrum)	Sol	82300040002010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose Dextrose 70% Inj (Dextrose 70%)	Sol	80100020002060	No	0	No	No	No	No	N/A	No	Yes		
	Dextrose 20% Intravenous Soln Dextrose 20% Inj 500 ML (Dextrose 20% Injection)	Sol	80100020002025	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 10% Intravenous Soln Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 10% IV Solution 250ML	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 10% IV Solution 500ML	Sol	80100020002020	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 2.5% Intraperitoneal Soln Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)	Sol	99700000002038	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 25% Intravenous Solution 250 MG/ML Dextrose 25% IV Solution 250 MG/ML 10 ml PFS	Sol	80100020002030	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 4.25% Intraperitoneal Soln 483 MOSM/L Dextrose 4.25% Intraperitoneal Soln 483 MOSM/L (Delflex-LC)	Sol	99700000002070	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5% in Lactated Ringer Dextrose 5% in Lactated Ringers IV Soln 500ML	Sol	79993002302020	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5%/Lactated Ringer 1000 ML INJ (Dextrose 5% in Lactated Ringer Injection)	Sol	79993002302020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% IN SOD CHLOR 0.2% Dextrose 5%/NaCl IV Solution 0.225 % 250 ML	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5%/NaCl IV Solution 0.225 % 500ML	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5%/Sod CHLoride 0.2% 1000 ML INJ	Sol	79993002202020	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5%/Sod CHLoride 0.225% 1000ml Soln	Sol	79993002202022	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5% IN SOD CHLOR 0.9% Dextrose 5%/Sod CHLoride 0.9% 1000 ML INJ (Dextrose 5% IN Sodium Chloride 0.9%)	Sol	79993002202035	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose-NaCl Intravenous Solution 5-0.9 % 500ML	Sol	79993002202035	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% IN SOD CHLoride 0.45% Dextrose 5%/Sod CHLoride 0.45% 1000 ML INJ	Sol	79993002202030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5%/Sod CHLoride 0.45% 250 ML	Sol	79993002202030	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5%/Sod CHLoride 0.45% 500 ML IV Soln	Sol	79993002202030	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill In Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Dextrose 5% Inj													
	Dextrose 5% Inj 25 ML	Sol	80100020002015	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 50 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 100 ML (Dextrose 5% in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 150 ML	Sol	80100020002015	No	0	No	No	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 250 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 500 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 5% Inj 1000 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 50% Inj													
	Dextrose 50% Inj 50 ML PFS (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 50% Inj 500 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 50% Inj 50ML 0.5GM/ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Dextrose 50% Inj 1000 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Diabetic Supp-Precision Glucose Ketone Contr Liq													
	Diabetic - Glucocard 01 Control Soln Normal (Glucocard)	Sol	97202007100920	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic -Bayer Contour In Vitro Liquid High (Bayer)	Liq	97202007100910	No	0	No	No	No	No	N/A	No	Yes		
	Diabetic -Bayer Contour In Vitro Liquid Low (Bayer)	Liq	97202007100930	No	0	No	No	No	No	N/A	No	Yes		
	Diabetic Supply - Control Soln (Various MFG)	Liq	97202007100900	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - Control Solution													
	Diabetic Supply - Control Solution (glucocard) (Diabetic Supply- Control Solution)			No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - FreeStyle Lancets Misc													
	Diabetic Supply- FreeStyle Lancets Miscellaneous (FreeStyle)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - Glucometer													
	Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)			No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - Lancets													
	Diabetic Supply - Accu-chek T Pro UNO Lancets (Accu-check T Pro)			No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - Lancets (Diabetic Supply- Lancets)			No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply -Lancet (Abbott SF)			No	0	No	No	No	No	N/A	No	Yes		
	Diabetic Supply - Lancets (Unistik 2)													
	Diabetic Supply -Unistik 2 Normal Miscellaneous (Unistik)	Miscellaneous	97202030006300	No	0	No	No	No	No	N/A	No	Yes		
	Diabetic SupplyAccu-Chek Softclix Lancet Dev Kit	Kit	97202030006400	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply - Lancets (Various Brands)													
	Diabetic -Accu-Chek Softclix Lancets Misc (Accu-check Softclix)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic -Assure Lance Lancets Miscellaneous	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Lancet - various suppliers	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supp- Accu-Chek Safe-T Pro Lancets Misc	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic supply - TRUEplus Lancets 28G (TRUEplus lancets)	Miscellaneous	97202025006300	No	0	No	Yes	No	No	N/A	No	Yes		
	Diabetic Supply TRUEplus Lancets (misc)	Miscellaneous	97202025006300	No	0	No	No	No	No	N/A	No	Yes		
	Diabetic-Unistik Pro Safety Lancet Miscellaneous (Unistik)	Miscellaneous	97202025006300	No	0	No	No	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
Advisories: **Accu-check safe t, assure and TRUEplus**												
Diabetic Supply - Precision Xtra Device	Diabetic -Precision Xtra Device	Device	97202010006200	No	0	No	No	No	No	N/A	No	Yes
Diabetic Supply - Sharps Container	Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)			No	0	No	Yes	No	No	N/A	No	Yes
Diabetic Supply - Sharps Container Miscellaneous	Diabetic -Sharps Container Home Miscellaneous	Miscellaneous	97058050006300	No	0	No	No	No	No	N/A	No	Yes
Diabetic Supply - Test Strips (Formulary choice)	Diabetic -Easy Touch Test In Vitro Strip (50) (easy touch)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
	Diabetic -Glucocard Shine Test In Vitro Strip	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
	Diabetic Supp-AccuChek Aviva Plus In Vitro Strip (Accu-check Aviva)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
	Diabetic Supply - Test Strips (Precision Xtra) (Precision Xtra Blood Glucose In Vitro Strip)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
	Diabetic Supply - Test Strips(Glucocard Expr) 50 (Glucocard expression)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
	Diabetic-True Metrix BG Test Strip (True Metrix)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: **Current preferred product is Glucocard Expression 07/2016**												
Diabetic Supply - Test Strips (Various Brands)	Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)			No	0	No	Yes	No	No	N/A	No	Yes
Dialyte/1.5% Dextrose	Dianeal2/1.5% Dex Intraperitoneal Sol 346 MOSM/L (Dianeal PD)	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes
Dialyte/2.5% Dextrose	Dianeal2/2.5% Dex Intraperitoneal Sol 396 MOSM/L (Dianeal PD)	Sol	99700000002042	No	0	No	No	Yes	No	N/A	No	Yes
Dialyte/4.25% Dextrose	Dianeal2/4.25% Dex Intraperitoneal Sol 485MOSM/L (Dianeal PD-2/4.25%)	Sol	99700000002073	No	0	No	No	Yes	No	N/A	No	Yes
Diatrizoate Meglumine Urethral Solution 30 %	Diatrizoate Meglumine Urethral Solution 30 % (Cystografin 30%)	Sol	94402015102011	No	0	No	Yes	Yes	No	N/A	No	Yes
Diclofenac Sodium External Gel 1%	Diclofenac Sodium External Gel 1% [100gm] (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes
	Diclofenac Sodium Transdermal Gel 1% 150GM (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes
	Diclofenac Sodium Transdermal Gel 1% 50GM (Voltaren)	Gel	90210030304020	No	0	No	Yes	No	No	N/A	No	Yes
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***												
Non-Formulary Use Criteria: **1. Failed 30 day trial of oral NSAIDs or NSAIDs are contraindicated AND** **2. Documented improvement in functional status (required for renewals) OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **4. Diclofenac gel 3% will not be approved without sufficient justification why 1% cannot be used.**												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Diclofenac Sodium Ophth Soln 0.1%													
	Diclofenac Sodium Ophth Soln 0.1 % [2.5 ML] (Voltaren)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Diclofenac Sodium Ophth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Dicloxacillin Capsule													
	Dicloxacillin Sodium 250 MG Cap UD (repack)	Cap	01300020100110	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Dicloxacillin Sodium 250 MG Capsule (Dynapen)	Cap	01300020100110	No	0	No	No	No	No	N/A	No	Yes		Yes
	Dicloxacillin Sodium 500 MG Capsule (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	No	Yes		Yes
	Dicloxacillin Sodium 500 MG UD Capsule (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Digoxin Inj													
	Digoxin 250 MCG/ML, 2M Inj (Lanoxin Injection)	Sol	31200010002010	No	0	No	Yes	Yes	No	N/A	No	Yes		Yes
	Advisories: ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
	Digoxin Tablet													
	Digoxin 62.5 MCG Tablet (Lanoxin)	Tab	31200010000303	No	0	No	No	No	No	N/A	No	Yes		Yes
	Digoxin 125 MCG Tablet (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	No	Yes		Yes
	Digoxin 125 MCG Tablet UD (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Digoxin 187.5 MCG Tablet (Lanoxin)	Tab	31200010000307	No	0	No	No	No	No	N/A	No	Yes		Yes
	Digoxin 250 MCG Tablet (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	No	Yes		Yes
	Digoxin 250 MCG Tablet UD (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Advisories: ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
	DiiTIAZem ER 24 hour Capsule													
	DiiTIAZem ER 24 hour 120 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem ER 24 hour 120 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	DiiTIAZem ER 24 hour 180 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem ER 24 hour 180 MG Cap UD[Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	DiiTIAZem ER 24 hour 240 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem ER 24 hour 240 MG Cap UD [cardizem cd] (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	DiiTIAZem ER 24 hour 300 MG Cap [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem ER 24 hour 300 MG Cap UD [Cardizem CD] (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	DiiTIAZem ER 24 hour 360 MG Cap [Cardizem] (Cardizem CD)	Cap ER 24	34000010127060	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem ER 24 hour 360 MG Cap UD [Cardizem CD] (Cardizem CD)	Tab ER 24	34000010127560	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	diiTIAZem HCl ER Tab 24 Hour 240 MG	Tab ER 24	34000010127540	No	0	No	No	No	No	N/A	No	Yes		Yes
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													
	DiiTIAZem ER 24 hour Tablet													
	DiiTIAZem ER 24 hour 420 MG Tab [Cardizem LA] (Cardizem LA)	Tab ER 24	34000010127570	No	0	No	No	No	No	N/A	No	Yes		Yes
	diiTIAZem HCl (LA) ER 24 Hour 120 MG Tablet (Cardizem LA)	Tab ER 24	34000010127520	No	0	No	No	No	No	N/A	No	Yes		Yes
	diiTIAZem HCl (LA) ER 24 Hour 180 MG Tab (Cardizem LA)	Tab ER 24	34000010127530	No	0	No	No	No	No	N/A	No	Yes		Yes
	DiiTIAZem HCl ER Coated Beads Tab 24 Hr 300 MG	Tab ER 24	34000010127550	No	0	No	No	No	No	N/A	No	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush .	Req. Loc.	Active	Dose Unit	Fmly
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**													
	DilTIAZem HCL ER Tiazac													
	DilTIAZem ER 24 hour 120 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117020	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem ER 24 hour 180 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem ER 24 hour 180 MG Cap UD [Tiazac] (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	No	N/A	Yes	Yes	
	DilTIAZem ER 24 hour 240 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem ER 24 hour 240 MG Cap UD [Tiazac] (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	No	N/A	Yes	Yes	
	DilTIAZem ER 24 hour 300 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117050	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem ER 24 hour 360 MG Cap [Tiazac] (Tiazac)	Cap ER 24	34000010117060	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem HCl ER Caps 24 Hour 420 MG (Tiazac)	Cap ER 24	34000010117070	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													
	DilTIAZem HCL Tablet													
	DilTIAZem 30 MG Tab (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem 30 MG Tab UD (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	DilTIAZem 60 MG Tab (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem 60 MG Tab UD (Cardizem)	Tab	34000010100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	DilTIAZem 90 MG Tab (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem 90 MG Tab UD (Cardizem)	Tab	34000010100315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	DilTIAZem 120 MG Tab (Cardizem)	Tab	34000010100320	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: ****CARDIZEM SR NOT APPROVED*****													
	DilTIAZem Inj 5mg/ml													
	dilTIAZem HCl Intravenous Solution 100 MG	Sol Recon	34000010102140	No	0	No	No	Yes	No	No	N/A	No	Yes	
	DilTIAZem HCl Intravenous Solution 125 MG/25ML	Sol	34000010102040	No	0	No	No	Yes	No	No	N/A	No	Yes	
	DilTIAZem HCl Intravenous Solution 25 MG/5ML	Sol	34000010102025	No	0	No	No	Yes	No	No	N/A	No	Yes	
	DilTIAZem HCl Intravenous Solution 50 MG/10ML	Sol	34000010102030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	DilTIAZem XR 24 hour Capsule													
	Dilt-XR 24 Hour 120 MG ER Cap	Cap ER 24	34000010107020	No	0	No	No	No	No	No	N/A	No	Yes	
	dilTIAZem HCl ER 24 Hr 180 MG Cap	Cap ER 24	34000010107030	No	0	No	No	No	No	No	N/A	No	Yes	
	dilTIAZem HCl ER 24 HR 180MG Cap UD	Cap ER 24	34000010107030	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)	Cap ER 24	34000010107040	No	0	No	No	No	No	No	N/A	No	Yes	
	DilTIAZem XR 24 hour 240 MG Cap(Dilacor XR) UD	Cap ER 24	34000010107040	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Co-sigin	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
	Dimethylsulfoxide-RMSO													
	Dimethylsulfoxide-RMSO ML (Rimso-50)	Sol	56500010002010	No	0	No	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****MRC USE ONLY**													
	Oncology Use Only*													
	Medical Referral Center (MRC) Use Only													
	diphenhydrAMINE Capsule/Tablet													
	diphenhydrAMINE 25 MG Cap (Benadryl)	Cap	41200030100105	No	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE 25 MG Cap UD (Benadryl)	Cap	41200030100105	No	0	No	No	Yes	No	N/A	Yes	Yes		
	diphenhydrAMINE 25 MG Tab (Benadryl)	Tab	41200030100305	No	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE 25 MG Tab UD (Benadryl)	Tab	41200030100305	No	0	No	No	Yes	No	N/A	Yes	Yes		
	diphenhydrAMINE 50 MG Cap (Benadryl)	Cap	41200030100110	No	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE 50 MG Cap UD (Benadryl)	Cap	41200030100110	No	0	No	No	Yes	No	N/A	Yes	Yes		
	diphenhydrAMINE 50 MG Tab	Tab	41200030100310	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**													
	RESTRICTED TO INJECTABLE FORMULATION ONLY													
	****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****													
	Non-Formulary Use Criteria:													
	1. Formulary - MRC use only, restricted to dialysis													
	2. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benzotropine and Trihexyphenidyl (diphenhydramine and hydroxyzine only).													
	3. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only)													
	4. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)													
	5. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only)													
	6. Non-formulary use approved via DIRECTLY OBSERVED THERAPY ONLY for sedating antihistamines: diphenhydramine, hydroxyzine, & cyproheptadine													
	9. Urticaria: Documented failure (ensuring compliance) of steroid pulse therapy (i.e. prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder).													
	Medical Referral Center (MRC) Use Only													
	diphenhydrAMINE Injection													
	DiphenhydrAMINE HCl 50 MG/ML 10ml Inj	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE HCl 50 MG/ML 1 ML Inj/Vial (Benadryl INJ)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes		
	diphenhydrAMINE HCl 50 MG/ML 2 ML Inj (Benadryl Inj)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes		
	DiphenhydrAMINE HCl Inj 50 MG/ML syringe (Benadryl)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Formulary Restrictions:													
	****RESTRICTED TO INJECTABLE FORMULATION ONLY**													
	****INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****													
	Dipyridamole Tablet													
	Dipyridamole 25 MG Tab (Persantine)	Tab	85150030000310	No	0	No	No	No	No	N/A	No	Yes		
	Dipyridamole 25 MG Tab UD (Persantine 25 MG)	Tab	85150030000310	No	0	No	No	No	No	N/A	Yes	Yes		
	Dipyridamole 50 MG Tab (Persantine)	Tab	85150030000320	No	0	No	No	No	No	N/A	No	Yes		
	Dipyridamole 50 MG Tab UD (Persantine 50 MG)	Tab	85150030000320	No	0	No	No	No	No	N/A	Yes	Yes		
	Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	No	Yes		
	Dipyridamole 75 MG Tab UD (Persantine)	Tab	85150030000330	No	0	No	No	No	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
Disopyramide													
	Disopyramide 150 MG Cap (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	No	Yes	
	Disopyramide 150 MG Cap UD (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	N/A	Yes	Yes	
	Disopyramide Phosphate 100 MG Cap (Norpace)	Cap	35100010100105	No	0	No	No	No	No	N/A	No	Yes	
Disopyramide Phosphate CR													
	Disopyramide Phosphate CR 100 MG CAP (Norpace CR)	Cap ER 12	35100010106910	No	0	No	No	No	No	N/A	No	Yes	
	Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)	Cap ER 12	35100010106915	No	0	No	No	No	No	N/A	No	Yes	
Distilled Water 1 gallon (Hinckley/Mckesson)													
	Distilled Water 1 gallon [Hinckley/Mckesson] (distilled)			No	0	No	Yes	No	No	N/A	No	Yes	
Distilled Water Oral Liquid													
	Distilled Water for CPAP - 1 Gallon (water)	Liq	98402024000900	No	0	No	Yes	No	No	N/A	No	Yes	
	Distilled Water Oral Liquid	Liq	98402024000900	No	0	No	No	No	No	N/A	No	Yes	
Advisories:													
For compounding purposes only													
Divalproex ER 24 Hour Tablet													
	Divalproex ER 24 Hour Tab 250 MG (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	No	Yes	
	Divalproex ER 24 Hour Tab 250 MG UD (Depakote ER)	Tab ER 24	72500010107520	No	0	No	No	No	No	N/A	Yes	Yes	
	Divalproex ER 24 Hour Tab 500 MG (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	No	Yes	
	Divalproex ER 24 Hour Tab 500 MG UD (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	N/A	Yes	Yes	
Advisories:													
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."													
PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS**													
DOBUTamine 12.5 MG/ML Inj													
	DOBUTamine 12.5 MG/ML Inj (Dobutrex Inj)	Sol	31350015102005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	DOBUTamine 250 MG/20ML Inj (Dobutrex)	Sol	31350015102005	No	0	No	No	Yes	No	N/A	No	Yes	
DOCEtaxel Injection													
	DOCEtaxel (Non-Alcohol) IV Solution 160 MG/8ML	Sol	21500005002080	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel (Non-Alcohol) IV Solution 20 MG/ML	Sol	21500005002070	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel (Non-Alcohol) IV Solution 80 MG/4ML	Sol	21500005002075	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel 20 MG/0.5ML Inj (Taxotere Inj)	Concentrate	21500005001320	No	0	No	Yes	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Concentrate 160 MG/8ML	Concentrate	21500005001317	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Concentrate 200 MG/10ML	Concentrate	21500005001318	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Concentrate 80 MG/4ML	Concentrate	21500005001315	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Solution 160 MG/16ML	Sol	21500005002050	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Solution 20 MG/2ML	Sol	21500005002030	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel Intravenous Solution 80 MG/8ML	Sol	21500005002040	No	0	No	No	Yes	No	N/A	No	Yes	
	DOCEtaxel IV Concentrate 20 MG/ML (Taxotere)	Concentrate	21500005001310	No	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlly
Medical Referral Center (MRC) Use Only																		
Docusate Sodium Capsule																		
	Docusate Sodium 100 MG Cap (Colace)	Cap	46500010300110	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Docusate Sodium 100 MG Cap UD (Colace)	Cap	46500010300110	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes			Yes
	Docusate Sodium 250 MG Cap (Colace)	Cap	46500010300120	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Docusate Sodium Tablet 100 MG (DOK)	Tab	46500010300305	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes

Advisories:

Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Non-Formulary Use Criteria:

1. Short-term orders should be obtained through the commissary.

2. Chronic management of hypo-motility disorders OR

3. Chronic use of iron or opioids OR

4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.

Docusate Sodium Solution 50 MG/5 ML

	Docusate Sodium Solution 100 MG/10 ML UD (Colace)	Liq	46500010300910	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes			Yes
	Docusate Sodium Solution 50 MG/5 ML, 473 ML (Colace)	Liq	46500010300910	No	0	No	Yes	No	No	No	No	No	N/A	No	Yes			Yes

Advisories:

Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Non-Formulary Use Criteria:

1. Short-term orders should be obtained through the commissary.

2. Chronic management of hypo-motility disorders OR

3. Chronic use of iron or opioids OR

4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.

Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.

Docusate Sodium Syrup 60 MG/15ML

	Docusate Sodium Oral Syrup 60 MG/15 ML (Colace Syrup)	Syrup	46500010301220	No	0	No	Yes	No	No	No	No	No	N/A	No	Yes			Yes
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Non-Formulary Use Criteria:

1. Short-term orders should be obtained through the commissary.

2. Chronic management of hypo-motility disorders OR

3. Chronic use of iron or opioids OR

4. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: Milk of Magnesia). Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.

Formulary Restrictions:

Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Dolutegravir (DTG) Tablet											
	Dolutegravir Sodium (DTG) 5 MG soluble Tablet (Tivicay PD)	Tab Soluble	12103015107320	No	0	Yes	No	No	No	N/A	No	Yes
	Dolutegravir Sodium (DTG) 10 MG Tablet (Tivicay)	Tab	12103015100305	No	0	Yes	No	No	No	N/A	No	Yes
	Dolutegravir Sodium (DTG) 25 MG Tablet (Tivicay)	Tab	12103015100310	No	0	Yes	No	No	No	N/A	No	Yes
	Dolutegravir Sodium (DTG) 50 MG Tablet (Tivicay)	Tab	12103015100320	No	0	Yes	No	No	No	N/A	No	Yes
	Dolutegravir Sodium (DTG) 50 MG UD (repack) (Tivicay)	Tab	12103015100320	No	0	Yes	No	No	No	N/A	Yes	Yes
	MLP Requires Cosign											
	DOPamine 200 MG/5 ML											
	DOPamine 200 MG/5 ML	Sol	31350020102010	No	0	No	No	Yes	No	N/A	No	Yes
	DOPamine in D5W IV Soln premix											
	DOPamine in D5W 400 MG/250 ML	Sol	31350020112020	No	0	No	No	Yes	No	N/A	No	Yes
	DOPamine in D5W IV Soln 0.8-5 MG/ML-% 250 ML	Sol	31350020112010	No	0	No	Yes	Yes	No	N/A	No	Yes
	DOPamine in D5W Iv Soln 3.2-5 MG/ML-% 250ML	Sol	31350020112030	No	0	No	No	Yes	No	N/A	No	Yes
	DOPamine in D5W Iv Solution 1.6-5 MG/ML-% 500ML	Sol	31350020112020	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Dorzolamide Ophth Solution 2%											
	Dorzolamide HCL Ophth 2%, 5 ML Soln (Trusopt)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes
	Dorzolamide HCL Ophth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)	Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories:											
	****OPHTHALMOLOGIST INITIATION ONLY****											
	Dorzolamide-Timolol Ophth soln 2-0.5%											
	Dorzolamide-Timolol Opht Soln 22.3-6.8mg/ml 10ML (Cosopt)	Sol	86259902202020	No	0	No	Yes	No	No	N/A	No	Yes
	Dorzolamide-Timolol PF Ophth 22.3-6.8 MG/ML ud (Cosopt ud 15 pk x 4)	Sol	86259902202060	No	0	No	Yes	No	No	N/A	No	Yes
	Dorzolamide-Timolol PF Soln 22.3-6.8mg/ml 10ml (Cosopt PF)	Sol	86259902202060	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories:											
	****OPHTHALMOLOGIST INITIATION ONLY****											
	Doxapram HCL Injection											
	Doxapram HCL Injection 20MG/ML,20ML (Dopram)	Sol	61300020102005	No	0	No	No	Yes	No	N/A	No	Yes
	Doxazosin Tablet											
	Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	No	0	No	No	No	No	N/A	No	Yes
	Doxazosin 1 MG Tab UD (Cardura)	Tab	36202005100310	No	0	No	No	No	No	N/A	Yes	Yes
	Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	No	0	No	No	No	No	N/A	No	Yes
	Doxazosin 2 MG Tab UD (Cardura)	Tab	36202005100320	No	0	No	No	No	No	N/A	Yes	Yes
	Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	No	Yes
	Doxazosin 4 MG Tab UD (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	Yes	Yes
	Doxazosin 8 MG Tab (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	No	Yes
	Doxazosin 8 MG Tab UD (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmlly
Doxepin Capsule												
	Doxepin 10 MG Cap (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	No	Yes
	Doxepin 10 MG Cap UD (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Doxepin 25 MG Cap (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	No	Yes
	Doxepin 25 MG Cap UD (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Doxepin 50 MG Cap (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	No	Yes
	Doxepin 50 MG Cap UD (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Doxepin 75 MG Cap (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	No	Yes
	Doxepin 75 MG Cap UD (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Doxepin 100 MG Cap (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	No	Yes
	Doxepin 100 MG Cap UD (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Doxepin 150 MG Cap (Sinequan)	Cap	58200040100130	No	0	Yes	No	Yes	No	N/A	No	Yes
Advisories:												
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **recommended to be administered crushed, capsules emptied and administered via powder form , or liquid, ensuring tablets to be crushed are not listed on available "do not crush " lists or specifically stated in the package insert****												
MLP Requires Cosign												
Doxepin Solution 10MG/ML												
	Doxepin Solution 10 MG/ML, 120 ML (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	No	Yes
	Doxepin Solution 50 MG/5ML, UD (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
Advisories:												
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **recommended to be administered crushed, capsules emptied and administered via powder form , or liquid, ensuring tablets to be crushed are not listed on available "do not crush " lists or specifically stated in the package insert****												
MLP Requires Cosign												
Doxercalciferol Capsule												
	Doxercalciferol 0.5 MCG Cap (Hectorol)	Cap	30905040000105	No	0	No	No	No	No	N/A	No	Yes
	Doxercalciferol 1 MCG Cap (Hectorol)	Cap	30905040000110	No	0	No	No	No	No	N/A	No	Yes
	Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	No	0	No	No	No	No	N/A	No	Yes
Formulary Restrictions:												
****ORAL ROUTE PREFERRED****												
Doxercalciferol Injection												
	Doxercalciferol 2 MCG/ML inj soln (Hectorol)	Sol	30905040002010	No	0	No	No	Yes	No	N/A	No	Yes
	Doxercalciferol Inj 2 MCG/ML 1 ML (Hectorol inj)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	Yes
	Doxercalciferol Inj 4 MCG/2ML 2ML (Hectorol)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	Yes
Formulary Restrictions:												
****ORAL ROUTE PREFERRED****												
DOXOrubicin Injection												
	Adriamycin IV Solution Reconstituted 10 MG	Sol Recon	21200040102105	No	0	No	No	Yes	No	N/A	No	Yes
	Adriamycin IV Solution Reconstituted 50 MG	Sol Recon	21200040102115	No	0	No	No	Yes	No	N/A	No	Yes
	DOXOrubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
	DOXOrubicin HCL 2MG/ML, 5ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes
	DOXOrubicin Injection 50 MG [2mg/ml] (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes
	DOXOrubicin Injection10 MG [2 MG/ML] (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>MLP Cosign</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Doxycycline Hyclate Capsule/Tablet											
	Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Hyclate 50 MG Tab	Tab	04000020100305	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 75 MG Tablet	Tab	04000020100307	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Hyclate 100 MG Tablet (Vibratabs)	Tab	04000020100310	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 150 MG Tablet	Tab	04000020100315	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate 50 MG Tablet	Tab	04000020100305	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Hyclate Oral Tablet 20 MG (Periostat)	Tab	04000020100302	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Injection											
	Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)	Sol Recon	04000020102105	No	0	No	Yes	Yes	No	N/A	No	Yes
	Doxycycline Monohydrate Oral Capsule/Tablet											
	Doxycycline Monohydrate 50 MG Cap	Cap	04000020000105	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 50 MG Cap UD repack	Cap	04000020000105	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Monohydrate 50 MG Tab UD	Tab	04000020000305	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Monohydrate 50 MG Tablet	Tab	04000020000305	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 75 MG Tablet	Tab	04000020000307	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 100 MG Cap UD	Cap	04000020000110	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Monohydrate 100 MG Capsule	Cap	04000020000110	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 100 MG Tab UD	Tab	04000020000310	No	0	No	No	No	No	N/A	Yes	Yes
	Doxycycline Monohydrate 100 MG Tablet	Tab	04000020000310	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 150 MG Capsule	Cap	04000020000115	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 150 MG Tablet	Tab	04000020000315	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Monohydrate 75 MG Cap	Cap	04000020000107	No	0	No	No	No	No	N/A	No	Yes
	Doxycycline Oral Solution											
	Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)	Susp Recon	04000020001905	No	0	No	Yes	No	No	N/A	No	Yes
	DULoxetine Delayed Release Capsule											
	DULoxetine HCl Delayed Rel 20 MG Cap (Cymbalta)	Cap DR	58180025106720	No	0	No	No	No	No	N/A	No	Yes
	DULoxetine HCl Delayed Rel 20 MG Cap UD (cymbalta)	Cap DR	58180025106720	No	0	No	No	No	No	N/A	Yes	Yes
	DULoxetine HCl Delayed Rel 30 MG Cap (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	No	Yes
	DULoxetine HCl Delayed Rel 30 MG Cap UD (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	Yes	Yes
	DULoxetine HCl Delayed Rel 40 MG Cap (Cymbalta)	Cap DR	58180025106740	No	0	No	No	No	No	N/A	No	Yes
	DULoxetine HCl Delayed Rel 60 MG Cap (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	No	Yes
	DULoxetine HCl Delayed Rel 60 MG Cap UD (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	DuoDERM Hydroactive External												
	DuoDERM Hydroactive External Gel 15gm (DuoDERM)	Gel	90944050004000	No	0	No	Yes	No	No	No	N/A	No	Yes
	DuoDERM Hydroactive External Gel 30 GM	Gel	90944050004000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Flexible Hydroactive External Dressing granules (DuoDERM Hydroactive External Miscellaneous)	Miscellaneous	90944050006300	No	0	No	No	No	No	No	N/A	No	Yes
	E-Z-Gas II Oral Packet 2.21-1.53-0.04 GM												
	E-Z-Gas II Oral Packet 2.21-1.53-0.04 GM (e-z gas)	Packet	48991003803025	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Echothiophate Iodide Ophth Soln 0.125%												
	Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthalmic)	Sol Recon	86502020102115	No	0	No	Yes	No	No	No	N/A	No	Yes
	Edrophonium Chloride Inj												
	Edrophonium Chloride Inj 10MG/ML,10ML (Tensilon Inj)	Sol	76000020102005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Elvitegravir/Cobi/Emtricitabine/Tenof (stribild)												
	EVG-COBI-FTC-TDF(Stribild) 150-150-200-300 MG UD (Stribild)	Tab	12109904300320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	EVG-COBI-FTC-TDF(Stribild) 150-150-200-300MG Tab (Stribild)	Tab	12109904300320	No	0	Yes	No	No	No	No	N/A	No	Yes
	MLP Requires Cosign												
	Emtricitabine (FTC) Capsule												
	Emtricitabine (FTC) 200 MG Cap (Emtriva)	Cap	12106030000120	No	0	Yes	No	No	No	No	N/A	No	Yes
	Emtricitabine (FTC) 200 MG Cap UD (Emtriva)	Cap	12106030000120	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:												
	****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****												
	MLP Requires Cosign												
	Emtricitabine/Rilpivirine/Tenof 200-25-25MG Tab												
	Emtricitabine/Rilpiv/Ten(Odefsey)200-25-25MG Tab (Odefsey)	Tab	12109903390320	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
	****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****												
	Emtricitabine/Rilpivirine/Tenof 200-25-300MG Tab												
	Emtricitabine/Rilpiviri/Tenof 200-25-300MG Tab (Complera)	Tab	12109903400320	No	0	Yes	No	No	No	No	N/A	No	Yes
	Emtricitabine/Rilpiviri/Tenof 200-25-300MG TabUD (complera)	Tab	12109903400320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	Not a preferred regimen for treatment-naive patients												
	MLP Requires Cosign												
	Emtricitabine/Tenofovir (Truvada) Tablet												
	Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)	Tab	12109902300320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Emtricitabine/Tenofovir(Truvada) 100/150 MG Tab (Truvada)	Tab	12109902300308	No	0	Yes	No	No	No	No	N/A	No	Yes
	Emtricitabine/Tenofovir(Truvada) 133/200 MG Tab (Truvada)	Tab	12109902300312	No	0	Yes	No	No	No	No	N/A	No	Yes
	Emtricitabine/Tenofovir(Truvada) 167/250 MG Tab (Truvada)	Tab	12109902300316	No	0	Yes	No	No	No	No	N/A	No	Yes
	Emtricitabine/Tenofovir(Truvada) 200/300 MG Tab (Truvada)	Tab	12109902300320	No	0	Yes	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Fmly
	MLP Requires Cosign											
	Emtricitabine/Tenofovir Ala(Descovy)200/25mg Tab											
	Emtricitabine/Tenofovir Alafenam 200-25 MG TabUD (Descovy)	Tab	12109902290320	No	0	Yes	No	No	No	N/A	Yes	Yes
	Emtricitabine/Tenofovir Alafenamide 200/25mg Tab (Descovy)	Tab	12109902290320	No	0	Yes	No	No	No	N/A	No	Yes
	Non-Formulary Use Criteria:											
	1. Does the patient have a CrCl < 60ml/min? (Yes/No)											
	2. Does the patient have osteoporosis or is at high risk for osteoporosis? (Yes/No)											
	3. If no to 1 and 2, Truvada is the preferred PreP medication.											
	MLP Requires Cosign											
	Enoxaparin Injection											
	Enoxaparin Injection 30 MG/0.3 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E52	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 40 MG/0.4 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E52	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 60 MG/0.6 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E53	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 80 MG/0.8 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E53	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 100 MG/1 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E54	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 120 MG/0.8 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E56	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 150 MG/1 ML SYRINGE (Lovenox)	Sol Prefilled	8310102010E56	No	0	No	Yes	Yes	No	N/A	No	Yes
	Enoxaparin Injection 300 MG/3ML Vial (Lovenox)	Sol	83101020102050	No	0	No	No	Yes	No	N/A	No	Yes
	EPINEPHrine Auto-Injector 0.3 MG/0.3ML											
	EPINEPHrine Auto-Injector 0.3 MG/0.3 ML (EpiPen Injection Device)	Sol Auto-	3890004000D54	No	0	No	Yes	Yes	No	N/A	No	Yes
	EPINEPHrine Injection Solution 1 MG/ML (Adrenalin)	Sol	38900040002030	No	0	No	No	Yes	No	N/A	No	Yes
	EPINEPHrine Symjepi Prefill Syringe 0.3 MG/0.3ML (Symjepi)	Sol Prefilled	3890004000E52	No	0	No	Yes	Yes	No	N/A	No	Yes
	Advisories:											
	****This medication requires daily integrity inspection at DOT line when issued as self-carry. See National Formulary Part 1 for detailed requirements****											
	EPINEPHrine Injection Solution 1 MG/ML											
	EPINEPHrine Injection Solution 30 MG/30ML (Adrenalin)	Sol	38900040002060	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions:											
	ACLS Use Only											
	Epirubicin Solution											
	epiRUBicin HCl Intravenous Solution 50 MG/25ML (Ellence)	Sol	21200042102030	No	0	No	No	Yes	No	N/A	No	Yes
	epiRUBicin HCl Intravenous Solution 200 MG/100ML (Ellence)	Sol	21200042102045	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
Advisories: ***Vesicant* Cumulative Toxic Dose 550mg/meters squared** **Medical Referral Center (MRC) Use Only**													
Epoetin alpha-epbx (Retacrit) Inj Soln	UNIT/ML												
Epoetin Alfa (Retacrit)	2000 UNIT/ML, 1ml Inj (Retacrit)	Sol	82401020042010	No	0	No	No	Yes	No	N/A	No	Yes	
Epoetin Alfa (Retacrit)	3000 UNIT/ML Inj Soln (Retacrit)	Sol	82401020042015	No	0	No	Yes	Yes	No	N/A	No	Yes	
Epoetin Alfa (Retacrit)	4000 UNIT/ML Inj 1 ML (Retacrit)	Sol	82401020042020	No	0	No	Yes	Yes	No	N/A	No	Yes	
Epoetin Alfa (Retacrit)	10000 UNIT/ML Inj 1 ML (Retacrit)	Sol	82401020042040	No	0	No	Yes	Yes	No	N/A	No	Yes	
Epoetin Alfa (Retacrit)	20000 UNIT/ML, 1 ML inj (Retacrit)	Sol	82401020042050	No	0	No	No	Yes	No	N/A	No	Yes	
Epoetin Alfa (Retacrit)	40000 UNIT/ML , 1 ml Inj (Retacrit)	Sol	82401020042060	No	0	No	Yes	Yes	No	N/A	No	Yes	

Advisories:

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

ESA USE IN CANCER PATIENTS:

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

ESA USE IN ESRD PATIENTS:

1. Is on dialysis
2. Has a hematocrit (or comparable hemoglobin level) that is as follows: a. No higher than 30 percent when initiating therapy, unless there is medical documentation showing the need for EPO despite a hematocrit (or comparable hemoglobin level) higher than 30 percent. Patients with severe angina, severe pulmonary distress, or severe hypotension may require EPO to prevent adverse symptoms even if they have higher hematocrit or hemoglobin levels b. For a patient who has been receiving EPO from the facility or the physician, between 30 and 36 percent**

Non-Formulary Use Criteria:

**1. Epoetin alfa-epbx (Retacrit®) is the preferred formulary alternative.

If requesting for patients with hepatitis C therapy:**

2. Patient is receiving hepatitis C therapy AND

**3. Patient is one of the following:

- a. cirrhotic;
- b. pre or post-liver transplant
- c. HIV/HCV co-infected;
- d. receiving HIV triple therapy; AND**

4. Patient underwent evaluation for other causes of anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND

5. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia- related signs and symptoms and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND

6. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.

Formulary Restrictions:

****RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS** **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY****

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Medical Referral Center (MRC) Use Only											
	Ergotamine Tartrate/Caffeine 2/100 Mg Supp	Supp	67991002105220	No	0	No	Yes	No	No	N/A	No	Yes
	Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)											
	Formulary Restrictions:											
	****Limited to dispensing 10 suppository/tablets per month****											
	Ergotamine Tartrates S.L. 2 Mg Tablet	Tab Sublingual	67000020100705	No	0	No	No	No	No	N/A	No	Yes
	Ergotamine Tartrate S.L. 2 MG TAB (Ergomar 2 MG S.L. Tablets)											
	Ergotamine/Caffeine 1/100 Mg Oral Tab	Tab	67991002100310	No	0	No	No	No	No	N/A	No	Yes
	Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)	Tab	67991002100310	No	0	No	No	No	No	N/A	Yes	Yes
	Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)											
	Formulary Restrictions:											
	****Limited to dispensing 10 tablets per month****											
	Erlotinib HCl Tab (New)	Tab	21360025100320	No	0	No	No	No	No	N/A	No	Yes
	Erlotinib HCl 25 MG Tab (Tarceva)	Tab	21360025100320	No	0	No	No	No	No	N/A	Yes	Yes
	Erlotinib HCl 25 MG Tab UD (Tarceva)	Tab	21360025100330	No	0	No	No	No	No	N/A	No	Yes
	Erlotinib HCl 100 MG Tab (Tarceva)	Tab	21360025100330	No	0	No	No	No	No	N/A	Yes	Yes
	Erlotinib HCl 100 MG Tab UD (Tarceva)	Tab	21360025100360	No	0	No	No	No	No	N/A	No	Yes
	Erlotinib HCl 150 MG Tab (Tarceva Tablet)	Tab	21360025100360	No	0	No	No	No	No	N/A	Yes	Yes
	Erlotinib HCl 150 MG Tablet UD (Tarceva)											
	Formulary Restrictions:											
	Limit to 14 days dispensing if cost is > \$25 per tablet/capsule											
	Medical Referral Center (MRC) Use Only											
	Ertapenem Injection	Sol Recon	16150030102130	No	0	No	Yes	Yes	No	N/A	No	Yes
	Ertapenem 1 GM EA Inj (IM Entry) (Invanz)	Sol Recon	16150030102130	No	0	No	No	Yes	No	N/A	No	Yes
	Ertapenem 1 GM EA Inj (IV Entry) (Invanz)	Sol Recon	16150030102135	No	0	No	No	Yes	No	N/A	No	Yes
	Ertapenem Intravenous Soln 1 GM ADD-vantage (INVanz)											
	Medical Referral Center (MRC) Use Only											
	Erythromycin (PCE) Delayed Release Tab	Tab DR	03100006000610	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin (PCE) Delayed Release 500 MG Tab	Tab DR	03100006000605	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin (PCE) Delayed Release 333 MG Tab											
	Erythromycin BASE Tablet	Tab	03100005000305	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 250 MG Tab (Erythromycin)	Tab	03100005000305	No	0	No	No	No	No	N/A	Yes	Yes
	Erythromycin BASE 250 MG Tab UD	Tab	03100005000310	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 500 MG Tab (Erythromycin)											
	Erythromycin Delayed Release Capsule	Cap DR	03100005006720	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin DELAYED REL 250 MG Cap											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Erythromycin Delayed Release Tablet											
	Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin DELAYED REL 250 MG Tab UD (ery-tab)	Tab DR	03100005000605	No	0	No	No	No	No	N/A	Yes	Yes
	Erythromycin Delayed REL 333 MG Tab (ERY-TAB)	Tab DR	03100005000610	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin DELAYED REL 500 MG Tab (ERY-TAB)	Tab DR	03100005000615	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin Ethyl Succ Suspension 200 MG/5ML											
	Erythromycin Ethyl Succ SUSP 200MG/5ML, 100ML (EryPed)	Susp Recon	03100030301910	No	0	No	Yes	No	No	N/A	No	Yes
	Erythromycin Ethyl Succ Suspension 400MG/5ML											
	Erythromycin Ethyl Succ 400 MG/5ML susp (EES)	Susp Recon	03100030301915	No	0	No	Yes	No	No	N/A	No	Yes
	Erythromycin Ethyl Succ Tablet											
	Erythromycin Ethyl Succ 400 MG Tab (E.E.S. 400 MG Tablet)	Tab	03100030300305	No	0	No	No	No	No	N/A	No	Yes
	Erythromycin Ethylsucc Susp 200 MG/5ML 200ML (EES)	Susp Recon	03100030301910	No	0	No	Yes	No	No	N/A	No	Yes
	Erythromycin Lactobionate Injection											
	Erythromycin Lactobionate 500 MG Inj (Erythrocin LACT.I.V.)	Sol Recon	03100050502105	No	0	No	No	Yes	No	N/A	No	Yes
	Erythromycin Ophthalmic Ointment 5MG/GM											
	Erythromycin Ophth Oint 1 GM 5 MG/GM	Oint	86101025004210	No	0	No	Yes	No	No	N/A	Yes	Yes
	Erythromycin Ophth Oint 3.5 GM 5mg/gm	Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	Yes
	Escitalopram Oxalate Tablet											
	Escitalopram Oxalate 5 MG Tab (Lexapro)	Tab	58160034100310	No	0	No	No	No	No	N/A	No	Yes
	Escitalopram Oxalate 10 MG Tab (Lexapro)	Tab	58160034100320	No	0	No	No	No	No	N/A	No	Yes
	Escitalopram Oxalate 10 MG Tab UD (Lexapro)	Tab	58160034100320	No	0	No	No	No	No	N/A	Yes	Yes
	Escitalopram Oxalate 20 MG Tab (Lexapro)	Tab	58160034100330	No	0	No	No	No	No	N/A	No	Yes
	Escitalopram Oxalate 20 MG Tab UD (Lexapro)	Tab	58160034100330	No	0	No	No	No	No	N/A	Yes	Yes
	Esmolol HCl-Sodium Chloride IV Soln											
	Esmolol HCl-Sodium Cl IV Soln 2000 MG/100ML (Brevibloc in NaCl)	Sol	33200025112030	No	0	No	No	Yes	No	N/A	No	Yes
	Esmolol HCl-Sodium Cl IV Soln 2500 MG/250ML (Brevibloc)	Sol	33200025112020	No	0	No	No	Yes	No	N/A	No	Yes
	Esmolol Hydrochloride Inj											
	Esmolol HCL 10 MG/ML Inj (Brevibloc)	Sol	33200025102015	No	0	No	Yes	Yes	No	N/A	No	Yes
	Esmolol HCl IV Solution 2000 MG/100ML	Sol	33200025102040	No	0	No	No	Yes	No	N/A	No	Yes
	Esmolol HCl IV Solution 2500 MG/250ML	Sol	33200025102030	No	0	No	No	Yes	No	N/A	No	Yes
	Estradio Patch Biweekly											
	Estradiol 0.1 MG/24HR Patch Biweekly [Vivelle] (Vivelle Transdermal Patch Biweekly)	Patch Twice	24000035008750	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.025 MG/24HR Patch Biweekly[alora] (Alora)	Patch Twice	24000035008705	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.0375 MG/24HR Patch Biweekly[Vivelle] (Vivelle-Dot Transderm Patch Biweekly)	Patch Twice	24000035008710	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.05 MG/24HR Patch (Alora) Biweekly (Alora)	Patch Twice	24000035008720	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)	Patch Twice	24000035008730	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.075 MG/24HR Patch Biweekly[Vivelle] (Vivelle-Dot patch)	Patch Twice	24000035008730	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.1 MG/24HR Patch (Alora) BiWeekly (Alora Transdermal Patch Biweekly)	Patch Twice	24000035008750	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	Estradiol Cypionate Inj											
	Estradiol Cypionate 5MG/ML Inj (Depo) 5ML (Depo -Estradiol)	Oil	24000035101710	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
	Estradiol Patch Weekly											
	Estradiol 0.025 MG/24H Patch [Once-weekly] (Climara)	Patch Weekly	24000035008810	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.025 MG/24HR Patch Biweekly [Vivelle] (Vivelle-Dot Transderm Patch Biweekly)	Patch Twice	24000035008705	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.0375 MG/24HR Patch [Once-weekly] (Climara)	Patch Weekly	24000035008815	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.05 MG/24HR Patch [Once-weekly] (Climara)	Patch Weekly	24000035008820	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.06 MG/24HR Patch [Once-weekly] (Climara Patch)	Patch Weekly	24000035008824	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 0.075 MG/24HR Patch [Once-weekly] (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008830	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 0.1 MG/24HR Patch [Once-weekly] (Climara Transdermal Patch Weekly)	Patch Weekly	24000035008840	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol 14 MCG/24HR Weekly Transdermal Patch (Menostar)	Patch Weekly	24000035008805	No	0	No	Yes	No	No	N/A	No	Yes
	Estradiol Tablet											
	Estradiol 0.5 MG Tab (Estrace)	Tab	24000035000303	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 1 MG Tab (Estrace)	Tab	24000035000305	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 2 MG Tab (Estrace)	Tab	24000035000310	No	0	No	No	No	No	N/A	No	Yes
	Estradiol 2 MG Tab UD (Estrace)	Tab	24000035000310	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
	Estradiol Valerate Inj											
	Estradiol Valerate 10 MG/ML IM Inj (5ml) (Delestrogen)	Oil	24000035201705	No	0	No	Yes	Yes	No	N/A	No	Yes
	Estradiol Valerate 20 MG/ML IM inj (Delestrogen)	Oil	24000035201710	No	0	No	No	Yes	No	N/A	No	Yes
	Estradiol Valerate 40 MG/ML IM Inj (Delestrogen)	Oil	24000035201715	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****											
	Estrogen Vaginal Cream											
	Estrogen Vaginal Cream 0.625 MG/GM [30gm] (Premarin Vaginal cream)	Cm	55350025003710	No	0	No	Yes	No	No	N/A	No	Yes
	Estrogen Vaginal Cream 0.625 MG/GM [42.5gm] (Premarin Vaginal Cream 0.625 MG/GM)	Cm	55350025003710	No	0	No	Yes	No	No	N/A	No	Yes
	Estrogens Esterified Tablet											
	Estrogens Esterified 0.3 MG Tab (Menest)	Tab	24000030000305	No	0	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 0.625 MG Tab (Menest)	Tab	24000030000310	No	0	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 1.25 MG Tab (Menest)	Tab	24000030000315	No	0	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 2.5 MG Tab (Menest)	Tab	24000030000320	No	0	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmily
	Estropipate Tablet												
	Estropipate 0.75 MG Tab (Ogen)	Tab	24000055000305	No	0	No	No	No	No	No	N/A	No	Yes
	Estropipate 1.5 MG Tab (Ogen)	Tab	24000055000310	No	0	No	No	No	No	No	N/A	No	Yes
	Ethambutol Oral Tablet												
	Ethambutol HCL 100 MG Tab (Myambutol)	Tab	09000040100305	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Ethambutol HCL 100 MG Tab UD (Myambutol)	Tab	09000040100305	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Ethambutol HCL 400 MG Tab (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Ethambutol HCL 400 MG Tab UD (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Formulary Restrictions: ****PILL LINE ONLY****												
	Ethyl Chloride Spray												
	Ethyl Chloride Spray 100% ML (Ethyl Chloride Spray)	Aero	90851005003200	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Formulary Restrictions: ****FOR CLINIC USE ONLY****												
	Etidronate Disodium Tablet												
	Etidronate Disodium 200 MG Tab (Didronel)	Tab	30042040100305	No	0	No	No	No	No	N/A	No	Yes	Yes
	Etidronate Disodium 400 MG Tab (Didronel)	Tab	30042040100310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Etoposide Inj												
	Etoposide (VePesid) 100MG/5ML Inj (VePesid Inj)	Sol	21500010002025	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Sol	21500010002030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Etoposide Intravenous Solution 1 GM/50ML (Toposar)	Sol	21500010002040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Etoposide Oral												
	Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	No	0	No	No	No	No	N/A	No	Yes	Yes
	Etoposide 50 MG Cap UD	Cap	21500010000120	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10MG Tab												
	EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10 MG UD (Genvoya)	Tab	12109904290315	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
	EVG-COBI-FTC-TAF (Genvoya) 150-150-200-10MG Tab (Genvoya)	Tab	12109904290315	No	0	Yes	No	No	No	N/A	No	Yes	Yes
	Formulary Restrictions: *****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES***** **MLP Requires Cosign**												
	Eye Wash												
	Eye Wash 120 ML	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd. DEA	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Famotidine Inj											
	Famotidine Intravenous Soln 200 MG/20ML (Pepcid)	Sol	49200030002030	No	0	No	No	Yes	No	N/A	No	Yes
	Famotidine Intravenous Solution 20 MG/2ML	Sol	49200030002017	No	0	No	No	Yes	No	N/A	No	Yes
	Famotidine Intravenous Solution 40 MG/4ML	Sol	49200030002020	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Famotidine Oral Suspension 40 MG/5ML											
	Famotidine Oral Suspension 40 MG/5ML 50 ML (pepcid)	Susp Recon	49200030001920	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Famotidine Premixed IV Soln 20-0.9 MG/50ML-%											
	Famotidine Premixed IV Soln 20-0.9 MG/50ML-%	Sol	49200030112020	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Famotidine Tablet											
	Famotidine 10 MG Tablet (Pepcid)	Tab	49200030000310	No	0	No	No	No	No	N/A	No	Yes
	Famotidine 10 MG Tablet UD (Pepcid)	Tab	49200030000310	No	0	No	No	No	No	N/A	Yes	Yes
	Famotidine 20 MG Tab (Pepcid)	Tab	49200030000320	No	0	No	No	No	No	N/A	No	Yes
	Famotidine 20 MG Tab UD	Tab	49200030000320	No	0	No	No	No	No	N/A	Yes	Yes
	Famotidine 40 MG Tab (Pepcid)	Tab	49200030000340	No	0	No	No	No	No	N/A	No	Yes
	Famotidine 40 MG Tab UD	Tab	49200030000340	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**											
	Fat Emulsion 20% Inj [Intralipid]											
	Fat Emulsion 20% 100 ML Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes
	Fat Emulsion 20% 250ML Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes
	Fat Emulsion 20% 500 ML INJ [Liposyn III] (Liposyn III 20%)	Emul	80200010501620	No	0	No	Yes	Yes	No	N/A	No	Yes
	Fat Emulsion 20% 1000 ML, Inj [Intralipid] (Intralipid)	Emul	80200010501620	No	0	No	No	Yes	No	N/A	No	Yes
	Fat Emulsion 30% (Intralipid) IV Emulsion 500 ml											
	Fat Emulsion 30% (Intralipid) IV Emulsion 500 ml	Emul	80200010501630	No	0	No	No	Yes	No	N/A	No	Yes
	Fenofibrate Tablet											
	Fenofibrate 40 MG Tablet (Fenoglide)	Tab	39200025000308	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 48 MG Tab (Tricor Tablet)	Tab	39200025000310	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 48 MG Tab UD (Tricor)	Tab	39200025000310	No	0	No	No	No	No	N/A	Yes	Yes
	Fenofibrate 54 MG Tab (Lofibra)	Tab	39200025000312	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 54 MG Tab UD (Lofibra)	Tab	39200025000312	No	0	No	No	No	No	N/A	Yes	Yes
	Fenofibrate 120 MG Tablet (Fenoglide)	Tab	39200025000322	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 145 MG Tab (Tricor)	Tab	39200025000323	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 145 MG Tab UD (Tricor)	Tab	39200025000323	No	0	No	No	No	No	N/A	Yes	Yes
	Fenofibrate 160 MG Tab (Triglide)	Tab	39200025000325	No	0	No	No	No	No	N/A	No	Yes
	Fenofibrate 160 MG Tab UD (Triglide Oral Tablet 160 MG)	Tab	39200025000325	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
fentaNYL Injection												
	fentaNYL Cit PF Soln Prefilled Syringe 50 MCG/ML	Sol Prefilled	6510002510E51 1	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) 100 MCG/2ML Inj Soln [2ml]	Sol	65100025102012	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) 250 MCG/5ML Inj Soln [5ml]	Sol	65100025102022	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) 500 MCG/10ML inj [10ml]	Sol	65100025102032	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) Inj Cartridge 100 MCG/2ML	Sol Cartridge	6510002510E21 5	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) Inj Soln 1000 MCG/20ML	Sol	65100025102037	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) Inj Soln 2500 MCG/50ML	Sol	65100025102042	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Citrate (PF) Injection Soln 50 MCG/ML	Sol	65100025102007	No	2	Yes	No	Yes	No	N/A	No	Yes
	MLP Requires Cosign											
fentaNYL Patch												
	fentaNYL Patch 12 MCG/HR (Duragesic)	Patch 72 Hour	65100025008610	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Patch 25 MCG/HR (Duragesic)	Patch 72 Hour	65100025008620	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Patch 50 MCG/HR (Duragesic)	Patch 72 Hour	65100025008630	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Patch 75 MCG/HR (Duragesic)	Patch 72 Hour	65100025008640	No	2	Yes	No	Yes	No	N/A	No	Yes
	fentaNYL Patch 100 MCG/HR (Duragesic)	Patch 72 Hour	65100025008650	No	2	Yes	No	Yes	No	N/A	No	Yes
	FentaNYL Transdermal Patch 72 Hour 37.5 MCG/HR	Patch 72 Hour	65100025008626	No	2	Yes	Yes	Yes	No	N/A	No	Yes
	FentaNYL Transdermal Patch 72 Hour 62.5 MCG/HR	Patch 72 Hour	65100025008635	No	2	Yes	Yes	Yes	No	N/A	No	Yes
	FentaNYL Transdermal Patch 72 Hour 87.5 MCG/HR	Patch 72 Hour	65100025008645	No	2	Yes	Yes	Yes	No	N/A	No	Yes
	Formulary Restrictions:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**											
	PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**											
	Medical Referral Center (MRC) Use Only											
	MLP Requires Cosign											
Ferric Gluconate Inj												
	Ferric Gluconate 62.5MG/5ML INJ (Ferrlecit)	Sol	82300085102020	No	0	No	No	Yes	No	N/A	No	Yes
Ferrous Gluconate Tablet												
	Ferate Oral Tablet 240 (27 Fe) MG	Tab	82300020000308	No	0	No	No	No	No	N/A	No	Yes
	Ferrous Gluconate 324 (37.5 Fe) MG Tab (Iron)	Tab	82300020000318	No	0	No	No	No	No	N/A	No	Yes
	Ferrous Gluconate 324 (37.5 Fe) MG Tab UD (Iron)	Tab	82300020000318	No	0	No	No	No	No	N/A	Yes	Yes
	Ferrous Gluconate 324 (5 GR) MG Tab (Iron)	Tab	82300020000319	No	0	No	No	No	No	N/A	No	Yes
	Ferrous Gluconate 324 MG Tab UD (Iron)	Tab	82300020000319	No	0	No	No	No	No	N/A	Yes	Yes
Ferrous SULFATE Tablet												
	Ferrous SULFATE 325MG Tab (Iron)	Tab	82300010000332	No	0	No	No	No	No	N/A	No	Yes
	Ferrous SULFATE 325MG Tab UD (Iron)	Tab	82300010000332	No	0	No	No	No	No	N/A	Yes	Yes
	Ferrous Sulfate DR Tablet 325 (65 Fe) MG (Iron)	Tab DR	82300010000630	No	0	No	No	No	No	N/A	No	Yes
	Ferrous Sulfate ER Tablet 140 (45 Fe) MG (Iron)	Tab ER	82300010000454	No	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Ferrous Sulfate Elixir 220 MG/5ML Ferrous SULFATE Elixir (480 ML) 220 MG/ 5 ML (Iron) Formulary Restrictions: *****Approved for use in NPO patients only***** **Medical Referral Center (MRC) Use Only**	Elixir	82300010001010	No	0	No	No	No	No	N/A	No	Yes
	Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML (Iron) Formulary Restrictions: *****Approved for use in NPO patients only***** **Medical Referral Center (MRC) Use Only**	Liq	82300010000925	No	0	No	Yes	No	No	N/A	No	Yes
	Ferrous Sulfate syrup 300(60 Fe) MG/5ML Ferrous Sulfate Oral Syrup 300 MG/5ML cup (Ferrous Sulfate 300 mg/ 5 ml) Formulary Restrictions: *****MRC Use Only** *** Approved for use in NPO patients only***** **Medical Referral Center (MRC) Use Only**	Syrup	82300010001210	No	0	No	Yes	No	No	N/A	Yes	Yes
	Finasteride Tablet Finasteride 5 MG TAB (Proscar) Finasteride 5 MG TAB UD (Proscar)	Tab Tab	56851030000320 56851030000320	No No	0 0	No No	No No	No No	No No	N/A N/A	No Yes	Yes Yes
	First-Mouthwash BLM Mouth/Throat Suspension First-Mouthwash BLM Mouth/Throat Susp 119ML (First Mouth) First-Mouthwash BLM Mouth/Throat Susp 237ml (First-Mouthwash)	Susp Susp	88359905401820 88359905401820	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes
	Fluad IM Suspension Prefilled Syringe 0.5 ML Influenza (Fluad) IM Susp Syringe 0.5 ML (Fluad)	Susp Prefilled	1710002046E62 0	No	0	No	Yes	Yes	No	N/A	No	Yes
	Flublok Intramuscular Solution Influenza Vaccine (Flublok) IM Soln [egg free] (flublok)	Sol	17100020852000	No	0	No	No	No	No	N/A	No	Yes
	Fluconazole injection Fluconazole 200 MG INJ (Diflucan IV 200 MG) Fluconazole 400 MG INJ (Diflucan IV 400 MG) Fluconazole in Sod Cl IV Soln 100-0.9 MG/50ML-% (Diflucan)	Sol Sol Sol	11407015012010 11407015012020 11407015012005	No No No	0 0 0	No No No	Yes Yes No	Yes Yes No	No No No	N/A N/A N/A	No No No	Yes Yes Yes
	Non-Formulary Use Criteria: **1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation, OR** **2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR** **3. Patient is immunocompromised.** **4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.** Formulary Restrictions: *****NOT APPROVED FOR ONYCHOMYCOSIS*****											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
	Fluconazole injection 400 mg/200 ml Premix												
	Fluconazole Premix 400 MG INJ (Diflucan)	Sol	11407015022020	No	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Non-Formulary Use Criteria:												
	1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation, OR												
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR												
	3. Patient is immunocompromised.												
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.												
	Formulary Restrictions:												
	****NOT APPROVED FOR ONYCHOMYCOSIS****												
	Fluconazole injection 200 mg/100 ml Premix												
	Fluconazole Premix 200MG INJ (diflucan)	Sol	11407015022010	No	0	No	Yes	Yes	No	N/A	Yes	Yes	
	Non-Formulary Use Criteria:												
	1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation, OR												
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR												
	3. Patient is immunocompromised.												
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.												
	Formulary Restrictions:												
	****NOT APPROVED FOR ONYCHOMYCOSIS****												
	Fluconazole Tablet												
	Fluconazole 50 MG Tab (Diflucan)	Tab	11407015000310	No	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 100 MG Tab (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 100 MG Tab UD (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	Yes	Yes	
	Fluconazole 150 MG Tab (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	No	Yes	
	Fluconazole 150 MG Tab UD (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	Yes	Yes	
	Fluconazole 200 MG Tab UD (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	Yes	Yes	
	Fluconazole 200 MG Tab (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	No	Yes	
	Non-Formulary Use Criteria:												
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR												
	3. Patient is immunocompromised.												
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.												
	Formulary Restrictions:												
	****NOT APPROVED FOR ONYCHOMYCOSIS****												
	Fludarabine Phosphate												
	Fludarabine Phosphate 50 MG INJ (Fludara Injection)	Sol Recon	21300025102120	No	0	No	No	Yes	No	N/A	No	Yes	
	Fludarabine Phosphate IV Solution 50 MG/2ML	Sol	21300025102020	No	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmlly
	Fludrocortisone Acetate Tablet													
	Fludrocortisone Acetate 0.1 MG Tab (Florinef)	Tab	22200030100305	No	0	No	No	No	No	No	N/A	No	Yes	
	Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)	Tab	22200030100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Flumazenil Inj													
	Flumazenil Intravenous Solution 0.5 MG/5ML (Romazicon)	Sol	93200040002025	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Flumazenil Intravenous Solution 1 MG/10ML (Romazicon)	Sol	93200040002030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide Cream 0.05%													
	Fluocinonide 0.05% 120 GM Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 15 GM Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 30 GM Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 60 GM Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide Ointment 0.05%													
	Fluocinonide 0.05%, 15 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 30 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 60 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorescein 25% Injection													
	Fluorescein 25% 250MG/ML Inj (AK-Fluor Injection)	Sol	86806010202015	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorescein Sodium Ophth Strip 1 MG													
	Fluorescein Sodium Strip 1 MG EA (Fluorets)	Strip	86806010106120	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Strip	86806010106110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Fluorescein/Benoxinate Ophth 0.25-0.4%													
	Fluorescein Sod/Benoxinate Ophth Soln 0.3-0.4%	Sol	86806010222015	No	0	No	No	No	No	No	N/A	No	Yes	
	Fluorescein/Benoxinate Ophth 0.25% / 0.4% 5ML (Fluress)	Sol	86806010222010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories:													
	Restricted to Optometry/Ophthalmology diagnostic use only ** Clinic Use Only****													
	Fluoride Cream 1.1%													
	Fluoride Cream 1.1%, 51gm (Prevident 5000 Plus)	Cm	88402020003721	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Sodium Fluoride 5000 PPM Dental Paste 1.1% 100GM (Prevident 5000 Booster)	Paste	88402020004418	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****RESTRICTED TO CREAM FORMULATION ONLY****													
	Fluorometholone (Flarex) Ophth Susp 0.1%													
	Fluorometholone (Flarex) Ophth Susp 0.1% 5ML (Flarex)	Susp	86300020101810	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**													
	MLP Requires Cosign													
	Fluorometholone Ophth Ointment 0.1%													
	Fluorometholone Ophth 0.1%, 3.5GM Oint (FML SOP)	Oint	86300020004205	No	0	Yes	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**** **MLP Requires Cosign**													
	Fluorometholone Ophth Susp 0.1%													
	Fluorometholone Ophth 0.1%, 10 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**** **MLP Requires Cosign**													
	Fluorometholone Ophth Susp 0.25%													
	Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ***RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**** **MLP Requires Cosign**													
	Fluorouracil Injection 50 MG/ML													
	Fluorouracil Intravenous Solution 1 GM/20ML	Sol	21300030002025	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Fluorouracil Intravenous Solution 2.5 GM/50ML	Sol	21300030002030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Fluorouracil Intravenous Solution 5 GM/100ML (5 fu)	Sol	21300030002035	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Fluorouracil Intravenous Solution 500 MG/10ML (Fluorouracil Injection)	Sol	21300030002020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Advisories: ***Do Not Refrigerate***													
	Fluorouracil Cream 0.5%													
	Fluorouracil Cream 0.5%, 30GM (Carac 0.5%)	Cm	90372030003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorouracil Cream 1%													
	Fluorouracil Cream 1%, 30GM (Fluoroplex)	Cm	90372030003710	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorouracil Cream 5%													
	Fluorouracil Cream 5% , 25GM (Efudex Cream)	Cm	90372030003730	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorouracil External Cream 5 % [40gm] (Efudex Cream 5%)	Cm	90372030003730	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Fluorouracil Solution 2%													
	Fluorouracil 2%, 10ML Soln (Efudex 2% Solution)	Sol	90372030002020	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Fluorouracil Solution 5%													
	Fluorouracil Solution 5%, 10 ML (Efudex 5% Solution)	Sol	90372030002050	No	0	No	Yes	No	No	No	N/A	No	Yes	
	FLUoxetine HCl Capsule													
	FLUoxetine HCl 10 MG Cap (Prozac)	Cap	58160040000110	No	0	No	No	No	No	No	N/A	No	Yes	
	FLUoxetine HCl 10 MG Cap UD (Prozac)	Cap	58160040000110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	FLUoxetine HCl 20 MG Cap (Prozac)	Cap	58160040000120	No	0	No	No	No	No	No	N/A	No	Yes	
	FLUoxetine HCl 20 MG Cap UD (Prozac)	Cap	58160040000120	No	0	No	No	No	No	No	N/A	Yes	Yes	
	FLUoxetine HCl 40 MG Cap (Prozac)	Cap	58160040000140	No	0	No	No	No	No	No	N/A	No	Yes	
	FLUoxetine HCl 40 MG Cap UD (prozac)	Cap	58160040000140	No	0	No	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	Advisories: ****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****												
	FLUoxetine Solution 20 MG/5ML												
	FLUoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	Sol	58160040002020	No	0	No	Yes	No	No	No	N/A	No	Yes
	FLUoxetine 20 MG/5ML SOL, UD (Prozac)	Sol	58160040002020	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Advisories: ****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****												
	FLUoxetine Tablet												
	FLUoxetine HCl 10 MG Tab (Prozac)	Tab	58160040000310	No	0	No	No	No	No	No	N/A	No	Yes
	FLUoxetine HCl 10 MG Tab UD	Tab	58160040000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	FLUoxetine HCl 20 MG Tab (Prozac)	Tab	58160040000320	No	0	No	No	No	No	No	N/A	No	Yes
	FLUoxetine HCl 60 MG Tab	Tab	58160040000360	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****once a week formulation not approved** fluoxetine is preferred ssri followed by sertraline** **non-compliant patients should be evaluated for return to pill line status on a case by case basis****												
	FluPHENAZine Decanoate Injection												
	FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)	Sol	59200025302005	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	FluPHENAZine HCl Oral Elixir 2.5 MG/5ML												
	FluPHENAZine HCl Oral Elixir 2.5 MG/5ML [60ml]	Elixir	59200025101005	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	FluPHENAZine Injection												
	FluPHENAZine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection)	Sol	59200025102005	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	FluPHENAZine Oral Solution 5 MG/ML												
	FluPHENAZine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution)	Concentrate	59200025101320	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	FluPHENAZine Tablet												
	FluPHENAZine 1 MG Tab (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	FluPHENAZine 1 MG Tab UD (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	FluPHENAZine 2.5 MG Tab (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	FluPHENAZine 2.5 MG Tab UD (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	FluPHENAZine 5 MG Tab (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	FluPHENAZine 5 MG Tab UD (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	FluPHENAZine 10 MG Tab (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmily
	FluPHENAZine 10 MG Tab UD (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**													
	Flutamide Capsule													
	Flutamide 125 MG Cap (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	No	Yes		
	Flutamide 125 MG Cap UD (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	Yes	Yes		
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
	Fluticasone Propionate Spray													
	Fluticasone Prop 50 MCG/ACT , 9.9 ml nasal spray	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone Prop 50 MCG/ACT Nasal Spray, 11.1ML (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone Prop 50mcg, 16ml Nasal spry (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**													
	Fluticasone/Salmeterol Inhal 100-50 MCG (Diskus)													
	Fluticasone/Salmeterol 100-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone/Salmeterol 100-50, #28 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone/Salmeterol 100-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708020	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories: ***All Long Acting Beta Agonist / Inhaled Corticosteroid (LABA/ICS) non-formulary requests must be for fluticasone/salmeterol per mandatory contract, unless otherwise clinically justified**.													
	Non-Formulary Use Criteria: **1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva).** **2. All inhaled corticosteroid/ long-acting beta-agonist (ICS/LABA) requests must be for fluticasone/salmeterol (Wixela Inhub®) per mandatory contract, unless clinically justified otherwise.**													
	Fluticasone/Salmeterol Inhal 250-50 MCG (Diskus)													
	Fluticasone/Salmeterol 250-50, #28 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone/Salmeterol 250-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone/Salmeterol 250-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708030	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories: ***All Long Acting Beta Agonist / Inhaled Corticosteroid (LABA/ICS) non-formulary requests must be for fluticasone/salmeterol per mandatory contract, unless otherwise clinically justified**.													
	Non-Formulary Use Criteria: **1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva).** **2. All inhaled corticosteroid/ long-acting beta-agonist (ICS/LABA) requests must be for fluticasone/salmeterol (Wixela Inhub®) per mandatory contract, unless clinically justified otherwise.**													
	Fluticasone/Salmeterol Inhal 500-50 MCG (Diskus)													
	Fluticasone/Salmeterol 500-50, #14 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708040	No	0	No	Yes	No	No	N/A	No	Yes		
	Fluticasone/Salmeterol 500-50, #60 Inhal (Advair Diskus/Wixela)	Aero Pwdr	44209902708040	No	0	No	Yes	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Advisories: ***All Long Acting Beta Agonist / Inhaled Corticosteroid (LABA/ICS) non-formulary requests must be for fluticasone/salmeterol per mandatory contract, unless otherwise clinically justified".** Non-Formulary Use Criteria: **1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva).** **2. All inhaled corticosteroid/ long-acting beta-agonist (ICS/LABA) requests must be for fluticasone/salmeterol (Wixela Inhub®) per mandatory contract, unless clinically justified otherwise.**																
	Folic Acid Injection																
	Folic Acid Injection 5 MG/ML,10ML (Folic Acid Injection)	Sol	82200010002005	No	0	No	No	No	Yes	No	N/A	No	Yes				
	Folic Acid Tablet																
	Folic Acid 400 MCG Tablet	Tab	82200010000305	No	0	No	No	No	No	No	N/A	No	Yes				
	Folic Acid 400 MCG Tablet UD	Tab	82200010000305	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Folic Acid 800 MCG Tablet UD	Tab	82200010000310	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	No	N/A	No	Yes				
	Folic Acid 1 MG Tab UD (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Folic Acid 800 MCG Tablet	Tab	82200010000310	No	0	No	No	No	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**																
	Folic Acid Tablet Complex																
	Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	No	0	No	No	No	No	No	N/A	No	Yes				
	Folic Acid-Vit B6-Vit B12 Tab 0.4-50-0.1 MG	Tab	82991503200303	No	0	No	No	No	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**																
	Fosaprepitant Dimeglumine IV Soln																
	Fosaprepitant Dimeglumine 150 MG/5ML IV Soln	Sol Recon	50280035102130	No	0	No	No	Yes	No	N/A	No	Yes					
	Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**																
	Foscarnet Sodium Inj																
	Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes					
	Foscarnet Sodium Intravenous Soln 6000 MG/250ML (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes					
	Furosemide Injection																
	Furosemide Inj PFS 10 MG/ML,10 ML Inj (Laisx Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes					
	Furosemide Injection 10 MG/ML, 2 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes					
	Furosemide Injection 10 MG/ML, 4 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes					
	Furosemide Injection 10 MG/ML,10 ML Inj (Lasix Inj)	Sol	37200030002005	No	0	No	No	Yes	No	N/A	No	Yes					

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Emly
	Furosemide Oral Soln 10 MG/ML													
	Furosemide Oral Soln 10 MG/ML, 60 ML (Furosemide Oral Soln)	Sol	37200030002050	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Furosemide Oral Soln 40 MG/4ML UD	Sol	37200030002050	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Furosemide Oral Solution 10 MG/ML 120 ML	Sol	37200030002050	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Furosemide Oral Solution 8 MG/ML													
	Furosemide Oral Soln 40 MG/5ML UD	Sol	37200030002045	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Furosemide Oral Solution 8 MG/ML 500ML	Sol	37200030002045	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Furosemide Tablet													
	Furosemide 20 MG Tab (Lasix)	Tab	37200030000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	No	0	No	No	No	No	No	N/A	No	Yes	
	Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	No	0	No	No	No	No	No	N/A	No	Yes	
	Gadobutrol (Gadavist) Intravenous Soln 1 MMOL/ML													
	Gadobutrol Intravenous Solution 1 MMOL/ML (Gadavist)	Sol	94500020002020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Gadobutrol IV Sol Prefill Syringe 7.5 MMOL/7.5ML (Gadavist)	Sol Prefilled	9450002000E51 7	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Gadobutrol IV Sol Prefilled Syringe 10 MMOL/10ML (Gadavist)	Sol Prefilled	9450002000E53 0	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Gadopentetate Dimeglumine 469.01 MG/ML soln													
	Gadopentetate Dimeglumine 469.01 MG/ML, 10ML Inj (Magnevist)	Sol	94500030102047	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Gadopentetate Dimeglumine 469MG/ML,20M INJ (Magnevist)	Sol	94500030102047	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Gadopentetate Dimeglumine IV Sol 469.01MG/ML 5ML (Magnevist)	Sol	94500030102047	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Ganciclovir Intravenous Solution 500 MG/250ML													
	Ganciclovir Intravenous Solution 500 MG/250ML (Cytovene IV)	Sol	12200030002030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Ganciclovir IV Solution													
	Ganciclovir 500 MG INJ (Cytovene IV)	Sol Recon	12200030102110	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Ganciclovir Sodium Intravenous Soln 500 MG/10ML	Sol	12200030102030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Gardasil 9 Intramuscular Suspension													
	HPV (Gardasil 9) IM Suspension Prefilled Syringe (Gardasil 9)	Susp Prefilled	1710006550E60 0	No	0	No	No	Yes	No	No	N/A	No	Yes	
	HPV (Gardasil 9) Intramuscular Suspension (Gardasil)	Susp	17100065501800	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Advisories:													
	Documentation of administration MUST occur in the Flowsheets													
	Formulary Restrictions:													
	For all women up to age 45 and men through age 26													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Gastrografin Oral Solution 66-10 % 120 ml											
	Gastrografin Oral Solution 66-10 % 120 ml (Gastrografin)	Sol	94402015302050	No	0	No	Yes	Yes	No	N/A	No	Yes
	MD-Gastroview Oral Solution 66-10 % [30 ml] (MD-gastroview)	Sol	94402015302050	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine Inj											
	Gemcitabine 1 Gram Inj (Gemzar Inj)	Sol Recon	21300034102140	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Soln 200 MG/5.26ML	Sol	21300034102020	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 1 GM/10ML	Sol	21300034102077	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 1 GM/26.3ML	Sol	21300034102040	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 1.5 GM/15ML (Gemzar)	Sol	21300034102080	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 2 GM/20ML	Sol	21300034102083	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 2 GM/52.6ML	Sol	21300034102060	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl Intravenous Solution 200 MG/2ML (Gemzar)	Sol	21300034102073	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl IV Soln Reconstituted 2 GM (Gemzar)	Sol Recon	21300034102160	No	0	No	No	Yes	No	N/A	No	Yes
	Gemcitabine HCl IV Soln Reconstituted 200 MG (Gemzar)	Sol Recon	21300034102110	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Gentamicin Ophth oint											
	Gentamicin Ophthalmic (3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)	Oint	86101030004205	No	0	No	Yes	No	No	N/A	No	Yes
	Gentamicin Ophth Soln 0.3%											
	Gentamicin Ophth 3 MG/ML(5ML) SOLN (Gentamicin Ophth Soln)	Sol	86101030002005	No	0	No	Yes	No	No	N/A	No	Yes
	Gentamicin Sulfate Ophthalmic Soln 0.3% 15ml	Sol	86101030002005	No	0	No	Yes	No	No	N/A	No	Yes
	Gentamicin Premix Inj											
	Gentamicin in Saline IV Soln 1.6-0.9 MG/ML% 50ML	Sol	07000020112045	No	0	No	Yes	Yes	No	N/A	No	Yes
	Gentamicin in Saline IV Soln 2-0.9 MG/ML-% 50 ML	Sol	07000020112065	No	0	No	Yes	Yes	No	N/A	No	Yes
	Gentamicin Inj Premix 80MG/100ML INJ	Sol	07000020112008	No	0	No	Yes	Yes	No	N/A	No	Yes
	Gentamicin Inj Premix 100MG/100ML IV soln	Sol	07000020112015	No	0	No	Yes	Yes	No	N/A	No	Yes
	Gentamicin Inj Premix 120MG/100ml IV Soln (Gent/saline)	Sol	07000020112025	No	0	No	No	Yes	No	N/A	No	Yes
	Gentamicin Sulfate Injection											
	Gentamicin Sulfate 40 MG/ML, 20 ML Inj	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes
	Gentamicin Sulfate 40 MG/ML,2ML INJ (Garamycin Injection)	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes
	Gentamicin Sulfate Injection Soln 10 MG/ML [2ML]	Sol	07000020102035	No	0	No	No	Yes	No	N/A	No	Yes
	glipiZIDE Tablet											
	glipiZIDE 2.5 MG (1/2 of 5 mg tab) UD (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	No	Yes
	glipiZIDE 5 MG TAB (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	No	Yes
	glipiZIDE 5 MG TAB UD (Glucotrol)	Tab	27200030000305	No	0	No	No	No	No	N/A	Yes	Yes
	glipiZIDE 10 MG TAB (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	No	Yes
	glipiZIDE 10 MG TAB UD (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	GlucaGen Injection Solution Reconstituted 1 MG GlucaGen HypoKit Injection Solution 1 MG (Glucagen)	Sol Recon	27300010152110	No	0	No	No	Yes	No	N/A	No	Yes
	Glucagon Emergency Injection Soln Recons 1 MG/ML Glucagon Emergency Injection Soln Recons 1 MG/ML	Sol Recon	27300010202105	No	0	No	No	Yes	No	N/A	No	Yes
	Glucagon Hydrochloride Inj Glucagon HCl 1 MG Inj Kit (Glucagon Emergency Kit)	Kit	27300010106410	No	0	No	Yes	Yes	No	N/A	No	Yes
	Glucose Gel 40% Glucose (TRUEplus) Oral Gel 15 GM/32ML (Trueplus glucose gel)	Gel	27300030004040	No	0	No	Yes	No	No	N/A	No	Yes
	Glucose Gel 40 % GM Glutose 45 [37.5GMx3] (Glutose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes
	Glucose Gel 40% GM - Glutose 15 [37.5GM] (Glutose 15)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Glutose 5 Oral Gel 40 % (12.5 GM)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes
	Glucose Oral Gel 77.4 % Glucose Gel 77.4% GM Insta-Glucose Oral 31 (Insta Glucose)	Gel	27300030004070	No	0	No	Yes	No	No	N/A	No	Yes
	Glucose Oral Tablet Glucose 4 GM Tab (Glucose Tablets)	Tab Chew	27300030000515	No	0	No	Yes	No	No	N/A	No	Yes
	Glucose On The Go (TRUEplus) Oral Chew Tab 4 GM (TRUEplus)	Tab Chew	27300030000515	No	0	No	No	No	No	N/A	No	Yes
	Glycerin Adult Suppository Glycerin (Adult) Rectal Suppository 2 GM	Supp	46600010005215	No	0	No	No	No	No	N/A	No	Yes
	Glycerin (Adult) Rectal Suppository 2.1 GM	Supp	46600010005250	No	0	No	Yes	No	No	N/A	No	Yes
	Glycopyrrolate Tablet Glycopyrrolate 1 MG Tab (Robinul)	Tab	49102030000310	No	0	No	No	No	No	N/A	No	Yes
	Glycopyrrolate 1 MG Tab UD	Tab	49102030000310	No	0	No	No	No	No	N/A	Yes	Yes
	Glycopyrrolate 2MG Tab (Robinul)	Tab	49102030000315	No	0	No	No	No	No	N/A	No	Yes
	Glycopyrrolate Oral Tablet 1.5 MG (glycate)	Tab	49102030000312	No	0	No	No	No	No	N/A	No	Yes
	Glycopyrrolate inj Glycopyrrolate 0.2MG/ML, 1ML Inj (Robinul)	Sol	49102030002010	No	0	No	No	Yes	No	N/A	No	Yes
	Glycopyrrolate -PF Inj Soln 0.2 MG/ML (Glyrx)	Sol	49102030002009	No	0	No	Yes	Yes	No	N/A	No	Yes
	Glycopyrrolate -PF Inj Soln 0.4 MG/2ML (Glyrx - PF)	Sol	49102030002016	No	0	No	Yes	Yes	No	N/A	No	Yes
	Glycopyrrolate Injection Solution 0.4 MG/2ML (Robinul)	Sol	49102030002012	No	0	No	No	Yes	No	N/A	No	Yes
	Glycopyrrolate Injection Solution 1 MG/5ML (robinul)	Sol	49102030002013	No	0	No	No	Yes	No	N/A	No	Yes
	Glycopyrrolate Injection Solution 4 MG/20ML (Robinul)	Sol	49102030002014	No	0	No	Yes	Yes	No	N/A	No	Yes
	Glycopyrrolate PF Inj Prefill Syringe 0.4 MG/2ML	Sol Prefilled	4910203000E50	No	0	No	Yes	Yes	No	N/A	No	Yes
	Glycopyrrolate PF Inj Soln Syringe 0.2 MG/ML (Glyrx-PF)	Sol Prefilled	4910203000E50	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Advisories: **for IV or IM injection without dilution!**											
	Glycopyrrolate Oral Solution 1 MG/5ML											
	Glycopyrrolate Oral Solution 1 MG/5ML	Sol	49102030002060	No	0	No	Yes	No	No	N/A	No	Yes
	Granisetron Injection											
	Granisetron HCl 1 MG/ML, 1 ML Inj (Kytril Injection)	Sol	50250035102010	No	0	No	No	Yes	No	N/A	No	Yes
	Granisetron HCl Intravenous Solution 0.1 MG/ML (kytril)	Sol	50250035102001	No	0	No	No	Yes	No	N/A	No	Yes
	Granisetron HCl Intravenous Solution 4 MG/4ML (Kytril)	Sol	50250035102015	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**											
	Granisetron Tablet											
	Granisetron HCl 1 MG TAB (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	No	Yes
	Granisetron HCl 1 MG TAB UD (Kytril)	Tab	50250035100310	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**											
	Gvoke PFS Subcu Soln Prefill Syringe											
	Glucagon Subcu Soln Auto-injector 0.5 MG/0.1ML (Gvoke Hypopen autoinjector (2pack))	Sol Auto-	2730001000D52	No	0	No	No	Yes	No	N/A	No	Yes
	Glucagon Subcu Soln Auto-injector 1 MG/0.2ML (Gvoke Hypopen autoinjector (2pack))	Sol Auto-	2730001000D53	No	0	No	No	Yes	No	N/A	No	Yes
	Gvoke PFS Subcu Soln Prefill Syringe 0.5MG/0.1ML (Gvoke)	Sol Prefilled	2730001000E52	No	0	No	Yes	Yes	No	N/A	No	Yes
	Gvoke PFS Subcu Soln Prefill Syringe 1 MG/0.2ML (gvoke)	Sol Prefilled	2730001000E53	No	0	No	Yes	Yes	No	N/A	No	Yes
	Haemophilus B Polysac/tetanus Conj Vac											
	Haemophilus B Polysac Conj Vac Inj Soln 10 MCG (Hiberix)	Sol Recon	17200030102122	No	0	No	Yes	Yes	No	N/A	No	Yes
	Haemophilus B polysac/tetanus ActHIB IM Soln (ActHIB)	Sol Recon	17200030102100	No	0	No	No	Yes	No	N/A	No	Yes
	Pedvax HIB IM Suspension 7.5 MCG/0.5ML	Susp	17200030101820	No	0	No	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate Injection											
	Haloperidol Decanoate IM 50 MG/ML, 1ML amp	Sol	59100010302010	No	0	Yes	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 50 MG/ML, 1ML INJ vial (Haldol Decanoate Injection)	Sol	59100010302010	No	0	Yes	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 50 MG/ML, 5ML INJ (Haldol Decanoate Injection)	Sol	59100010302010	No	0	Yes	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 100 MG/ML, 1 ml Ampule (Haldol)	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 100 MG/ML, 10 ML	Sol	59100010302020	No	0	Yes	Yes	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 100 MG/ML, 1ML INJ Vial (Haldol Decanoate Injection)	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	No	Yes
	Haloperidol Decanoate IM 100 MG/ML, 5 ML Vial	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**** **MLP Requires Cosign**														
Haloperidol Lactate Injection														
	Haloperidol Lactate Inj 5 MG/ML Prefilled Syring	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol Lactate INJ 5MG/ML, 1ML vial (Haldol Injection)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol Lactate INJ 5MG/ML, 1 ML Ampoule (Haldol)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol Lactate INJ 5MG/ML, 10ML (Haldol 5MG/ML INJ)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	Yes		
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**** **MLP Requires Cosign**														
Haloperidol Lactate Oral Concentrate														
	Haloperidol Lactate Oral Conc 2 MG/ML 15 ML	Concentrate	59100010201305	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	Haloperidol Lactate Oral Conc 2 MG/ML, 120ML (Haldol)	Concentrate	59100010201305	No	0	Yes	Yes	Yes	No	N/A	No	Yes		
	Haloperidol Lactate Oral Conc 2 MG/ML, 5 ML Cup	Concentrate	59100010201305	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes		
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**** **MLP Requires Cosign**														
Haloperidol Tablet														
	Haloperidol 0.5 MG TAB (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 0.5 MG Tab UD (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 1 MG Tab (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 1 MG Tab UD (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 2 MG Tab (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 2 MG Tab UD (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 5 MG Tab (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 5 MG Tab UD (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 10 MG Tab (Haldol)	Tab	59100010100325	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 10 MG Tab UD (Haldol)	Tab	59100010100325	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 2.5 MG Tab (1/2 tab) UD	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Haloperidol 20 MG Tab (Haldol)	Tab	59100010100330	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Haloperidol 20 MG Tab UD (Haldol)	Tab	59100010100330	No	0	Yes	No	Yes	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill In Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**** **MLP Requires Cosign**																
	Hemorrhoidal Suppository 0.25%															
	Hemorrhoidal Suppository (Anu-Med Rectal Suppository)	Supp	89994002455210	No	0	No	Yes	No	No	No	N/A	Yes	Yes			
	Heparin Sodium Inj															
	Heparin Sod (Porcine) Carpuject 5000 UNIT/0.5ML	Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 1,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 1,000 Units/ML, 30 ML Inj (Heparin Sodium)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 5,000 Units/ML, 1 ML Inj (Heparin)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 5,000 Units/ML, 10 ML Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 5,000 Units/ML, PFS Inj (Heparin Sodium Inj)	Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium (Porcine) 10,000 UNIT/ML 5 ML Inj	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium (Porcine) 1000 UNIT/ML, 10ml	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium (Porcine) Inj 1000 UNIT/ML 2ML	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium (Porcine) Inj Soln 20000 UNIT/ML	Sol	83100020202045	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium (Porcine) PF Inj 5000 UNIT/0.5ML	Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 1,000 UN/ML 10ml(repack syringe)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 10,000 Units/ML , 0.5 ML Inj	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 10,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium 10,000 Units/ML, 4 ML Inj (Heparin)	Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium Lock Flush															
	Heparin Lock Flush 10 UNIT/ML 10 ml inj (Hep Flush-)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 10 UNIT/ML 5 ML Inj Syringe (Monject Prefill Advanced Hep Lock)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 10 UNIT/ML [3ml syringe]	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100 UNIT/ML (2ML in 3ml sy)PF	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100 UNIT/ML [3 ML syringe]	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100 UNIT/ML [5 ml in10ml Syr]	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100 UNIT/ML [5 ML Syringe] (Hep Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100 UNIT/ML 6ML PF syringe	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush 100Unit/ML 5 ML Vial	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Lock Flush IV Soln 10 UNIT/ML 2ML (heplock)	Sol	83100020302020	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Heparin Sodium Lock Flush 100 UNIT/ML [1 ML] (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium Lock Flush 100 UNIT/ML [10 ML] (Hep-Lock)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				
	Heparin Sodium Lock Flush 100 UNIT/ML [30 ML] (Hep LOCK)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Hepatitis A (Vaqta) Vaccine												
	Hepatitis A (Vaqta) IM Susp 50 UNIT/ML Syringe	Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis A (Vaqta) IM Suspension 25 UNIT/0.5ML	Susp	17100008001860	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis A (Vaqta) IM Suspension 50 UNIT/ML (Vaqta)	Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis A & B (Twinrix) Intramuscular												
	Hepatitis A & B(Twinrix) Syringe 720-20ELU-MCG/ML (Twinrix)	Susp Prefilled	1710990205E62 0	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Hepatitis A Virus Vaccine												
	Hepatitis A Virus Vaccine 1440 EL U/ML Syringe (Havrix)	Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis A Virus Vaccine 1440ELU/1ML INJ Vial (Havrix)	Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Immune Globulin												
	Hepatitis B Immune Globulin 1560/5ML Inj(Nabi-HB (Nabi HB)	Sol	19100010002000	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Immune Globulin 50MG/ML Inj[HepaGam] (HepaGam B Inejction solution)	Sol	19100010002028	No	0	No	No	Yes	No	N/A	No	Yes	
	HyperHEP B IM Prefill Syringe 110 UNIT/0.5ML	Sol Prefilled	1910001000E51 0	No	0	No	No	Yes	No	N/A	No	Yes	
	HyperHEP B IM Soln Prefilled Syringe 220 UNIT/ML	Sol Prefilled	1910001000E52 5	No	0	No	No	Yes	No	N/A	No	Yes	
	HyperHEP B Intramuscular Solution 220 UNIT/ML	Sol	19100010002022	No	0	No	No	Yes	No	N/A	No	Yes	
	Nabi-HB IM Solution 312 UNIT/ML (Nabi)	Sol	19100010002026	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vaccine-Recomb												
	Hepatitis B (Recombivax HB) Inj Susp 10 MCG/ML (recombivax)	Susp	17100010201820	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B vacc Engerix-B Inj Susp 10 MCG/0.5ML (Engerix-B)	Susp	17100010201827	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vacc- Engerix-B 20 MCG/ML PreFil Syr	Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vacc- Engerix-B 20 MCG/ML, 1 ML Vial (Engerix-B)	Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vaccine -Recomb 5 MCG/0.5ML (Recombivax HB)	Susp	17100010201815	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vaccine-Recomb 10 MCG/ 0.5 ML Inj (Engerix-B)	Injectable	17100010202210	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis B Vaccine-Recomb 40 MCG/ML, 1 ML Inj (Recombivax HB)	Susp	17100010201840	No	0	No	No	Yes	No	N/A	No	Yes	
	Hepatitis-B (Heplisav-B) IM Soln 20 MCG/0.5ML												
	Heplisav-B Im Soln Prefill Syringe 20 MCG/0.5ML	Sol Prefilled	1710001030E52 0	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Heplisav-B Intramuscular Solution 20 MCG/0.5ML	Sol	17100010302020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Hetastarch												
	Hetastarch 6%, 500 ML Inj (Hespan)	Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	Yes	
	Homatropine Ophth Soln 5%												
	Homatropine Ophth 5%, 15 ML Sol (Isopto Homatropine 5% Ophth Soln)	Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Homatropine Ophth 5%, 5 ML Sol (Isopto)	Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Co-sign	M/LP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Hyaluronidase 150 UNIT/ML inj													
	Hyaluronidase 150 UNIT/ML inj (Hydase Injection)	Sol	99350040302010	No	0	No	No	No	Yes	No	N/A	No	Yes	
	Formulary Restrictions:													
	****MRC USE ONLY**													
	Oncology Use Only*													
	Medical Referral Center (MRC) Use Only													
	hydrALAZINE Tablet													
	hydrALAZINE 10 MG Tab (Apresoline)	Tab	36400010100305	No	0	No	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 10 MG Tab UD (Apresoline)	Tab	36400010100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydrALAZINE 25 MG Tab (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 25 MG Tab UD (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydrALAZINE 50 MG Tab (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 50 MG Tab UD (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydrALAZINE 100 MG TAB (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 100 MG TAB UD (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydroCHLOROthiazide Tablet/Capsule													
	HydroCHLOROthiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	No	0	No	No	No	No	No	N/A	No	Yes	
	hydroCHLOROthiazide 12.5 MG Cap UD (Microzide)	Cap	37600040000110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydroCHLOROthiazide 12.5 MG Tab	Tab	37600040000303	No	0	No	No	No	No	No	N/A	No	Yes	
	hydroCHLOROthiazide 25 MG Tab (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	No	N/A	No	Yes	
	hydroCHLOROthiazide 25 MG Tab UD (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	hydroCHLOROthiazide 50 MG Tab (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	No	N/A	No	Yes	
	hydroCHLOROthiazide 50 MG Tab UD (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Hydrocortisone Cream 1%													
	Hydrocortisone Cream 1%, 454 GM	Cm	90550075003720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Hydrocortisone Cream 1%, (OTC) 30 GM (Cortaid)	Cm	90550075003720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Hydrocortisone Cream 1%, 0.9 GM	Cm	90550075003720	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Hydrocortisone Cream 1%, 1.5 GM PKT	Cm	90550075003720	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Preparation H Hydrocortisone External Cream 1 % (Preparation H)	Cm	90550075003720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories:													
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.													
	Non-Formulary Use Criteria:													
	1. Patient is indigent and has failed OTC Indigent Program alternatives (ex: Hydrocortisone 0.5% cream) and treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.													
	2. For Psoriasis: lesions interfere with function													
	3. For Psoriasis: Psoriasis affects >10% of BSA (refer patients to commissary for mild psoriasis) OR crucial body areas (hands, feet, face etc.)													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	Hydrocortisone Acetate Foam 10%												
	Hydrocortisone Acetate Foam 10%, 15 GM (Cortifoam)	Foam	89150010103905	No	0	No	No	No	No	No	N/A	No	Yes
	Hydrocortisone Acetate Suppositories 25 MG												
	Hydrocortisone Acetate Rectal Suppository 30 MG (Proctocort)	Supp	89100010105237	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydrocortisone Acetate SUPP 25 MG (Hemril-HC Suppository)	Supp	89100010105230	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories:												
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
	Hydrocortisone Enema 100 MG/60 ML												
	Hydrocortisone Enema 100 MG/60 ML (Colocort Rectal Enema)	Enema	89150010005110	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydrocortisone Ointment 1%												
	Hydrocortisone Ext Ointment 1% 110 GM	Oint	90550075004210	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydrocortisone External Ointment 1 % 430 GM	Oint	90550075004210	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydrocortisone Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories:												
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
	Non-Formulary Use Criteria:												
	1. Patient is indigent and has failed OTC Indigent Program alternatives (ex: Hydrocortisone 0.5% cream) and treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.												
	2. For Psoriasis: lesions interfere with function												
	3. For Psoriasis: Psoriasis affects >10% of BSA (refer patients to commissary for mild psoriasis) OR crucial body areas (hands, feet, face etc.)												
	Hydrocortisone Sod Succinate Inj												
	Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 100 MG INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 125 MG/ML,2ML INJ (Solu-Cortef)	Sol Recon	22100025402155	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 125 MG/ML,4ML INJ (Solu-Cortef)	Sol Recon	22100025402161	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 125 MG/ML,8 ML Inj (Solu-CORTEF)	Sol Recon	22100025402165	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Hydrocortisone Tablet												
	Hydrocortisone 5 MG Tab (Cortef)	Tab	22100025000303	No	0	No	No	No	No	No	N/A	No	Yes
	Hydrocortisone 10 MG Tab (Cortef)	Tab	22100025000305	No	0	No	No	No	No	No	N/A	No	Yes
	Hydrocortisone 10 MG Tab UD (Cortef)	Tab	22100025000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Hydrocortisone 20 MG Tab (Cortef)	Tab	22100025000310	No	0	No	No	No	No	No	N/A	No	Yes
	Hydrocortisone 20 MG Tab UD (Cortef)	Tab	22100025000310	No	0	No	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	Hydrogen Peroxide 3%											
	Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Hydrogen Peroxide 3%, 236 ML	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Hydroxychloroquine Tablet											
	Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)	Tab	13000020100305	No	0	No	No	No	No	N/A	No	Yes
	Hydroxychloroquine 200 MG TAB UD (Plaquenil)	Tab	13000020100305	No	0	No	No	No	No	N/A	Yes	Yes
	Hydroxychloroquine Sulfate 100 MG Tablet	Tab	13000020100303	No	0	No	No	No	No	N/A	No	Yes
	Hydroxychloroquine Sulfate 300 MG Tablet	Tab	13000020100308	No	0	No	No	No	No	N/A	No	Yes
	Advisories: ****OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE)****											
	HydroxyUREA Capsule											
	HydroxyUREA 500 MG Cap (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	No	Yes
	HydroxyUREA 500 MG Cap UD (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***											
	hydrOXYzine HCL Inj											
	hydrOXYzine HCl 25 MG/ML, 1 ML Inj (Atarax)	Sol	57200040102005	No	0	No	No	Yes	No	N/A	No	Yes
	hydrOXYzine HCl 50 MG/ML, 1 ML Inj (vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes
	hydrOXYzine HCl 50 MG/ML, 2 ML Inj (Vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes
	HydroXYzine HCl IM Soln 50 MG/ML 10ML	Sol	57200040102010	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories: ****RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
	hydrOXYzine Tablets											
	hydrOXYzine HCl 10 MG Tab (Atarax)	Tab	57200040100305	No	0	No	No	Yes	No	N/A	No	Yes
	hydrOXYzine HCl 10 MG Tab UD (Atarax)	Tab	57200040100305	No	0	No	No	Yes	No	N/A	Yes	Yes
	hydrOXYzine HCl 10 MG Tab UD (repack) (Atarax)	Tab	57200040100305	No	0	No	No	Yes	No	N/A	Yes	Yes
	hydrOXYzine HCl 25 MG Tab (Atarax)	Tab	57200040100310	No	0	No	No	Yes	No	N/A	No	Yes
	hydrOXYzine HCl 25 MG Tab UD (Atarax)	Tab	57200040100310	No	0	No	No	Yes	No	N/A	Yes	Yes
	hydrOXYzine HCl 50 MG Tab (Atarax)	Tab	57200040100315	No	0	No	No	Yes	No	N/A	No	Yes
	hydrOXYzine HCl 50 MG Tab UD (Atarax)	Tab	57200040100315	No	0	No	No	Yes	No	N/A	Yes	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM****											
	Non-Formulary Use Criteria: **1. Formulary - MRC use only, restricted to dialysis** **2. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexyphenidyl (diphenhydramine and hydroxyzine only).** **3. Excessive salivation with clozapine (diphenhydramine and hydroxyzine only).** **4. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin).** **5. Chronic pruritus-associated dialysis (diphenhydramine and hydroxyzine only).** **6. Non-formulary use approved via DIRECTLY OBSERVED THERAPY ONLY for sedating antihistamines: diphenhydramine, hydroxyzine, & cyproheptadine.** **7. Urticaria: Classified according to etiology or precipitating factor. All potential precipitating factors have been considered and controlled.** **8. Urticaria: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.**											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Emly
	9. Urticaria: Documented failure (ensuring compliance) of steroid pulse therapy (i.e. prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder).**															
	Medical Referral Center (MRC) Use Only															
	Ibuprofen Suspension 100 MG/5ML															
	Ibuprofen Susp 100 MG/5 ML UD	Susp	66100020001820	No	0	No	Yes	No	No	No	N/A	Yes	Yes			
	Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)	Susp	66100020001820	No	0	No	Yes	No	No	N/A	No	Yes				
	Ibuprofen Suspension 100 MG/5ML , 473ML	Susp	66100020001820	No	0	No	Yes	No	No	N/A	No	Yes				
	Ibuprofen Suspension 100 MG/5ML 150ML	Susp	66100020001820	No	0	No	No	No	No	N/A	No	Yes				
	Advisories:															
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.															
	Ibuprofen Tablet															
	Ibuprofen 200 MG Tab [OTC] (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	No	Yes				
	Ibuprofen 200 MG Tab [OTC] 24 count (Motrin)	Tab	66100020000305	No	0	No	Yes	No	No	N/A	No	Yes				
	Ibuprofen 200 MG Tab UD (Motrin)	Tab	66100020000305	No	0	No	No	No	No	N/A	Yes	Yes				
	Ibuprofen 400 MG Tab (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	No	Yes				
	Ibuprofen 400 MG Tab UD (Motrin)	Tab	66100020000320	No	0	No	No	No	No	N/A	Yes	Yes				
	Ibuprofen 600 MG Tab (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	No	Yes				
	Ibuprofen 600 MG Tab UD (Motrin)	Tab	66100020000330	No	0	No	No	No	No	N/A	Yes	Yes				
	Ibuprofen 800 MG Tab (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	No	Yes				
	Ibuprofen 800 MG Tab UD (Motrin)	Tab	66100020000340	No	0	No	No	No	No	N/A	Yes	Yes				
	Advisories:															
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.															
	Ifosfamide Inj															
	Ifex Intravenous Solution Reconstituted 3 GM (Ifex)	Sol Recon	21101025002130	No	0	No	No	Yes	No	N/A	No	Yes				
	Ifosfamide 50 MG/ML (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes				
	Ifosfamide 1 GM Inj (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes				
	Ifosfamide Intravenous Solution 1 GM/20ML	Sol	21101025002025	No	0	No	No	Yes	No	N/A	No	Yes				
	Ifosfamide Intravenous Solution 3 GM/60ML	Sol	21101025002030	No	0	No	No	Yes	No	N/A	No	Yes				
	Advisories:															
	****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****															
	Imatinib Mesylate Tab															
	Imatinib Mesylate 100 MG Tab (Gleevec)	Tab	21531835100320	No	0	No	No	No	No	N/A	No	Yes				
	Imatinib Mesylate 100 MG Tab UD (Gleevec)	Tab	21531835100320	No	0	No	No	No	No	N/A	Yes	Yes				
	Imatinib Mesylate 400 MG Tab (Gleevec)	Tab	21531835100340	No	0	No	No	No	No	N/A	No	Yes				
	Imatinib Mesylate 400 MG Tab UD (Gleevec)	Tab	21531835100340	No	0	No	No	No	No	N/A	Yes	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
Advisories: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***														
Imipramine Tablet														
	Imipramine 10 MG Tab (Tofranil)	Tab	58200050100305	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Imipramine 25 MG Tab (Tofranil)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Imipramine 25 MG Tab UD (Tofranil 25 MG)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Imipramine 50 MG Tab (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Imipramine 50 MG Tab UD (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
Advisories: ****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT**** **MLP Requires Cosign**														
Immune Globulin (Gammagard) Inj Soln 10 GM/100ML														
	Gamunex-C Injection Solution 20 GM/200ML	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes		
	Gamunex-C Injection Solution 40 GM/400ML (Gamunex-C)	Sol	19100020302084	No	0	No	No	Yes	No	N/A	No	Yes		
	Gamunex-C Injection Solution 5 GM/50ML (Gammagard injeciton)	Sol	19100020302068	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Gammagard) Inj Soln 30 GM/300ML (Gammagard)	Sol	19100020302080	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Gammagard) IV Soln 20 GM/200ML (Gammagard injeciton)	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune globulin (Gamunex-C) Inj Soln 1 GM/10ML (Gamunex-C)	Sol	19100020302060	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin Gamunex-C Inj Soln 10 GM/100ML (Gamunex C)	Sol	19100020302072	No	0	No	No	Yes	No	N/A	No	Yes		
Immune Globulin (Human) IM														
	Immune Globulin (Human) Intramuscular Injectable (GamaSTAN S/D)	Injectable	19100020002200	No	0	No	No	Yes	No	N/A	No	Yes		
Immune Globulin (Human) IM RhoGam														
	Immune Globulin RhoGAM Ultra-Filtered IM 1500 U (RhoGAM Ultra-Filtered Plus)	Sol Prefilled	1910005000E54	No	0	No	No	Yes	No	N/A	No	Yes		
	Rhophylac Inj Soln Syringe 1500 UNIT/2ML (Rhophylac)	Sol Prefilled	1910005000E55	No	0	No	Yes	Yes	No	N/A	No	Yes		
Immune Globulin Intravenous (Gammagard S/D)														
	Immune Globulin Gammagard S/D IV Soln 10 GM (Gammagard)	Sol Recon	19100020102130	No	0	No	No	Yes	No	N/A	No	Yes		
Immune Globulin Rho(D) (Human) Injection														
	Immune Globulin Rho (D) IV Soln 2500 UNIT/2.2ML (WinRho SDF)	Sol	19100050002050	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin RHO S/D IM Soln Syringe 250 UNIT (HyperRho S/D)	Sol Prefilled	1910005000E52	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin Rho(D) 1500 UNIT/1.3ML [Human] (WinRho SDF)	Sol	19100050002060	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin Rho(D) 5000 UNIT/4.4ML [Human] (WinRho SDF)	Sol	19100050002055	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin Rho(D) IV Soln 15000 UNIT/13ML (WinRho SDF)	Sol	19100050002065	No	0	No	No	Yes	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush.</u>	<u>Req. Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Immune Globulin, Human													
	Immune Globulin (Flebogamma DIF) IV 0.5 GM/10ML (Flebogamma)	Sol	19100020102020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 10 GM/100ML (Flebogamma)	Sol	19100020102072	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 10 GM/200ML (Flebogamma)	Sol	19100020102042	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 2.5 GM/50ML (Flebogamma)	Sol	19100020102034	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 20 GM/200ML	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 20 GM/400ML (Flebogamma)	Sol	19100020102044	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Flebogamma DIF) IV 5 GM/100ML (Flebogamma)	Sol	19100020102038	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Immune Globulin (Gamunex) IV Soln 5 GM/50ML (Gamunex)	Sol	19100020102068	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Gamunex) IV Soln 20 GM/200ML10% (Gamunex)	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Octagam) IV Soln 10 GM/100ML (Octagam)	Sol	19100020102072	No	0	No	No	Yes	No	N/A	No	Yes		
	Immune Globulin (Octagam) IV Soln 20 GM/200ML	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes		
	Indinavir Sulfate (IDV) Capsules													
	Indinavir Sulfate (IDV) 200 MG Cap (Crixivan)	Cap	12104530200120	No	0	Yes	No	No	No	N/A	No	Yes		
	Indinavir Sulfate (IDV) 200 MG Cap UD (Crixivan)	Cap	12104530200120	No	0	Yes	No	No	No	N/A	Yes	Yes		
	Indinavir Sulfate (IDV) 400 MG Cap (Crixivan)	Cap	12104530200140	No	0	Yes	No	No	No	N/A	No	Yes		
	Indinavir Sulfate (IDV) 400 MG Cap UD (Crixivan)	Cap	12104530200140	No	0	Yes	No	No	No	N/A	Yes	Yes		
	MLP Requires Cosign													
	Indomethacin Capsule													
	Indomethacin 25 MG Cap (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	No	Yes		
	Indomethacin 25 MG Cap UD (Indocin)	Cap	66100030000105	No	0	No	No	No	No	N/A	Yes	Yes		
	Indomethacin 50 MG Cap (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	No	Yes		
	Indomethacin 50 MG Cap UD (Indocin)	Cap	66100030000110	No	0	No	No	No	No	N/A	Yes	Yes		
	Indomethacin Suspension 25 MG/5ML													
	Indomethacin 25 MG/5ML suspension 237ml (Indocin)	Susp	66100030001805	No	0	No	Yes	No	No	N/A	No	Yes		
	Influenza (Afluria) PF Im Susp Syringe 0.5ML													
	Influenza (Afluria) PF Im Susp Prefill Syr 0.5ML (Afluria)	Susp Prefilled	1710002021E62 0	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza (Afluria) Quadrival IM SUSP													
	Influenza (Afluria) Quadrival IM Syringe 0.5 ML (Afluria prefilled Syringe)	Susp Prefilled	1710002025E62 0	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Influenza (Afluria) Quadrival IM Syringe 0.25 ML													
	Influenza (Afluria) Quadrival IM Syringe 0.25 ML (Afluria)	Susp Prefilled	1710002025E61 0	No	0	No	Yes	Yes	No	N/A	No	Yes		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>Co sign</u>	<u>M LP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
Influenza (Fluad) Quadrivalent IM Syringe 0.5 ML	Influenza (Fluad) Quadrivalent IM Syringe 0.5 ML (Fluad)	Prefilled	1710002047E420	No	0	No	Yes	Yes	No	N/A	No	Yes	
Influenza (Fluarix) Quadrivalent IM Susp 0.5ML	Influenza (Afluria) Quadrivalent IM Susp	Susp	17100020251800	No	0	No	No	Yes	No	N/A	No	Yes	
	Influenza (Fluarix Quadrivalent Im Susp 0.5ML (Fluarix)	Susp Prefilled	1710002025E620	No	0	No	No	Yes	No	N/A	No	Yes	
	Influenza (Fluarix)Quadrivalent IM Syringe 0.5ML (Fluarix)	Susp Prefilled	1710002025E620	No	0	No	Yes	Yes	No	N/A	No	Yes	
Influenza (Flublok) Quadrival IM Syringe 0.5ML	Influenza (Flublok) Quadrival IM Syringe 0.5ML (Flublok)	Sol Prefilled	1710002086E520	No	0	No	No	Yes	No	N/A	No	Yes	
Influenza (Flucelvax) Quadrivalent IM Susp	Influenza (Flucelvax) Quadrival IM Syringe 0.5ML (Flucelvax)	Susp Prefilled	1710002082E620	No	0	No	No	Yes	No	N/A	No	Yes	
	Influenza (Flucelvax) Quadrivalent IM Susp (Flucelvax)	Susp	17100020821800	No	0	No	No	Yes	No	N/A	No	Yes	
Influenza (Flulaval) Quadrivalent IM Suspension	Influenza (Flulaval) Quadrival IM Syringe 0.5ML	Susp Prefilled	1710002025E620	No	0	No	No	Yes	No	N/A	No	Yes	
	Influenza (Flulaval) Quadrivalent IM Suspension	Susp	17100020251800	No	0	No	Yes	Yes	No	N/A	No	Yes	
Influenza HD Quadrivalent IM Syringe 0.7ML	Influenza HD(Fluzone) Quadrival IM Syringe 0.7ML (Fluzone)	Susp Prefilled	1710002024E620	No	0	No	Yes	Yes	No	N/A	No	Yes	
Influenza Vaccin FluMist Quadrivalent Nasal Susp	Influenza Vac (FluMist Quadrivalent) Nasal Susp	Susp	17100020541800	No	0	No	No	Yes	No	N/A	No	Yes	
Influenza Vaccine (Fluzone High-Dose) IM Syringe	Influenza (Fluzone High-Dose) IM Syringe 0.5 ML (Fluzone)	Susp Prefilled	1710002023E620	No	0	No	No	Yes	No	N/A	No	Yes	
Influenza Virus (Fluzone Quadrivalent) IM Susp	Influenza (Fluzone) Quadrival IM Syringe 0.25 ML (Fluzone prefilled syringe 0.25 ml)	Susp Prefilled	1710002025E610	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Influenza (Fluzone) Quadrival IM Syringe 0.5 ML (Fluzone prefilled syringe)	Susp Prefilled	1710002025E620	No	0	No	No	Yes	No	N/A	No	Yes	
	Influenza (Fluzone) Quadrivalent IM Susp 0.5 ML (Fluzone)	Susp	17100020251820	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Influenza (Fluzone) Quadrivalent IM Susp 5ML (Fluzone quadrivalent)	Susp	17100020251800	No	0	No	No	Yes	No	N/A	No	Yes	
Inhaler Assist Device	Inhaler Assist Device (Easivent Valved Holding Chamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmlry
Inspirease Bags	Inspirease Bags EA (Inspirease Bags)	Miscellaneous	97100550106300	No	0	No	Yes	No	No	N/A	No	Yes
Inspirease System	Inspirease System (Inspirease System)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
Insulin glargine Soln 100 UNIT/ML	Insulin Glargine "Semglee" Soln Pen 100 UNIT/ML (Semglee Prefilled syringe)	Sol Pen-injector	2710400300D220	No	0	No	Yes	Yes	No	N/A	No	Yes
	Insulin glargine "lantus prefilled" 100 UNIT/ML (Lantus SoloStar)	Sol Pen-injector	2710400300D220	No	0	No	Yes	Yes	No	N/A	No	Yes
	Insulin glargine 100 UNITS/ML INJ 10 ML (Lantus/Semglee)	Sol	27104003002020	No	0	No	No	Yes	No	N/A	No	Yes
Advisories: ****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****												
Non-Formulary Use Criteria: **1. Recurrent episodes of symptomatic hypoglycemia despite multiple attempts with various insulin dosing regimens. Non-formulary request must include documentation of blood glucose values in the hypoglycemic range (i.e. MARs), and the insulin regimens used. OR** **2. Failure to achieve target HbA1c goals despite compliance with an intensive insulin regimen (3 to 4 injections / day) using NPH and regular. (Note: The evening dose of NPH should be administered as close to bedtime as staffing and institution procedures permit.) Non-formulary request must include the insulin regimens used, an assessment of compliance (i.e. MARs) and a recent HbA1c result with date.**												
Insulin Glargine-yfgn 100 UNIT/ML (new form)	Insulin Glargine-yfgn 100 UNIT/ML (new form)	Sol	27104003902020	No	0	No	No	Yes	No	N/A	No	Yes
Non-Formulary Use Criteria: **1. Recurrent episodes of symptomatic hypoglycemia despite multiple attempts with various insulin dosing regimens. Non-formulary request must include documentation of blood glucose values in the hypoglycemic range (i.e. MARs), and the insulin regimens used. OR** **2. Failure to achieve target HbA1c goals despite compliance with an intensive insulin regimen (3 to 4 injections / day) using NPH and regular. (Note: The evening dose of NPH should be administered as close to bedtime as staffing and institution procedures permit.) Non-formulary request must include the insulin regimens used, an assessment of compliance (i.e. MARs) and a recent HbA1c result with date.**												
INsulin NPH - Human	Insulin NPH (10 ML) 100 UNITS/ML INJ (NovoLIN N Insulin)	Susp	27104020001805	No	0	No	No	Yes	No	N/A	No	Yes
INsulin REG - Human	Insulin Reg (10 ML) 100 UNITS/ML Inj (NovoLIN R Insulin)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	Insulin Regular Pump Infusion Soln												
	Insulin Regular Pump Infusion Soln (HumuLIN pump infusion soln)	Sol	27104010002005	No	0	No	No	No	No	No	N/A	No	Yes
	Iodine Solution 5%												
	Iodine 5%/Potassium Iodide 10% in water, 15 ML (Lugol's)	Sol	79350032002020	No	0	No	Yes	No	No	No	N/A	No	Yes
	Iodine Strong Oral Solution 5 % 473ml	Sol	79350032002020	No	0	No	Yes	No	No	No	N/A	No	Yes
	Iohexol Intravenous Solution												
	Iohexol (Omnipaque) IV Soln 350 MG/ML 50ML (Omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol 140 MG/ML 50 ML IV Soln (Omnipaque Intravenous Solution 140 MG/ML)	Sol	94402042002005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Iohexol 2.4G/10ML Inj (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol 300 MG/ML (Omnipaque)	Sol	94402042002030	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Injection Soln 240 MG/ML 100 ML (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Injection Soln 240 MG/ML 150 ML (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Injection Soln 240 MG/ML 200 ML (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Injection Soln 300 MG/ML 50 ML	Sol	94402042002030	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Injection Solution 180 MG/ML (Omnipaque)	Sol	94402042002010	No	0	No	No	Yes	No	No	N/A	No	Yes
	Iohexol Intravenous Soln 350 MG/ML 100ML (Omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Intravenous Soln 350 MG/ML 125 ML (Omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Intravenous Soln 350 MG/ML 150 ML (Omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Intravenous Soln 350 MG/ML 200 ML (omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iohexol Intravenous Soln 350 MG/ML 75 ML (Omnipaque)	Sol	94402042002040	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Soln Inj												
	Iopamidol M Inj Soln 41 % 15 ML (Isovue-M 200)	Sol	94402047002041	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 41% 200ML (Isovue-200)	Sol	94402047002042	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 41% 50 ML (Isovue-200)	Sol	94402047002042	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 51% 100ML (Isovue 250)	Sol	94402047002051	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 51% 150 ML (Isovue 250)	Sol	94402047002051	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 51% 200 ML (Isovue-250)	Sol	94402047002051	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 76% 100 ML (Isovue 370)	Sol	94402047002076	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 76% 125 ML (Isovu-370)	Sol	94402047002076	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 76% 150ml (Isovue-370)	Sol	94402047002076	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 76% 200 ML (Isovue-370)	Sol	94402047002076	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Intravenous Soln 76% 500ML (Isovue 370)	Sol	94402047002076	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol M Inj Sol 41 % 20 ML (Isovue-M 200)	Sol	94402047002041	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol M Inj Soln 61 % 10 ML (Isovue-M 300)	Sol	94402047002061	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Iopamidol Soln -300 Intravenous Soln 61% Inj (Isovue-300)	Sol	94402047002062	No	0	No	Yes	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmily
	lothalamate Meglumine												
	lothalamate Meglumine 60%, 50 ML Inj (Conray 60%)	Sol	94402050102005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 51 % (240)												
	loversol Injection Soln 51% 50 ML (Optiray 240)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 51% 125 ML (Optiray 240)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 51% 200ML (optiray 240)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 51% (100ml) Optiray (Optiray)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 64%												
	loversol Injection Soln 64% 50 ML (Optiray 300)	Sol	94402055002064	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 64% 150 ML (Optiray 300)	Sol	94402055002064	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 64% 200 ML	Sol	94402055002064	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 64% 500ML (Optiray 300)	Sol	94402055002064	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 64% (100 ml) Optiray (Optiray 300)	Sol	94402055002064	No	0	No	No	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 68%												
	loversol Injection Soln 68 % 50 ML (Optiray 350)	Sol	94402055002068	No	0	No	No	Yes	No	N/A	No	Yes	
	loversol Injection Soln 68% 30 ML (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 68% 125 ML (Optiray)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 68% 20 ML (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 68% 200ML (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 68% 75 ML (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 68% (150 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 74%												
	loversol Injection Soln 74% 125ML (Optiray 350)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 74% 150 ML (Optiray 350)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 74% 75 ML (Optiray 350)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 74% 100ML (Optiray 350)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 74% 200ML (Optiray 350)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Injection Soln 74% 500ML (Optiray)	Sol	94402055002074	No	0	No	Yes	Yes	No	N/A	No	Yes	
	loversol Intravenous Soln 74 % optiray 350 50ML (Optiray 350)	Sol	94402055002074	No	0	No	No	Yes	No	N/A	No	Yes	
	lpratropium Inhalation Solution 0.02%												
	lpratropium Inhalation Sol 0.02%, 2.5ML UD (Atrovent Inhalation Solution)	Sol	44100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes	
	lpratropium Nasal Spray 0.03%												
	lpratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Sol	42300040102020	No	0	No	Yes	No	No	N/A	No	Yes	
	lpratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Ipratropium/Albuterol Neb Sol 2.5-0.5MG/3ML												
	Ipratropium/Albuterol Neb Sol 0.5/3(2.5equiv)MG (Duoneb)	Sol	44209902012015	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Irinotecan HCL Inj												
	Irinotecan HCl Intravenous Soln 40 MG/2ML	Sol	21550040102025	No	0	No	No	Yes	No	N/A	No	Yes	
	Irinotecan HCl Intravenous Solution 100 MG/5ML (Captosar)	Sol	21550040102030	No	0	No	No	Yes	No	N/A	No	Yes	
	Irinotecan HCl Intravenous Solution 300 MG/15ML (Camptosar)	Sol	21550040102035	No	0	No	No	Yes	No	N/A	No	Yes	
	Irinotecan HCl Intravenous Solution 500 MG/25ML	Sol	21550040102040	No	0	No	No	Yes	No	N/A	No	Yes	
	Medical Referral Center (MRC) Use Only												
	Iron Dextran Inj												
	Iron Dextran Inj 100MG/2ML (Infed)	Sol	82300040002010	No	0	No	No	Yes	No	N/A	No	Yes	
	Irrigating Solution Ophth (EYE STREAM)												
	Irrigating Solution, Ophth 30 ML (Eye Stream Irrigation)	Sol	86803020002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Irrigating Solution Ophth 120 ML												
	Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Isoflurane Inhalation Solution												
	Isoflurane (100ML) ML (Forane)	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes	
	Isoflurane (250ML) ML	Sol	70200030002000	No	0	No	No	No	No	N/A	No	Yes	
	Medical Referral Center (MRC) Use Only												
	Isoniazid Syrup 50 mg/5ml												
	Isoniazid (473 ML) 10 MG/ML (Isoniazid)	Syrup	09000060001210	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Isoniazid Tablet												
	Isoniazid 100 MG Tab (INH)	Tab	09000060000305	No	0	No	No	Yes	No	N/A	No	Yes	
	Isoniazid 300 MG Tab (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	No	Yes	
	Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Isoproterenol HCL Inj												
	Isoproterenol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	No	0	No	No	Yes	No	N/A	No	Yes	
	Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Isosorbide Dinitrate ER Tablet/Cap												
	Isosorbide Dinitrate Capsule ER 40 MG	Cap ER	32100020000205	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate ER 40 MG Tab (Isordil-ER)	Tab ER	32100020000405	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate Tablet												
	Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 5 MG Tab UD (Isordil)	Tab	32100020000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 10 MG Tab UD (Isordil)	Tab	32100020000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 20 MG Tab UD (Isordil)	Tab	32100020000315	No	0	No	No	No	No	N/A	Yes	Yes	
	Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	32100020000320	No	0	No	No	No	No	N/A	No	Yes	
	Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)	Tab	32100020000325	No	0	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DFA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Isosorbide Mononitrate ER 24 hour Tablet											
	Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate ER 30 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate ER 60 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate ER 120 MG 24 Hour Tab UD (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate Tablet											
	Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	N/A	Yes	Yes
	Itraconazole Capsule											
	Itraconazole 100 MG CAP (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	No	Yes
	Itraconazole 100 MG CAP UD (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	N/A	Yes	Yes
	Non-Formulary Use Criteria:											
	1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation, OR											
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR											
	3. Patient is immunocompromised.											
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.											
	Formulary Restrictions:											
	****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****											
	Itraconazole Oral Solution 10 MG/ML											
	Itraconazole Oral SOL 10MG/ML Oral Sol, 150ML (Sporanox)	Sol	11407035002020	No	0	No	Yes	No	No	N/A	No	Yes
	Itraconazole Oral Soln 10 MG/ML, 40 ML UD Cup (Sporanox)	Sol	11407035002020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Non-Formulary Use Criteria:											
	1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation, OR											
	2. Fungal nail infection (onychomycosis) with presence of secondary bacterial co-infection, OR											
	3. Patient is immunocompromised.											
	4. Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil®) 250 mg daily for 6 to 12 weeks for fingernails or toenails respectively.											
	Formulary Restrictions:											
	****RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****											
	Ivermectin Tablet											
	Ivermectin 3 MG Tab (Stromectol)	Tab	15000007000310	No	0	No	No	Yes	No	N/A	No	Yes
	Ivermectin 3 MG Tab UD (Stromectol)	Tab	15000007000310	No	0	No	No	Yes	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Advisories: **Notify BOP Central Office Infectious Disease if experiencing unusual number of multiple cases**											
Janssen	COVID-19 Vaccine IM Suspension 0.5 ML											
	Janssen COVID-19 Vaccine IM Suspension 0.5 ML	Susp	17100002101840	No	0	No	No	Yes	No	N/A	No	Yes
Ketamine	Hydrochloride Inj											
	Ketamine HCl Inj 50 MG/ML,10ML (Kataral)	Sol	70400020102010	No	3	Yes	No	Yes	No	N/A	No	Yes
	Ketamine HCl Injection Soln 100 MG/ML 5 ML	Sol	70400020102015	No	3	Yes	Yes	Yes	No	N/A	No	Yes
	Ketamine Injection Solution 10 MG/ML (Ketalar)	Sol	70400020102005	No	3	Yes	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	MLP Requires Cosign											
Ketoconazole	shampoo 2%											
	Ketoconazole shampoo 2% 120 ML (Nizoral shampoo)	Shampoo	90154045004510	No	0	No	Yes	No	No	N/A	No	Yes
Ketorolac	0.5% Opth Soln											
	Ketorolac 0.5% Opth 1 ML Drop (Acular 0.5% PF Ophthalmic Drops)	Sol	86805035102020	No	0	Yes	Yes	No	No	N/A	No	Yes
	Ketorolac 0.5% Opth Soln 10ML (Acular)	Sol	86805035102020	No	0	Yes	Yes	No	No	N/A	No	Yes
	Ketorolac 0.5% Opth Soln 3ML (Acular)	Sol	86805035102020	No	0	Yes	Yes	No	No	N/A	No	Yes
	Ketorolac 0.5% Opth Soln 5 ML (Acular)	Sol	86805035102020	No	0	Yes	Yes	No	No	N/A	No	Yes
	MLP Requires Cosign											
Ketorolac	Injection 30 MG/ML											
	Ketorolac Tromethamine IM Prefill 60MG/2ML syr (Toradol)	Sol	66100037102071	No	0	Yes	No	Yes	No	N/A	No	Yes
	Ketorolac Tromethamine IM Soln 60 MG/2ML Vial (Toradol)	Sol	66100037102071	No	0	Yes	No	Yes	No	N/A	No	Yes
	Ketorolac Tromethamine Inj prefill 30 MG/ML	Sol	66100037102030	No	0	Yes	Yes	Yes	No	N/A	No	Yes
	Ketorolac Tromethamine Inj soln 30 MG/ML,1 ML (Toradol 30 MG Inj)	Sol	66100037102030	No	0	Yes	No	Yes	No	N/A	No	Yes
	Advisories: ***Limited to 5 consecutive day of therapy***											
	Formulary Restrictions: ****LIMITED to 10 DAYS ONLY per year****											
	MLP Requires Cosign											
Ketorolac	Tromethamine Inj 15 MG/ML											
	Ketorolac Tromethamine Inj 15 MG/ML (Toradol)	Sol	66100037102015	No	0	Yes	No	Yes	No	N/A	No	Yes
	Advisories: **Limited to 5 consecutive days of therapy**											
	Formulary Restrictions: ****LIMITED to 10 DAYS ONLY per year****											
	MLP Requires Cosign											
Labetalol	HCL Inj											
	Labetalol HCL 5 MG/ML, 20 ML Inj (Normodyne Inj)	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	Yes
	Labetalol HCl Intravenous Solution 5 MG/ML 40 ml	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Labetalol HCL Tablet											
	Labetalol HCL 100 MG Tab UD (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	Yes	Yes
	Labetalol HCL 100 MG Tab (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 200 MG Tab (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 200 MG Tab UD (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	Yes	Yes
	Labetalol HCL 300 MG Tab (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	No	Yes
	Labetalol HCL 300 MG Tab UD (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	Yes	Yes
	Lactated Ringer's Injection											
	Lactated Ringer's Injection 1000 ML Inj (Lactated Ringers Inj)	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lactated Ringer's Injection 250 ML Inj	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lactated Ringer's Injection 500 ML Inj	Sol	79992001202010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lactated Ringers Irrigation Solution											
	Lactated Ringers Irrigation Solution	Sol	99750015002000	No	0	No	No	Yes	No	N/A	No	Yes
	Lactulose Soln 10 GM/15 ML											
	Lactulose (473 ML) 10 GM/15 ML Soln (Enulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose 10 GM/15 ML UD (Lactulose)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	Yes	Yes
	Lactulose Encephalopathy Soln 10GM/15ML 237ML	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose Oral Solution 10 GM/15ML [1892ML] (Generlac)	Sol	52400020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose Soln 10 GM/15 ML (Enulose)											
	Lactulose (236 ML) 10 GM/15 ML Soln	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose (946 ML) 10 GM/15 ML Soln (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose 10 GM/15ML UD [Enulose] (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	Yes	Yes
	Lactulose 20 GM/30 ML UD (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	Yes	Yes
	Lactulose Soln (1892 ML) 10 GM/15ML (Enulose)	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Lactulose Soln (473 ML) 10 GM/15 ML	Sol	46600020002010	No	0	No	Yes	No	No	N/A	No	Yes
	lamiVUDine (3TC) oral tab											
	lamiVUDine (3TC) 150 MG Tab (Epivir (3TC))	Tab	12106060000320	No	0	Yes	No	No	No	N/A	No	Yes
	lamiVUDine (3TC) 150 MG Tab UD (Epivir)	Tab	12106060000320	No	0	Yes	No	No	No	N/A	Yes	Yes
	lamiVUDine (3TC) 300 MG Tab (Epivir)	Tab	12106060000330	No	0	Yes	No	No	No	N/A	No	Yes
	lamiVUDine (3TC) 300 MG Tab UD (Epivir)	Tab	12106060000330	No	0	Yes	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:											
	****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****											
	MLP Requires Cosign											
	lamiVUDine (3TC) Solution 10 MG/ML											
	lamiVUDine (3TC) 10 MG/ML Soln, 240ML (Epivir Solution)	Sol	12106060002020	No	0	Yes	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly
	Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**** **MLP Requires Cosign**														
	lamiVUDine HBV Oral Solution 5 MG/ML														
	lamiVUDine HBV Oral Soln 5 MG/ML 240ML (Epivir HBV)	Sol	12352050002010	No	0	No	Yes	No	No	No	No	N/A	No	Yes	
	LamiVUDine HBV Oral Tablet 100 MG														
	lamiVUDine HBV 100 MG Tab (Epivir HBV)	Tab	12352050000315	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****														
	lamiVUDine-Zidovudine 150-300 Mg Tablet														
	lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)	Tab	12109902500320	No	0	Yes	No	No	No	No	No	N/A	No	Yes	
	lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)	Tab	12109902500320	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**** **MLP Requires Cosign**														
	lamoTRlGINE Tablet														
	lamoTRlGINE 25 MG TAB (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	No	No	N/A	No	Yes	
	lamoTRlGINE 25 MG Tab UD (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	lamoTRlGINE 100 MG Tab (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	No	No	N/A	No	Yes	
	lamoTRlGINE 100 MG Tab UD (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	lamoTRlGINE 150 MG TAB (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	No	No	N/A	No	Yes	
	lamoTRlGINE 150 MG Tab UD (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	lamoTRlGINE 200 MG TAB (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	No	No	N/A	No	Yes	
	lamoTRlGINE 200 MG Tab UD (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Lanthanum Carbonate Tablet														
	Lanthanum Carbonate 500 MG Tab Chewable (Fosrenol)	Tab Chew	52800045200540	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Lanthanum Carbonate 750 MG Tab Chewable (Fosrenol)	Tab Chew	52800045200550	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Lanthanum Carbonate 1000 MG Tab Chewable	Tab Chew	52800045200560	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Latanoprost Ophth Soln 0.005% 2.5 ML														
	Latanoprost Ophth Soln 0.005% [2.5ml] (Xalatan 50 MCG / ML Ophth Soln)	Sol	86330050002020	No	0	No	Yes	No	No	No	No	N/A	No	Yes	
	Advisories: *****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****														
	Leucovorin Calcium Inj														
	Leucovorin Calcium 50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium 100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium 350 MG Inj	Sol Recon	21755040102160	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium Injection Soln 100 MG/10ML	Sol	21755040102040	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium Injection Soln 200 MG	Sol Recon	21755040102150	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium Injection Soln 500 MG	Sol Recon	21755040102170	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Leucovorin Calcium Injection Soln 500 MG/50ML	Sol	21755040102056	No	0	No	No	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Leucovorin Calcium Tablet													
	Leucovorin Calcium 5 MG Tab (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Leucovorin Calcium 5 MG Tab UD (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Leucovorin Calcium 10 MG Tab (Wellcovorin)	Tab	21755040100325	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Leucovorin Calcium 25 MG Tab (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Leucovorin Calcium 25 MG Tab UD (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Leucovorin Calcium 15 MG Tablet	Tab	21755040100335	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Leuprolide Acetate Subcutaneous (30 day)													
	Leuprolide Acetate (Eligard) Subcu Kit 7.5 MG (Eligard Subcutaneous Kit 7.5 MG)	Kit	21405010106415	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	Yes
	Advisories:													
	***Male use only*													
	*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
	Leuprolide Acetate Subcutaneous 22.5mg 3 month													
	Leuprolide Acetate (Eligard) Subcu Kit 22.5 MG (Eligard Subcutaneous Kit 22.5 MG)	Kit	21405010156432	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	Yes
	Advisories:													
	***Male use only*													
	*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
	Leuprolide Acetate Subcutaneous 30 mg 4 month													
	Leuprolide Acetate (Eligard) Subcu Kit 30 MG (Eligard)	Kit	21405010206435	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	Yes
	Advisories:													
	***Male use only*													
	*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
	Leuprolide Acetate Subcutaneous 45 MG 6 month													
	Leuprolide Acetate (Eligard) Subcu Kit 45 MG (Eligard)	Kit	21405010256445	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	Yes
	Advisories:													
	***Male use only*													
	*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer***													
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
	levETIRAcetam oral soln 100 MG/ML													
	levETIRAcetam Oral Solution 100 MG/ML 5 ml UD	Sol	72600043002020	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	levETIRAcetam Oral Solution 100 MG/ML, 473 ml (Keppra solution)	Sol	72600043002020	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****													
	levETIRAcetam Tablet													
	levETIRAcetam 250 MG Tab (Keppra)	Tab	72600043000320	No	0	No	No	No	No	No	N/A	No	Yes	
	levETIRAcetam 250 MG Tab UD (Keppra)	Tab	72600043000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	levETIRAcetam 500 MG Tab (Keppra)	Tab	72600043000330	No	0	No	No	No	No	No	N/A	No	Yes	
	levETIRAcetam 500 MG Tab UD (Keppra)	Tab	72600043000330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	levETIRAcetam 750 MG Tab (Keppra)	Tab	72600043000340	No	0	No	No	No	No	No	N/A	No	Yes	
	levETIRAcetam 750 MG Tab UD (Keppra)	Tab	72600043000340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	levETIRAcetam 1000 MG Tab (Keppra)	Tab	72600043000350	No	0	No	No	No	No	No	N/A	No	Yes	
	levETIRAcetam 1000 MG Tab UD (Keppra)	Tab	72600043000350	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS****													
	Levofloxacin inj													
	Levofloxacin 25 MG/ML, 20ML INJ (Levaquin)	Sol	05000034002020	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**													
	Levofloxacin Tablet													
	Levofloxacin 250 MG Tab (Levaquin)	Tab	05000034000320	No	0	Yes	No	No	No	No	N/A	No	Yes	
	Levofloxacin 250 MG Tab UD (Levaquin)	Tab	05000034000320	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Levofloxacin 500 MG Tab (Levaquin)	Tab	05000034000330	No	0	Yes	No	No	No	No	N/A	No	Yes	
	Levofloxacin 500 MG Tab UD (Levaquin)	Tab	05000034000330	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Levofloxacin 750 MG Tab (Levaquin)	Tab	05000034000340	No	0	Yes	No	No	No	No	N/A	No	Yes	
	Levofloxacin 750 MG Tab UD (Levaquin)	Tab	05000034000340	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	Advisories: ***DO NOT USE FOR MRSA* Not first line for the treatment of acute bronchitis, acute sinusitis or uncomplicated urinary tract infections.*** **MLP Requires Cosign**													
	Levofloxacin/Dextrose Premix													
	Levofloxacin in D5W Intravenous Soln 250 MG/50ML (Levaquin)	Sol	05000034112024	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Levofloxacin/Dextrose Premix 500 MG IV (Levaquin)	Sol	05000034112028	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Levofloxacin/Dextrose Premix 750 MG IV (Levaquin 750MG Premix)	Sol	05000034112032	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crust.	Req.	Loc.	Active	Dose	Unit	Fmly
Levonorgestrel / Ethinyl Es	0.15-30 MG-MCG Tab															
	Levonorgestrel / Ethinyl Est 0.15/0.03 MG Tab (Nordette)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
Levonorgestrel 7/7/7 Tablet																
	Levonorgestrel 7/7/7 Tab (Tri-Levlen) (Tri-Levlen - 28)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
Levonorgestrel/Estradiol 91DAY Tab																
	Levonorgestrel/Estradiol 91Day 0.15/0.03 (Seasonale)	Tab	25993002300320	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	Levonorgestrel/Ethinyl(Quartette)42-21-21-7 DAYS (Quartette)	Tab	25993002300350	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LoSeasonique Oral Tablet 0.1-0.02 & 0.01 MG (Loseasonique)	Tab	25993002300315	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
Levonorgestrel/Ethinyl Est (Trivora) Tab																
	Levonorgestrel/Ethinyl Est 6-5-10 Tab[Triphasil] (Triphasil 28)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
Levonorgestrel/ethinyl estr Tab																
	Levonorgestrel/Ethinyl 0.1-20 MG-MCG Tab[Sronyx] (Sronyx)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	Levonorgestrel/Ethinyl estr 0.15/0.03(Levlen)Tab (Levlen 28)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
Levonorgestrel/Ethinyl Estrad Tablet																
	Levonorgestrel/Ethinyl est (Aviane) 0.1/0.02Tab (Levlite 28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
	Levonorgestrel/Ethinyl est 0.1-20 MG-MCG(Tyblume (Tyblume)	Tab Chew	25990002400505	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	Levonorgestrel/Ethinyl est0.1-20MG-MCG[Orsythia] (Orsythia Oral Tablet)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab[Alesse] (Alesse-28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	No	No	No	Yes	
LevoTHYROXINE Sodium inj																
	LevoTHYROXINE Sodium Inj Soln 200 MCG	Sol Recon	28100010102107	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium Inj Soln 100 MCG/5ml	Sol Recon	28100010102103	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium Inj Soln 500 MCG	Sol Recon	28100010102112	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
	Levothyroxine Sodium IV Solution 100 MCG/5ML	Sol	28100010102084	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
	Levothyroxine Sodium IV Solution 200 MCG/5ML	Sol	28100010102088	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
	Levothyroxine Sodium IV Solution 500 MCG/5ML	Sol	28100010102096	No	0	No	No	Yes	No	N/A	No	No	No	No	Yes	
LevoTHYROXINE Sodium Tablet																
	LevoTHYROXINE Sodium 25 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 50 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 75 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 88 MCG (Synthroid) Tab (synthroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 100 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 112 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100322	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 125 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 125 MCG (Synthroid) Tab UD (Synthroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes	Yes	
	LevoTHYROXINE Sodium 137 MCG(Synthroid) tab (Synthroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 150 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 175 MCG (Synthroid) Tab (Synthroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 200 MCG (Synthroid) Tab (Synthroid Oral Tablet)	Tab	28100010100340	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 300 MCG (Synthroid) Tablet (Synthroid Tablet)	Tab	28100010100345	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	No	No	No	No	Yes	
	LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes	Yes	
	LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	No	No	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 112 MCG Tab UD (Levoxyl)	Tab	28100010100322	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 137 MCG Tab UD (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Lidocaine 0.4% in D5W															
	Lidocaine 0.4% in D5W IV Soln	Sol	35200020112020	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	Yes
	Formulary Restrictions:															
	ACLS / Code cart only															
	Lidocaine 1% HCl - PF Inj															
	Lidocaine HCl (PF) Inj Soln 1.5% 20 ML (Xylocaine)	Sol	69100040102016	No	0	No	Yes	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl 1% MPF 5ml Inj [SDV] (Xylocaine MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-(PF) 1%, Inj Soln 2ML, Ampoule	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-MPF 1%, Inj 2 ML (Vial) (xylocaine MPF injection)	Sol	69100040102011	No	0	No	Yes	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-MPF 1%, Inj 2 ML (MDV) (Xylocaine-MPF)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-MPF 1%, Inj 5 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-MPF 2%, Inj 5 ML (Xylocaine-MPF)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine HCl-MPF 4%, Inj 5 ML (Xylocaine-MPF 4%)	Sol	69100040102026	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine-MPF Injection Solution 1 % 10 ML (Xylocaine-mpf)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes
	Lidocaine-MPF Injection Solution 1% 30ML (Xylocaine-MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Lidocaine 1% Injection													
	Lidocaine HCl 1% Inj 10 MG/ML	Sol	69100040102010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Lidocaine HCl 1% Inj 10 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl 1% Inj 20 ML (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 1% Inj 30 ML (Xylocaine)	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl 1%, 50 ML Inj (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 0.5% Injection													
	Lidocaine HCl 0.5% Inj (Lidocaine)	Sol	69100040102005	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 0.5 % Inj 50 ML (Xylocaine MPF)	Sol	69100040102006	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCL 2% Injection													
	Lidocaine HCL 2 % Soln 10 ml (Xylocaine 2%)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl 2% (20 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 2% (2 ML) 20 MG/ML Inj (MDV)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 2% (50 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 2%, 20 ML Inj (Xylocaine 2% Inj)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl 2%, 50 ML Inj (Xylocaine)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl-(PF) Inj Soln 2%, 2ml ampoule	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 2%, Inj 10 ML (Xylocaine)	Sol	69100040102021	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 2 % Inj 2ML (Xylocaine)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes		
	Formulary Restrictions: ***Clinic Use Only***													
	Lidocaine HCL 2% Injection (Cardiac)													
	Lidocaine HCl (Cardiac) IV Syringe 100 MG/5ML	Sol Prefilled	3520002010E53 0	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl (Cardiac) PF IV Soln 100 MG/5ML	Sol	35200020102035	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl (Cardiac) PF IV Syringe 100 MG/5ML	Sol Prefilled	3520002010E53 2	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl (Cardiac) PF IV Syringe 50 MG/5ML	Sol Prefilled	3520002010E52 2	No	0	No	No	Yes	No	N/A	No	Yes		
	Formulary Restrictions: ***ACLS Use Only*** **Medical Referral Center (MRC) Use Only**													
	Lidocaine HCl 4% Soln (360 Kit)													
	Lidocaine HCl 4% Soln [360 Kit] (LTA 360 Kit Mouht/Throat Solution)	Sol	88350065102045	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl External Cream 3 %													
	Lidocaine HCl External Cream 3 % [28 GM]	Cm	90850060103730	No	0	No	Yes	No	No	N/A	No	Yes		
	Lidocaine HCl External Cream 3 % [85GM]	Cm	90850060103730	No	0	No	Yes	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Lidocaine HCl Lotion 3% Lidocaine HCl External Lotion 3 % (177 ml) (Lidocaine 3% Lotion)	Lotion	90850060104140	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCL Solution 4% Lidocaine HCl Solution 4% 50 ML Formulary Restrictions: ***Clinic Use only***	Sol	90850060102015	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl/Epinephrine 1% Inj Lidocaine HCl w EPINEPHrine 1% 30 ML INJ	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine 1%, 10 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine 1%, 20 ML Inj	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine 1%, 50 ML Inj (Xylocaine W/ Epinephrine) Formulary Restrictions: ***clinic Use only***	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl/Epinephrine 2% Inj Lidocaine HCl w EPINEPHrine 2%-1:100000 MDV 20ml (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine 2%-1:200000 20 ML	Sol	69991002402021	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine HCl w EPINEPHrine Inj 2%-1:100000 30ML	Sol	69991002402022	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lidocaine-MPF/EPINEPHrine Inj 2%-1:200000 10ML (Xylocaine-MPF/epinerp) Formulary Restrictions: ***Clinic Use Only***	Sol	69991002402021	No	0	No	No	Yes	No	N/A	No	Yes
	Lidocaine Jelly 2% Lidocaine External Gel 2 % 11 ml syringe (Glydo)	Prefilled	9085006010E42 0	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine External Gel 2 % 6ml syringe (Glydo)	Prefilled	9085006010E42 0	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl External Gel/Jelly 2% 5ML	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext Gel 2% 30ML	Gel	90850060104006	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext PFS 2% 10ML	Prefilled	9085006010E42 0	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext PFS 2% 20ML	Prefilled	9085006010E42 0	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine Jelly 2%, 30 GM Topical (Xylocaine Jelly Gel)	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine Jelly 2%, Uro-Jet Lidocaine HCl 2% Urethral/Mucosal Ext Gel 5ML sy (Uro Jet)	Prefilled	9085006010E42 0	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext Gel 2% 10ML (Urojet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext Gel 2% 20ML (Uro-jet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes
	Lidocaine HCl Urethral/Mucosal Ext Gel 2% 5ML (Uro-Jet)	Gel	90850060104006	No	0	No	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Advisories: **For use in Urology Procedures**											
	Lidocaine Ointment 5%											
	Lidocaine HCl Ointment 5% 30gm	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl Ointment 5% 35.44 GM (Xylocaine 5% Ointment)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine HCl Ointment 5% 50 GM	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine viscous HCl Oral 2%											
	Lidocaine Viscous HCl 2%, 100 ML O/S (Xylocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	No	Yes
	Lidocaine Viscous HCl 2%, 15 ML UD Cup O/S (Lidocaine Viscous)	Sol	88350065102050	No	0	No	Yes	No	No	N/A	Yes	Yes
	Lidocaine-Epinephrine 1.5%-1:200000											
	Lidocaine HCl w EPINEPHrine 1.5% 5ML -1:200000	Sol	69991002402015	No	0	No	No	Yes	No	N/A	No	Yes
	Liothyronine Sodium inj 10 mcg/ml											
	Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)	Sol	28100020102020	No	0	No	No	Yes	No	N/A	No	Yes
	Liothyronine Sodium Tablet											
	Liothyronine Sodium 5 MCG Tab (Cytomel)	Tab	28100020100305	No	0	No	No	No	No	N/A	No	Yes
	Liothyronine Sodium 25 MCG Tab (Cytomel)	Tab	28100020100310	No	0	No	No	No	No	N/A	No	Yes
	Liothyronine Sodium 25 MCG Tab UD (re-Pack)	Tab	28100020100310	No	0	No	No	No	No	N/A	Yes	Yes
	Liothyronine Sodium 50 MCG Tab (Cytomel)	Tab	28100020100315	No	0	No	No	No	No	N/A	No	Yes
	Liothyronine Sodium 50 MCG Tab UD (Re-Pack)	Tab	28100020100315	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril Tablet											
	Lisinopril 2.5 MG Tab (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril 2.5 MG Tab UD (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 5 MG Tab (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril 5 MG Tab UD (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 10 MG Tab (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril 10 MG Tab UD (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 20 MG Tab (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril 20 MG Tab UD (Prinivil)	Tab	36100030000315	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 30 MG Tab (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril 30 MG Tab UD (Prinivil)	Tab	36100030000324	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 40 MG Tab UD (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	Yes	Yes
	Lisinopril 40 MG Tab (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril/Hydrochlorothiazide Tablet											
	Lisinopril/Hydrochlorothiazide 10/12.5 MG Tab (Prinzide)	Tab	36991802550305	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril/Hydrochlorothiazide 20/12.5 MG Tab (Prinzide)	Tab	36991802550310	No	0	No	No	No	No	N/A	No	Yes
	Lisinopril/Hydrochlorothiazide 20/25 MG Tab (Prinzide)	Tab	36991802550320	No	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Lithium Carbonate Capsule													
	Lithium Carbonate 150 MG Cap	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate 150 MG Cap UD	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Lithium Carbonate 300 MG Cap (Eskalith)	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate 300 MG Cap UD	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Lithium Carbonate 600 MG Cap (Lithium Carbonate)	Cap	59500010100110	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate 600 MG Cap UD	Cap	59500010100110	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Advisories:													
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.													
	MLP Requires Cosign													
	Lithium Carbonate ER Tablet													
	Lithium Carbonate ER 300 MG Tab (Eskalith CR)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate ER 300 MG Tab UD	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Lithium Carbonate ER 450 MG Tab (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Lithium Carbonate SR 300 MG Tab (Lithobid)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Advisories:													
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.													
	MLP Requires Cosign													
	Lithium Carbonate Tablet													
	Lithium Carbonate 300 MG Tab	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	
	Lithium Carbonate 300 MG Tab UD (Lithium Carbonate)	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	
	Advisories:													
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.													
	MLP Requires Cosign													
	Lithium Citrate (60mg/ml)= 8MEQ/5ML, Solution													
	Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD 5ml (Lithium Citrate Syrup)	Sol	59500010002010	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes	
	Lithium Citrate (60mg/ml)= 8MEQ/5ML, 500ML SOLN (Lithium Citrate)	Sol	59500010002010	No	0	Yes	Yes	Yes	No	N/A	No	Yes	Yes	
	Advisories:													
	Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.													
	MLP Requires Cosign													
	Lomustine Capsule													
	Lomustine 10 MG Cap (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	No	Yes	Yes	
	Lomustine 10 MG Cap UD (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes	
	Lomustine 40 MG Cap UD (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	Yes	Yes	Yes	
	Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	No	Yes	Yes	
	Lomustine 5 MG Cap (Gleostine)	Cap	21102020000105	No	0	No	No	No	No	N/A	No	Yes	Yes	
	Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	No	Yes	Yes	
	Lomustine 100 MG Cap UD (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	Yes	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Family
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***											
	Loperamide Capsule/Tablet											
	Loperamide Capsule 2 MG (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	No	Yes
	Loperamide Capsule 2 MG UD (Imodium)	Cap	47100020100105	No	0	No	No	No	No	N/A	Yes	Yes
	Loperamide Oral Tablet 2 MG (SM Anti-Diarrheal)	Tab	47100020100305	No	0	No	No	No	No	N/A	No	Yes
	Loperamide Oral Tablet 2 MG UD (Anti-Diarrheal)	Tab	47100020100305	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**											
	Non-Formulary Use Criteria: **Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.** **Medical Referral Center (MRC) Use Only**											
	LORazepam Inj											
	LORazepam 2 MG/ML Carpuject [1ml] (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes
	LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	Yes	Yes	No	N/A	Yes	Yes
	LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes
	LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002010	No	4	Yes	Yes	Yes	No	N/A	No	Yes
	LORazepam 4 MG/ML, 10 ml vial inj	Sol	57100060002010	No	4	Yes	No	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria: **01. Control of severe agitation in psychiatric patients** **02. When lack of sleep causes an exacerbation of psychiatric illness.** **03. Part of a prolonged taper schedule** **04. Detoxification for substance abuse** **05. Failure of standard modalities for seizure disorders (4th line therapy)** **06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)** **07. Adjunct to neuroleptic therapy to stabilize psychosis.** **08. Second line therapy for anti-mania** **09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)** **10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent** **11. Nausea and Vomiting in Oncology Treatment patients**											
	Formulary Restrictions: **Formulary for 30 days only. Is this order for less than 31 days?** **MLP Requires Cosign**											
	LORazepam Tablet											
	LORazepam 0.25 MG Tab (1/2 tab) (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	LORazepam 0.5 MG Tab (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	LORazepam 0.5 MG Tab UD (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
	LORazepam 1 MG Tab (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	LORazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes
	LORazepam 2 MG Tab (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes
	LORazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
Non-Formulary Use Criteria:																		
01. Control of severe agitation in psychiatric patients																		
02. When lack of sleep causes an exacerbation of psychiatric illness.																		
03. Part of a prolonged taper schedule																		
04. Detoxification for substance abuse																		
05. Failure of standard modalities for seizure disorders (4th line therapy)																		
06. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)																		
07. Adjunct to neuroleptic therapy to stabilize psychosis.																		
08. Second line therapy for anti-mania																		
09. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)																		
10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent																		
11. Nausea and Vomiting in Oncology Treatment patients																		
Formulary Restrictions:																		
Formulary for 30 days only. Is this order for less than 31 days?																		
MLP Requires Cosign																		
Losartan Tablet																		
	Losartan potassium 25 MG Tab (Cozaar)	Tab	36150040200320	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Losartan potassium 25 MG Tab UD (Cozaar)	Tab	36150040200320	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes			Yes
	Losartan potassium 50 MG Tab (Cozaar)	Tab	36150040200330	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Losartan potassium 50 MG Tab UD (Cozaar)	Tab	36150040200330	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes			Yes
	Losartan potassium 100 MG TAB (Cozaar)	Tab	36150040200340	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Losartan potassium 100 MG Tab UD (Cozaar)	Tab	36150040200340	No	0	No	No	No	No	No	No	No	N/A	Yes	Yes			Yes
Non-Formulary Use Criteria:																		
1. Documentation that patient was unable to tolerate ACE Inhibitor due to cough or angioedema.																		
2. Combination therapy with an ACE Inhibitor after failure to control or treat proteinuria (remains greater than 1 gm/day) with an ACE Inhibitor alone at the maximum recommended dose and compliance documented.																		
3. Check "Yes" if noted. The ARB of choice for non-formulary approval will be the most cost effective at the time the original non-formulary request is submitted. Institutions should attempt to select the most cost effective ARB when renewing previously approved non-formulary requests.																		
Losartan/HCTZ Tablet																		
	Losartan/Hydrochlorothiazide 50/12.5MG Tab (Hyzaar)	Tab	36994002450320	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Losartan/Hydrochlorothiazide 100-12.5 MG Tab (Hyzaar)	Tab	36994002450325	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
	Losartan/Hydrochlorothiazide 100/25MG Tab (Hyzaar)	Tab	36994002450340	No	0	No	No	No	No	No	No	No	N/A	No	Yes			Yes
Non-Formulary Use Criteria:																		
1. Documentation that patient was unable to tolerate ACE Inhibitor due to cough or angioedema.																		
2. Combination therapy with an ACE Inhibitor after failure to control or treat proteinuria (remains greater than 1 gm/day) with an ACE Inhibitor alone at the maximum recommended dose and compliance documented.																		
3. Check "Yes" if noted. The ARB of choice for non-formulary approval will be the most cost effective at the time the original non-formulary request is submitted. Institutions should attempt to select the most cost effective ARB when renewing previously approved non-formulary requests.																		
Loxapine Succinate Capsule																		
	Loxapine Succinate 5 MG Cap (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	No	Yes			Yes			Yes
	Loxapine Succinate 5 MG Cap UD (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	Yes	Yes			Yes			Yes
	Loxapine Succinate 10 MG Cap (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	No	Yes			Yes			Yes
	Loxapine Succinate 10 MG Cap UD (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	Yes	Yes			Yes			Yes
	Loxapine Succinate 25 MG Cap (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	No	Yes			Yes			Yes
	Loxapine Succinate 25 MG Cap UD (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	Yes	Yes			Yes			Yes
	Loxapine Succinate 50 MG Cap (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	No	Yes			Yes			Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Loxapine Succinate 50 MG Cap UD (Loxitane)	Cap	59154020200120	No	0	No	No	No	No	Yes	No	N/A	Yes	Yes			
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****																
	Lubricant, Surgical																
	Lubricant, Surgical 3 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes				
	Lubricant, Surgical 4.25 OZ EA (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Lubricant, Surgical 5 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes				
	Lubricant, Surgical 56.7 GM TUBE (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Lubricant, Surgical 720 GM (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Lubricating Jelly																
	Lubricating Jelly 120 GM (KY Jelly)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	M.T.E. -5 (Trace Elements)																
	Multitrace-5 IV Soln 4-400-100-20 MCG/ML	Sol	79909905202010	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	M.V.I. Adult																
	Multi Vitamin Conc IV 2 X 5ML, VL Inj Each (MVI-12, 2 X 5 ML Injection)	Injectable	78200000002200	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	M.V.I. Pediatric Intravenous Solution																
	Infuvite Pediatric Intravenous Solution	Sol	78410000002050	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	M.V.I. Pediatric Intravenous Solution	Sol Recon	78410000002150	No	0	No	No	Yes	No	N/A	No	Yes	Yes				
	Magic Mouthwash 1:1:1 Lidoc/benadryl/maalox 8oz																
	Magic Mouthwash 1:1:1 Lidoc/benadryl/maalox 8oz (Magic Mouthwash)			No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Magic Mouthwash 1:1:1(Lidoc/Maalox/Bismuth)180ML																
	Magic Mouthwash 1:1:1(Lidoc/Maalox/Bismuth)180ML (first)			No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Medical Referral Center (MRC) Use Only																
	Magnesium Hydroxide Susp																
	Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes				
	Magnesium Hydroxide Susp 180 ML (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Milk of Magnesia 400 MG/5ML Susp(OTC) [355ml] (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Milk of Magnesia Susp (OTC) 400 MG/5ML 480 ML (MOM)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**																
	Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**																
	Magnesium Hydroxide Susp conc 800 MG/5ML																
	Magnesium Hydroxide conc (10 ml) (Milk of Magnesia)	Susp	46100010101840	No	0	No	No	No	No	N/A	Yes	Yes	Yes				
	Magnesium Hydroxide Susp Concentrated (400ML) (Milk Of Magnesia)	Susp	46100010101840	No	0	No	Yes	No	No	N/A	No	Yes	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.** Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives. Orders are limited to 30 days in duration.**												
	Magnesium Oxide 500 MG Tab											
	Magnesium Oxide 500 MG Tab (Mag-Ox)	Tab	79400010360340	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 (241.3 Mg) MG Tab											
	Magnesium Oxide 400 (240 Mg) MG Tab	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 (240 Mg) MG Tab UD	Tab	79400010360317	No	0	No	No	No	No	N/A	Yes	Yes
	Magnesium Oxide 400 (241.3 Mg) MG Tab (MagOx 400)	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 (241.3 Mg) MG Tab UD (MagOx 400)	Tab	79400010360317	No	0	No	No	No	No	N/A	Yes	Yes
	Magnesium Oxide Tablet											
	Magnesium Oxide 250 MG Tablet	Tab	48400020000305	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)	Tab	48400020000310	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Oxide 400 MG Tab UD (Mag-OX)	Tab	48400020000310	No	0	No	No	No	No	N/A	Yes	Yes
	Magnesium Oxide 420 MG Tab (Maox 420)	Tab	48400020000315	No	0	No	No	No	No	N/A	No	Yes
	Magnesium Sulfate in D5W											
	Magnesium Sulfate in D5W IV Soln 1-5 GM/100ML-%	Sol	79400010412032	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate Inj											
	Magnesium Sulfate 1GM/2ML INJ [GM dosing] (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate 1GM/2ML Inj [mEq dosing] (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate Intravenous Soln 20 GM/500ML	Sol	79400010402050	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate Intravenous Solution 2 GM/50ML (mag)	Sol	79400010402040	No	0	No	Yes	Yes	No	N/A	No	Yes
	Magnesium Sulfate IV Soln 4 GM/100ML	Sol	79400010402045	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate IV Soln 4 GM/50ML	Sol	79400010402065	No	0	No	No	Yes	No	N/A	No	Yes
	Magnesium Sulfate IV Soln 40 GM/1000ML	Sol	79400010402055	No	0	No	No	Yes	No	N/A	No	Yes
	Mannitol Inj											
	Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	No	0	No	No	Yes	No	N/A	No	Yes
	Mannitol Intravenous Solution 20 % 250 ML	Sol	37400030002020	No	0	No	No	Yes	No	N/A	No	Yes
	Mannitol Intravenous Solution 20 % 500 ML	Sol	37400030002020	No	0	No	No	Yes	No	N/A	No	Yes
	Measles, Mumps AND Rubella VAC											
	Measles, Mumps And Rubella VAC 0.5 ML Inj (M-M-R II)	Sol Recon	17109903102100	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Mechlorethamine HCL Inj											
	Mechlorethamine HCL 10 MG Inj (Mustargen)	Sol Recon	21101030102105	No	0	No	No	Yes	No	N/A	No	Yes
	Meclizine HCl Tablet											
	Meclizine HCl 12.5 MG Tab (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	No	Yes
	Meclizine HCl 12.5 MG Tab UD (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	Yes	Yes
	Meclizine HCl 25 MG Tab (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	No	Yes
	Meclizine HCl 25 MG Tab UD (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:											
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
	Formulary Restrictions:											
	Limited to vertigo and Maximum of 30 days per year.											
	Meclizine HCl Tablet Chewable											
	Meclizine HCl Chewable Tablet 25 MG	Tab Chew	50200050000510	No	0	No	No	No	No	N/A	No	Yes
	Advisories:											
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****											
	Formulary Restrictions:											
	Limited to vertigo and Maximum of 30 days per year.											
	medroxyPROGESTERone Tab											
	medroxyPROGESTERone 2.5 MG Tab (Provera)	Tab	26000020200305	No	0	No	No	No	No	N/A	No	Yes
	medroxyPROGESTERone 5 MG Tab (Provera)	Tab	26000020200310	No	0	No	No	No	No	N/A	No	Yes
	medroxyPROGESTERone 10 MG Tab (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	No	Yes
	medroxyPROGESTERone 10 MG Tab UD (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:											
	****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
	medroxyPROGESTERone Injection											
	medroxyPROGESTERone 150MG/ML,1ML INJ (Depo-Provera)	Susp	25150035101820	No	0	No	No	Yes	No	N/A	No	Yes
	MedroxyPROGESTERone Acetate IM 150 MG/ML Syringe (depo-provera)	Susp Prefilled	2515003510E62	No	0	No	No	Yes	No	N/A	No	Yes
	Formulary Restrictions:											
	****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****											
	medroxyPROGESTERone Injection 400mg/ml											
	medroxyPROGESTERone Injection IM Susp 400 MG/ML (Depo-Provera)	Susp	21404010101840	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly
Formulary Restrictions:														
****MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****														
Megestrol Acetate Suspension 40 MG/ML														
	Megestrol Acetate Oral Susp 40 MG/ML , 240 ML (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Megestrol Acetate Oral Susp 40 MG/ML , 480ml (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Megestrol Acetate Oral Susp 40 MG/ML, 10 ML UD (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
Megestrol Acetate Tablet														
	Megestrol Acetate 20 MG Tab (Megace)	Tab	21404020100305	No	0	No	No	No	No	No	N/A	No	Yes	
	Megestrol Acetate 20 MG Tab UD (Megace)	Tab	21404020100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Megestrol Acetate 40 MG Tab (Megace)	Tab	21404020100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Megestrol Acetate 40 MG Tab UD	Tab	21404020100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
Meloxicam Tablet														
	Meloxicam 15 MG Tab (Mobic)	Tab	66100052000330	No	0	No	No	No	No	No	N/A	No	Yes	
	Meloxicam 15 MG Tab UD (Mobic)	Tab	66100052000330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Meloxicam 7.5 MG Tab (Mobic)	Tab	66100052000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Meloxicam 7.5 MG Tab UD (Mobic)	Tab	66100052000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
Advisories:														
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.														
Melphalan Inj														
	Melphalan HCl (PG Free) IV Soln 50 MG (Evomela)	Sol Recon	21101040102115	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Melphalan Hydrochloride 50 MG Inj (Alkeran IV)	Sol Recon	21101040102110	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
Melphalan Tablet														
	Melphalan 2 MG Tab (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Melphalan 2 MG Tab UD (Alkeran)	Tab	21101040000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
Meningococcal B Vac (Recomb) IM Syringe														
	Meningococcal B Vac (Recomb) IM Syringe (Trumenba)	Susp Prefilled	1720004012E61	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
Meningococcal Menveo IM Solution														
	Meningococcal(Menveo) IM Soln (Menveo)	Sol Recon	17200040482100	No	0	No	No	No	No	No	N/A	No	Yes	
Mepivacaine HCl (PF) Inj Solon 2% 20 ML														
	Mepivacaine HCl (PF) Inj Solon 2% 20 ML	Sol	69100050102017	No	0	No	Yes	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Mepivacaine HCl Injection 1%												
	Mepivacaine HCl (PF) Inj Soln 1% 30 ML (carbocaine)	Sol	69100050102007	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Mepivacaine HCl Inj Solution 2 % 50 ML	Sol	69100050102015	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Mepivacaine HCl Injection Soln 1% 30 ML (Polocaine)	Sol	69100050102005	No	0	No	No	Yes	No	N/A	No	Yes	
	Mepivacaine HCl Injection Solution 1.5 %												
	Mepivacaine PF Injection Solution 1.5 % 30 ml (Carbocaine)	Sol	69100050102012	No	0	No	No	Yes	No	N/A	No	Yes	
	Mercaptopurine Tablet												
	Mercaptopurine 50 MG Tab (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	No	Yes	
	Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Meropenem IV												
	Meropenem Intravenous Solution 500 MG (Merrem)	Sol Recon	16150050002120	No	0	No	No	Yes	No	N/A	No	Yes	
	Meropenem IV 1GM (Merrem IV)	Sol Recon	16150050002140	No	0	No	No	Yes	No	N/A	No	Yes	
	Meropenem-Sodium Chloride Intravenous Solution P												
	Meropenem-Sodium Chlor IV 1 GM/50ML Duplex (Merrem IV)	Sol Recon	16150050052130	No	0	No	No	Yes	No	N/A	No	Yes	
	Meropenem-Sodium Chlor Iv Soln 500-0.9 MG-% 50ML	Sol Recon	16150050052120	No	0	No	No	Yes	No	N/A	No	Yes	
	Mesalamine Delayed Release Tab 1.2 GM												
	Mesalamine 1.2 GM Delayed Release Tab (Lialda Tablet)	Tab DR	52500030000670	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine 1.2 GM Delayed Release Tab UD (Lialda)	Tab DR	52500030000670	No	0	No	No	No	No	N/A	Yes	Yes	
	Mesalamine Enema												
	Mesalamine (SfRowasa) Rectal Enema 4 GM/60ML (SfRowasa Enema)	Enema	52500030005110	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	52500030005105	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****												
	Mesalamine ER Capsule												
	Mesalamine 250 MG ER Cap (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine 250 MG ER Cap UD (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	Yes	Yes	
	Mesalamine 500 MG ER Cap (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine 500 MG ER Cap UD (Pentasa)	Cap ER	52500030000220	No	0	No	No	No	No	N/A	Yes	Yes	
	Mesalamine Rectal Kit 4 GM												
	Mesalamine Rectal Kit 4 GM (Rowasa)	Kit	52500030206420	No	0	No	Yes	No	No	N/A	No	Yes	
	Mesalamine Suppository												
	Mesalamine Rectal Suppository 1000 MG (Canasa)	Supp	52500030005240	No	0	No	No	No	No	N/A	No	Yes	
	Mesna Inj												
	Mesna IV Sol 100 MG/ML (Mesnex)	Sol	21758050002010	No	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crust.	Req.	Active Loc.	Dose Unit	Fmly
Mesna	Mesna 400 MG Tab (Mesnex)	Tab	21758050000320	No	0	No	No	No	No	No	N/A	No	Yes	
metFORMIN Solution 500 MG/5ML	metFORMIN ER Suspension 500 MG/5ML 473ML (Riomet)	Susp Recon	2725005000G22	No	0	No	Yes	No	No	No	N/A	No	Yes	
	metFORMIN Solution 500 MG/5ML [473ML] (Riomet)	Sol	27250050002020	No	0	No	Yes	No	No	No	N/A	No	Yes	
metFORMIN Tablets	metFORMIN HCl 250 MG (1/2 500mg) Tab repack (glucophage)	Tab	27250050000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	metFORMIN HCl 500 MG Tab (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	No	N/A	No	Yes	
	metFORMIN HCl 500 MG Tab UD (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	metFORMIN HCl 850 MG Tab (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	No	N/A	No	Yes	
	metFORMIN HCl 850 MG Tab UD (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	metFORMIN HCl 1000 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	No	N/A	No	Yes	
	metFORMIN HCl 1000 MG Tab UD (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	No	N/A	Yes	Yes	
Methadone Concentrate	Methadone Concentrate 10 MG/ML (Intensol)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone Concentrate 10 MG/ML 1 MG UD CUP	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 2 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 3 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 4 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 5 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone Concentrate 10 MG/ML 6 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 7 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone Concentrate 10 MG/ML 8 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 9 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 10 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone Concentrate 10 MG/ML 11 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 12 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 13 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 14 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 15 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 16 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone Concentrate 10 MG/ML 18 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 20 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 22 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 23 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 24 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 25 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 26 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 28 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 30 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone Concentrate 10 MG/ML 32 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Subd.	Schd.	DEA	Cosign	M/LP	Bulk	Pill Ln Only	Crust.	Req.	Loc.	Active	Dose	Unit	Emly
	Methadone Concentrate 10 MG/ML 34 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 35 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 36 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 38 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 40 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 41 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
	Methadone Concentrate 10 MG/ML 42 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 43 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
	Methadone Concentrate 10 MG/ML 44 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 45 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 46 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 47 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 49 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 50 MG(5ml) UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 51 MG UD	Concentrate	65100050101310	No	2	Yes	No	Yes	No	N/A	Yes	Yes					
	Methadone Concentrate 10 MG/ML 52 MG UD	Concentrate	65100050101310	No	2	Yes	No	Yes	No	N/A	Yes	Yes					
	Methadone Concentrate 10 MG/ML 53 MG UD	Concentrate	65100050101310	No	2	Yes	No	Yes	No	N/A	Yes	Yes					
	Methadone Concentrate 10 MG/ML 55 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 57 MG UD	Sol	65100050102015	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 59 MG	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 60 MG (6ml) UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 62 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 64 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 65 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 67 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 70 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 72 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 75 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 77 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 80 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 82 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 84 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 85 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 87 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 90 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 95 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 97 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML (4.5 ML) sugar fr (Methadose Sugar Free)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 100 MG ud cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 102 Mg UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 105 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 106 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Emly
	Methadone Concentrate 10 MG/ML 108 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 109 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 110 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 115 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 117 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 125 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 130 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 133 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
	Methadone Concentrate 10 MG/ML 135MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 140 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 150 MG 15 ML UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 155 MG UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 160 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 164 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 165 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 170 MG UD	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 180 MG UD cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 190MG	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				
	Methadone Concentrate 10 MG/ML 5ml UDSugar-Free (Methadose)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
	Methadone Concentrate 10 MG/ML1000ML Sugar-Free (Methadose)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
	Methadone Concentrate 10MG/ML 120 MG (12m)UD Cup	Concentrate	65100050101310	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes				

Advisories:

***For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT.**

Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment

METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)

*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**

PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE

ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT

TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION

** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM

**Total daily dose for the

treatment of neuropathic pain should not exceed 20mg/day****

Medical Referral Center (MRC) Initiation Only

MLP Requires Cosign

Methadone HCl Oral Solution 5 MG/5ML

Methadone HCl Oral Solution 5 MG/5ML

Sol 65100050102010 No 2 Yes No Yes No N/A No Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc. Active	Unit Dose	Emly
<p>Advisories:</p> <p>***For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT." Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment</p> <p>**METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)**</p> <p>*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**</p> <p>**PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE**</p> <p>**ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**</p> <p>**TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION**</p> <p>** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**</p> <p>**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**</p> <p>**Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day****</p> <p>**Medical Referral Center (MRC) Initiation Only**</p> <p>**MLP Requires Cosign**</p>													
Methadone Solution 10 MG/5 ML													
	Methadone HCl Solution 2 MG/ML (10 ML UD)	Sol	65100050102015	No	2	Yes	No	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (15 ML)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone HCl Solution 2 MG/ML (12.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (2.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (25 ML)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (6 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML (7.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	Methadone HCl Solution 2 MG/ML 60MG (30ml)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	
	Methadone HCl Solution 2 MG/ML, 500 ML (Methadone)	Sol	65100050102015	No	2	Yes	Yes	Yes	No	N/A	No	Yes	
<p>Advisories:</p> <p>****For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT**</p> <p>Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment</p> <p>**METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)**</p> <p>*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**</p> <p>**PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE**</p> <p>**ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**</p> <p>**TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION**</p> <p>** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**</p> <p>**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**</p> <p>**Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day****</p> <p>**Medical Referral Center (MRC) Initiation Only**</p> <p>**MLP Requires Cosign**</p>													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Methadone Tablet																
	Methadone 2.5 MG Tab (1/2 tablet) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Methadone 5 MG Tab (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Methadone 5 MG Tab UD (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes					
	Methadone 10 MG Tab (Methadose)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Methadone 10 MG Tab UD (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes					
	Methadone 40 MG Diskets (Methadose Disket)	Tab Soluble	65100050107320	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Advisories:																
	****For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT**																
	Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment																
	METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)																
	*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**																
	PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE																
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT																
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION																
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**																
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM																
	Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day**																
	Medical Referral Center (MRC) Initiation Only																
	MLP Requires Cosign																
	Methadone Tablet (OTP USE ONLY)																
	Methadone 5 MG Tab (OTP USE ONLY) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Methadone 10 MG Tab (OTP USE ONLY)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes					
	Advisories:																
	***For use at institutions with a licensed or contracted Opioid Treatment Program when used for MAT.**																
	Consult with Regional Medical Director and Regional Chief Pharmacist when providing Medication Assisted Treatment																
	METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED)																
	*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY**																
	PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE																
	ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT																
	TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION																
	** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**																
	IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM																
	Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day**																
	MLP Requires Cosign																
	Methenamine Hippurate Tablet 1GM																
	Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)	Tab	16800020200305	No	0	No	No	No	No	No	No	N/A	No	Yes			
	Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)	Tab	16800020200305	No	0	No	No	No	No	No	No	N/A	Yes	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly Yes
Methenamine Mandelate Tab												
	Methenamine Mandelate 1 GM Tab (Mandelamine)	Tab	16800020100320	No	0	No	No	No	No	N/A	No	Yes
	Methenamine Mandelate 500 MG Tab (Mandelamine)	Tab	16800020100310	No	0	No	No	No	No	N/A	No	Yes
Methimazole Tablet												
	Methimazole 5 MG Tab (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	N/A	No	Yes
	Methimazole 5 MG Tab UD (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	N/A	Yes	Yes
	Methimazole 10 MG Tab (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	No	Yes
	Methimazole 10 MG Tab UD (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	N/A	Yes	Yes
Methotrexate Sodium Inj												
	Methotrexate Sodium (PF) Inj Soln 1 GM/40ML	Sol	21300050102075	No	0	No	No	Yes	No	N/A	No	Yes
	Methotrexate Sodium (PF) Inj Soln 250 MG/10ML	Sol	21300050102069	No	0	No	No	Yes	No	N/A	No	Yes
	Methotrexate Sodium (PF) Inj Soln 50 MG/2ML	Sol	21300050102063	No	0	No	No	Yes	No	N/A	No	Yes
	Methotrexate Sodium Inj Solution 250 MG/10ML	Sol	21300050102068	No	0	No	No	Yes	No	N/A	No	Yes
	Methotrexate Sodium Injection Soln 1 GM	Sol Recon	21300050102150	No	0	No	No	Yes	No	N/A	No	Yes
	Methotrexate Sodium Injection Solution 50 MG/2ML	Sol	21300050102062	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories:	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***										
Methotrexate Sodium Tablet												
	Methotrexate Sodium 10 MG Tab	Tab	21300050100340	No	0	No	No	No	No	N/A	No	Yes
	Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)	Tab	21300050100310	No	0	No	No	No	No	N/A	No	Yes
	Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***										
	Formulary Restrictions:	***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***										
Methoxsalen Capsule												
	Methoxsalen 10 MG Cap (Oxsoralen-Ultra 10 MG)	Cap	90250560100110	No	0	No	No	No	No	N/A	No	Yes
Methyldopa Tablet												
	Methyldopa 250 MG Tab (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	No	Yes
	Methyldopa 250 MG Tab UD (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	N/A	Yes	Yes
	Methyldopa 500 MG Tab (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	N/A	No	Yes
	Methyldopa 500 MG Tab UD (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:	****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA***										
Methylene Blue Inj 1%												
	Methylene Blue Inj 1%, 10 ML (Methylene Blue)	Sol	93000050002005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Methylene Blue Intravenous Solution 50 MG/10ML (ProvayBlue)	Sol	93000050002030	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MILP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Family
	Methylergonovine Maleate Inj											
	Methylergonovine Maleate 200 MCG/ML,1 ML Inj (Methylergonovine Maleate Inj)	Sol	29000020102005	No	0	No	No	Yes	No	N/A	No	Yes
	Methylergonovine Maleate Tablet											
	Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	No	Yes
	Methylergonovine Maleate 200 MCG Tab UD (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	Yes	Yes
	MethylPREDNISolone Acetate Injection											
	methylPREDNISolone Acetate 40 MG/ML, 5ML INJ (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes
	methylPREDNISolone Acetate 40 MG/ML,1 ML Inj (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes
	methylPREDNISolone Acetate 80 MG/ML,1 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes
	methylPREDNISolone Acetate 80 MG/ML,5 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes
	methylPREDNISolone Acetate Inj Susp 40 MG/ML 10M	Susp	22100030101810	No	0	No	Yes	Yes	No	N/A	No	Yes
	MethylPREDNISolone Injection Susp 20 MG/ML 5 ML (Depo- Medrol)	Susp	22100030101805	No	0	No	Yes	Yes	No	N/A	No	Yes
	MethylPREDNISolone Sod Succinate Inj											
	methylPREDNISolone Inj Solution 2 GM (Solu-Medrol)	Sol Recon	22100030202130	No	0	No	No	Yes	No	N/A	No	Yes
	methylPREDNISolone Sod Suc 125 MG/2ml W/DILUENT (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 1 GRAM Vial (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 125 MG/2 ML Inj (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 125 MG/ML,4 ML Inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 125 MG/ML,8 ML Inj (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 40 MG/ML 1 ML Inj (Solu Medrol 40 MG ACT-O-VIAL)	Sol Recon	22100030202105	No	0	No	Yes	Yes	No	N/A	No	Yes
	methylPREDNISolone SOD Succ 500 MG inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes
	MethylPREDNISolone Tab											
	methylPREDNISolone 2 MG Tab (Medrol)	Tab	22100030000305	No	0	No	No	No	No	N/A	No	Yes
	methylPREDNISolone 4 MG Tab (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	No	Yes
	methylPREDNISolone 4 MG Tab UD (Medrol)	Tab	22100030000310	No	0	No	No	No	No	N/A	Yes	Yes
	methylPREDNISolone 8 MG Tablet	Tab	22100030000315	No	0	No	No	No	No	N/A	No	Yes
	methylPREDNISolone 16 MG Tab (Medrol)	Tab	22100030000320	No	0	No	No	No	No	N/A	No	Yes
	methylPREDNISolone 32 MG Tab	Tab	22100030000330	No	0	No	No	No	No	N/A	No	Yes
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)											
	methylPREDNISolone 4 MG Tab [21 count Pack] (Medrol Dospak 4MG -21 TAB)	Tab Therapy	2210003000B70 5	No	0	No	Yes	No	No	N/A	No	Yes
	Metoclopramide HCL Injection											
	Metoclopramide HCL 5 MG/ML, 2 ML Inj (Reglan Injection)	Sol	52300020102005	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories:											
	***limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**											
	Non-Formulary Use Criteria:											
	1. Restricted to 12 weeks of therapy for all formulations											
	2. If NFR approved, after 12 weeks, get periodic AIMS testing											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Metoclopramide HCl Soln 10 MG/10ML											
	Metoclopramide HCl Oral Solution 5 MG/5ML 480ML (Reglan)	Sol	52300020102013	No	0	No	Yes	No	No	N/A	No	Yes
	Metoclopramide HCl Soln 10 MG/10 ML [UD Cup] (Reglan)	Sol	52300020102013	No	0	No	Yes	No	No	N/A	Yes	Yes
	Advisories: ***limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**											
	Non-Formulary Use Criteria: **1. Restricted to 12 weeks of therapy for all formulations** **2. If NFR approved, after 12 weeks, get periodic AIMS testing**											
	Metoclopramide Tablet											
	Metoclopramide 5 MG Tab (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	No	Yes
	Metoclopramide 5 MG Tab UD (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	Yes	Yes
	Metoclopramide 10 MG Tab (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	No	Yes
	Metoclopramide 10 MG Tab UD (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories: ***limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**											
	Non-Formulary Use Criteria: **1. Restricted to 12 weeks of therapy for all formulations** **2. If NFR approved, after 12 weeks, get periodic AIMS testing**											
	MetOLazone Tablet											
	MetOLazone 2.5 MG Tab (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	No	Yes
	MetOLazone 2.5 MG Tab UD (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	N/A	Yes	Yes
	MetOLazone 5 MG Tab (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	No	Yes
	MetOLazone 5 MG Tab UD (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	N/A	Yes	Yes
	MetOLazone 10 MG Tab (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	No	Yes
	MetOLazone 10 MG Tab UD (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	N/A	Yes	Yes
	Metoprolol Injection											
	Metoprolol 1MG/ML, 5ML Inj (Lopressor Injection)	Sol	33200030102005	No	0	No	No	Yes	No	N/A	No	Yes
	Metoprolol Tartrate IV Soln Cartridge 5 MG/5ML	Sol Cartridge	3320003010E22 0	No	0	No	No	Yes	No	N/A	No	Yes
	Metoprolol Succinate XL Tablet 24 Hour											
	Metoprolol Succ XL 24 Hour 25 MG Tab (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 25 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	Yes	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	Yes	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	Yes	Yes
	Metoprolol Succ XL 24 Hour 200 MG Tab (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 200 MG Tab UD (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	Yes	Yes

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

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Unit Dose	Fmly
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****															
Miconazole Cream 2%															
	Miconazole Nitrate Cream 2% 42.5 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes			
	Miconazole Nitrate Cream 2% 57 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes			
	Miconazole Nitrate Cream 2%, 15 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes			
	Miconazole Nitrate Cream 2%, 28.4 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes			
	Miconazole Nitrate Cream 2%, 30 GM	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes			
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***															
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolinaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.**															
Miconazole Powder															
	Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	9780000003200	No	0	No	Yes	No	No	N/A	No	Yes			
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***															
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolinaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.**															
Miconazole Powder 2%															
	Miconazole External Powder 2% 43 GM (Dexenex Powder 2 %)	Pwdr	90154050102910	No	0	No	Yes	No	No	N/A	No	Yes			
	Miconazole External Powder 2% 85 GM (Coloplast)	Pwdr	90154050102910	No	0	No	Yes	No	No	N/A	No	Yes			
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***															
Non-Formulary Use Criteria: **1. Patient is indigent, treatment is medically necessary, AND has failed OTC Indigent program alternatives (ex: tolinaftate cream). Orders are limited to 60 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.**															
Miconazole Vaginal suppository 200 mg (QTY 3)															
	Miconazole Vaginal (QTY 3) 200 MG Suppository (Monistat 3)	Supp	55104050105210	No	0	No	Yes	No	No	N/A	No	Yes			
Miconazole Vaginal Cream 2%															
	Miconazole Vaginal Cream 2%, 45 GM (Monistat-7)	Cm	55104050103710	No	0	No	Yes	No	No	N/A	No	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***											
	Miconazole Vaginal Cream 4 % Miconazole Vaginal Cream 4 % 15 gm (Monistat 3 Vaginal Cream 4 %)	Cm	55104050103720	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***											
	Miconazole Vaginal Suppository 100 mg (QTY 7) Miconazole Vaginal (QTY 7) 100 MG Suppository (Monistat 7 Vaginal Suppository)	Supp	55104050105205	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***											
	Microchamber spacer Microchamber Spacer (MicroChamber Spacer)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes
	Midazolam HCL Injection Midazolam 10 MG/2 ML Inj (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl (PF) Inj Soln 10 MG/2ML 2ML	Sol	60201025102011	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl (PF) Inj Soln 2 MG/2ML 2ML	Sol	60201025102008	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl (PF) Injection Soln 5 MG/5ML 5 ML	Sol	60201025102009	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl (PF) Injection Soln 5 MG/ML 1 ML	Sol	60201025102006	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCL Inj 5 MG/ML, 1 ML (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCL Inj 5 MG/ML, 5 ML (Versed)	Sol	60201025102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes
	Midazolam HCl Injection Solution 10 MG/10ML	Sol	60201025102004	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl Injection Solution 10 MG/2ML 2ML	Sol	60201025102010	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl Injection Solution 2 MG/2ML, 2 ML (Versed)	Sol	60201025102002	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl Injection Solution 5 MG/5ML (Versed)	Sol	60201025102003	No	4	Yes	No	Yes	No	N/A	No	Yes
	Midazolam HCl Injection Solution 50 MG/10ML	Sol	60201025102050	No	4	Yes	No	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****For anesthesia/Surgery OR status epilepticus only**** **MLP Requires Cosign**											
	Minoxidil Tablet Minoxidil 2.5 MG Tab (Loniten)	Tab	36400020000305	No	0	No	No	No	No	N/A	No	Yes
	Minoxidil 2.5 MG Tab UD	Tab	36400020000305	No	0	No	No	No	No	N/A	Yes	Yes
	Minoxidil 10 MG Tab (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	No	Yes
	Minoxidil 10 MG Tab UD (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmly
	Mirtazapine Tablet													
	Mirtazapine 7.5 MG Tab (Remeron)	Tab	58030050000308	No	0	No	No	No	No	No	N/A	No	Yes	
	Mirtazapine 7.5 MG Tab UD (Remeron)	Tab	58030050000308	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Mirtazapine 15 MG Tab (Remeron)	Tab	58030050000315	No	0	No	No	No	No	No	N/A	No	Yes	
	Mirtazapine 15 MG Tab UD (Remeron)	Tab	58030050000315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Mirtazapine 30 MG Tab (Remeron)	Tab	58030050000330	No	0	No	No	No	No	No	N/A	No	Yes	
	Mirtazapine 30 MG Tab UD (Remeron)	Tab	58030050000330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Mirtazapine 45 MG Tab (Remeron)	Tab	58030050000345	No	0	No	No	No	No	No	N/A	No	Yes	
	Mirtazapine 45 MG Tab UD (Remeron)	Tab	58030050000345	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	Misoprostol Tablet													
	Misoprostol 100 MCG Tab (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	No	N/A	No	Yes	
	Misoprostol 100 MCG Tab UD (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Misoprostol 200 MCG Tab (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Misoprostol 200 MCG Tab UD (Cytotec)	Tab	49250030000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Mitomycin Inj													
	Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Mitomycin 20 MG Inj (Mutamycin)	Sol Recon	21200050002110	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Mitomycin 40 MG Inj (Mutamycin)	Sol Recon	21200050002120	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Mitotane Tablet													
	Mitotane 500 MG Tab (Lysodren)	Tab	21402250000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
	MitoXANTRONE HCL Inj													
	MitoXANTRONE HCl IV Concentrate 20 MG/10ML	Concentrate	21200055001320	No	0	No	No	Yes	No	No	N/A	No	Yes	
	mitoXANTRONE HCl IV Concentrate 25 MG/12.5ML	Concentrate	21200055001325	No	0	No	No	Yes	No	No	N/A	No	Yes	
	mitoXANTRONE HCl IV Concentrate 30 MG/15ML	Concentrate	21200055001330	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Medical Referral Center (MRC) Use Only													
	Moderna COVID-19 Vaccine IM Susp 100 MCG/0.5ML													
	Moderna COVID-19 Vaccine IM 100 MCG/0.5ML 5 ML (Moderna)	Susp	17100002401840	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Moderna COVID-19 Vaccine IM 100 MCG/0.5ML 7 ML	Susp	17100002401840	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Mometasone Furoate 110 MCG/Inh													
	Mometasone Furoate Inhal 110 MCG/Inh [30 doses] (Asmanex 30 Metered Doses)	Aero Pwdr	44400036208010	No	0	No	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Mometasone Furoate 220 MCG/Inh													
	Mometasone Furoate Inhal 220 MCG/Inh [30 doses] (Asmanex 30 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Mometasone Furoate Inhal 220 MCG/Inh [60 doses] (Asmanex 60 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Mometasone Furoate Inhal 220 MCG/Inh [120 doses] (Asmanex 120 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Mometasone Furoate Inhal 220 MCG/INH [14 doses]	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Monoject Insulin Syringe Misc 29G X 1/2" 1 ML													
	BD Insulin Syringe Misc 29G X 1/2" 0.5 ML	Miscellaneous	97051030906327	No	0	No	No	Yes	No	No	N/A	No	Yes	
	BD Insulin Syringe Ultrafine Misc 30GX1/2" 1 ML	Miscellaneous	97051030906386	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Insulin Syringe/Needle 28G X 1/2" 1ML	Miscellaneous	97051030906370	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Monoject Insulin Syringe Misc 29G X 1/2" 1 ML (Monoject)	Miscellaneous	97051030906380	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Monoject TB Safety Syringe Misc 28G X 1/2" 1 ML													
	Monoject TB Safety Syringe Misc 28G X 1/2" 1 ML	Miscellaneous	97051040706360	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	SAFETY-LOK TB Syringe 25G X 5/8" 1 ML	Miscellaneous	97051040706330	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Morphine Concentrated Sulfate Solution 20 MG/ML													
	Morphine Sulf Conc Oral Soln 10MG/0.5ML Oral SYR	Sol	65100055102090	No	2	Yes	Yes	Yes	No	No	N/A	Yes	Yes	
	Morphine Sulfate Oral Concen Sol 20 MG/1ML 15ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Morphine Sulfate Oral Concen Soln 20 MG/ML 30ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Morphine Sulfate Oral concen Soln 20MG/ML 120ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Advisories:													
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
	MLP Requires Cosign													
	Morphine ER 24 Hour Capsule (AVINza)													
	Morphine ER (AVINza) 24 Hour 30 MG Capsule (AVINza)	Cap ER 24	65100055207020	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Cap ER 24	65100055207025	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Morphine ER (AVINza) 24 Hour 60 MG Capsule (AVINza)	Cap ER 24	65100055207030	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Morphine ER (AVINza) 24 Hour 75 MG Capsule (Avinza)	Cap ER 24	65100055207035	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Morphine ER (AVINza) 24 Hour 90 MG Capsule (AVINza)	Cap ER 24	65100055207040	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Morphine ER (AVINza) 24 Hour 120 MG Capsule (AVINza)	Cap ER 24	65100055207050	No	2	Yes	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
	MLP Requires Cosign													
	Morphine Pump Infusion Solution													
	Morphine Pump Infusion Solution	Sol	65100055102050	No	2	Yes	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Sched.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crust.	Req.	Loc.	Active	Dose	Unit	Fmly
	MLP Requires Cosign																
	Morphine Sulfate ER 24 Hour Cap (Kadian)																
	Morphine Sulfate ER 24 Hour 10 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 10 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 20 MG Cap UDKadian	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 20 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 30 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 30 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 50 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 50 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 60 MG Cap [Kadian] (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 60 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 80 MG Cap UD[Kadian (kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 80 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 100 MG Cap UD[Kadian (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 100 MG Cap[Kadian] (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 200 MG Capsule (Kadian)	Cap ER 24	65100055107080	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine Sulfate ER 24 Hour 40 MG Cap(Kadian) (Kadian)	Cap ER 24	65100055107035	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Advisories:																
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****																
	MLP Requires Cosign																
	Morphine Sulfate ER/SR 12 Hour Tablet																
	MorphaBond ER 100 MG Tab 12 Hr Abuse-Deterrent	Tab ER 12	6510005510A76	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	MorphaBond ER 15 MG Tab 12 Hour Abuse-Deterrent	Tab ER 12	6510005510A72	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	MorphaBond ER 30 MG Tab 12 Hr Abuse-Deterrent	Tab ER 12	6510005510A73	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	MorphaBond ER 60 MG Tablet 12 Hr Abuse-Deterrent (MorphaBond)	Tab ER 12	6510005510A74	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine ER (Arymo) 15 MG Tab Abuse-Deter (Arymo ER)	Tab ER Abuse-	6510005510A62	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine ER (Arymo) 30 MG Tab Abuse-Deterrent	Tab ER Abuse-	6510005510A63	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine ER (Arymo) 60 MG Tab Abuse-Deterrent (Arymo)	Tab ER Abuse-	6510005510A64	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 15 MG Tab	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 15 MG Tab UD (Oramorph)	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 30 MG Tab	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 30 MG Tab UD (MS Contin)	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 60 MG Tab (Oramorph sr 12 hour)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 60 MG Tab UD (Oramorph)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morphine SR/ER 12 Hour 100 MG Tab	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Emly
	Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)	Tab ER	65100055100460	No	2	Yes	No	Yes	No	No	N/A	Yes	Yes		
	Morphine SR/ER 12 Hour 200 MG Tab	Tab ER	65100055100480	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
Advisories:															
****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****															
MLP Requires Cosign															
Morphine Sulfate Injection															
	Morphine 1 MG/ML PF Inj (2ml) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate 2 MG/ML, 1 ML Inj (Morphine Sulfate Injection)	Sol	65100055102005	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate 4 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102010	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Inj)	Sol	65100055102015	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj 8 MG/ML 1 ML, Ampule (Morphine Sulfate Injection)	Sol	65100055102025	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj 8 MG/ML, 1ML Syringe	Sol	65100055102025	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj 8 MG/ML, 1ML Tbx (Morphine Sulfate Injection)	Sol	65100055102025	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) 10 MG/ML Injection Soln	Sol	65100055102030	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) 2 MG/ML Inj	Sol	65100055102057	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) 4 MG/ML Prefilled Syringe	Sol	65100055102058	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Inj 10 MG/ML carpujet (Morphine carpujet)	Sol	65100055102060	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Inj 4 MG/ML Carpuject (Morphine Carpuject)	Sol	65100055102058	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Inj Soln 10 MG/ML 1ML vial	Sol	65100055102052	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Inj Soln 8 MG/ML	Sol	65100055102013	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Injection Soln 0.5 MG/ML	Sol	65100055102050	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Injection Soln 4 MG/ML 1ML	Sol	65100055102011	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Injection Solution 2 MG/ML	Sol	65100055102055	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Injection Solution 5 MG/ML	Sol	65100055102012	No	2	Yes	Yes	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Intravenous Soln 10 MG/ML	Sol	65100055102060	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) Intravenous Soln 8 MG/ML	Sol	65100055102059	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate (PF) IV Soln 4 MG/ML vial	Sol	65100055102058	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate 1 MG/ML (2ml) inj	Sol	65100055102004	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate 10 MG/ML, 1 ML Tbx (Morphine Sulfate Inj)	Sol	65100055102030	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate 10 MG/ML, 1 ML Vial	Sol	65100055102030	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj Soln 1 MG/ML [10ML] (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj Soln 10 MG/ML [10ml vial]	Sol	65100055102030	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Inj Soln 5 MG/ML 1 ML vial	Sol	65100055102015	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Intravenous Solution 10 MG/ML	Sol	65100055102032	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Intravenous Solution 4 MG/ML	Sol	65100055102009	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate Intravenous Solution 8 MG/ML	Sol	65100055102014	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate IV Soln 25 MG/ML 10ML vial	Sol	65100055102044	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate IV Soln 50 MG/ML 20 ML	Sol	65100055102049	No	2	Yes	No	Yes	No	No	N/A	No	Yes		
	Morphine Sulfate IV Soln 50 MG/ML 50 ML	Sol	65100055102049	No	2	Yes	No	Yes	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose	Unit	Emly	
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**																
	Morphine Sulfate Injection (PCA)																
	Morphine Sulfate (PCA) 1 MG/ML [30 ml]	Sol	65100055102004	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate (PCA) 5 MG/1 ML [30ml]	Sol	65100055102017	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**																
	Morphine Sulfate IR Tablet																
	Morphine Sulfate IR 15 MG Tab (MSIR)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes		Yes		
	Morphine Sulfate IR 15 MG Tab UD (Morphine)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes		Yes		
	Morphine Sulfate IR 30 MG Tab	Tab	65100055100315	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes		Yes		
	Morphine Sulfate IR 30 MG Tab UD	Tab	65100055100315	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes		Yes		
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**																
	Morphine Sulfate Microinfusion Inj Soln																
	Morphine Sulfate Microinfusion Inj 200MG/20ML	Sol	65100055302020	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate Microinfusion Inj 500 MG/20ML (Mitigo)	Sol	65100055302040	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes		Yes	
	MLP Requires Cosign																
	Morphine Sulfate Oral Solution 10 MG/5ML																
	Morphine Sulfate Oral Soln 10 MG/5 ML [2.5ML UD]	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	Yes	Yes		Yes	
	Morphine Sulfate Oral Soln 10 MG/5ML [5 ML Cup] (Morphine)	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	Yes	Yes		Yes	
	Morphine Sulfate Oral Solution 10 MG/5 ML 500ml	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate Oral Solution 10 MG/5ML [100ml]	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate Oral Solution 10 MG/5ML 15ml UD	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	Yes	Yes		Yes	
	Morphine Sulfate Sol 10 MG/5ML (2.5ML) Oral Syr	Sol	65100055102065	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate Soln 10mg/5ml (1ML) Oral Syring	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	No	Yes		Yes	
	Morphine Sulfate Soln 10mg/5ml (2ML) Oral Syring	Sol	65100055102065	No	2	Yes	Yes	Yes	No	Yes	No	N/A	No	Yes		Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Fmly
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**															
	Morphine Sulfate Oral Solution 20 MG/10ML															
	Morphine Sulfate Oral Solution 20 MG/5 ML	Sol	65100055102070	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes			
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**** **MLP Requires Cosign**															
	Moxifloxacin HCL Ophth Solution 0.5%															
	Moxifloxacin (Moxeza) Ophthalmic Soln 0.5% 3ML (Moxeza)	Sol	86101038102025	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Moxifloxacin HCL 0.5% Ophth Soln 3ml (Vigamox)	Sol	86101038102020	No	0	Yes	Yes	No	No	N/A	No	Yes				
	Formulary Restrictions: *****Do Not Use for MRSA***** **MLP Requires Cosign**															
	Multivitamin Animal Shapes Chew Tab with C&FA UD															
	Multivitamin Animal Shapes Chew Tab with C&FA	Tab Chew	78412000000500	No	0	No	No	No	No	N/A	Yes	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.** Non-Formulary Use Criteria: **1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder**															
	Multivitamin Chewable Tablet															
	Multivitamin Chewable Tab (Flintstone) (Flintstone Complete Chewable Multivitamin Tab)			No	0	No	No	No	No	N/A	No	Yes				
	Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.** Non-Formulary Use Criteria: **1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder**															
	Multivitamin Liquid (Thera Plus)															
	Multivitamin Liquid (Thera-Plus) 120 ML (Thera Plus Liquid)	Liq	78200000000900	No	0	No	Yes	No	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active Dose	Unit	Emly
	<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p> <p>Non-Formulary Use Criteria: **1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder**</p>														
	Multivitamin Tab Chewable (childrens)														
	Animal Shapes/Iron Oral Tablet Chewable 18 MG	Tab Chew	78430000000518	No	0	No	No	No	No	No	N/A	No	Yes		
	Flintstones Complete Oral Tablet Chewable 10 MG (Flintstones)	Tab Chew	78430000000510	No	0	No	No	No	No	No	N/A	No	Yes		
	Multivitamin/w minerals Chewable Jr Tab 60mg (Cerovite Jr)	Tab Chew	78430000000518	No	0	No	No	No	No	No	N/A	No	Yes		
	Multivitamin W/Minerals Tablet chewable														
	Multivitamin/w minerals Oral Tablet Chewable (Centrum Oral Tablet Chewable)	Tab Chew	78310000000500	No	0	No	No	No	No	No	N/A	No	Yes		
	<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p> <p>Non-Formulary Use Criteria: **1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder**</p>														
	Multivitamin/w minerals(childrens) JR Chew tab														
	Multivitamin (Centrum Kids) Tablet Chewable (Centrum)	Tab Chew	78421000000500	No	0	No	No	No	No	No	N/A	No	Yes		
	<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p>														
	Multrys Intravenous Solution 60-3-6-1000 MCG/ML														
	Multrys Intravenous Solution 60-3-6-1000 MCG/ML	Sol	79909904252010	No	0	No	No	Yes	No	N/A	No	Yes			
	Mycophenolate Mofetil 250 MG Capsule														
	Mycophenolate Mofetil 250 MG Cap (CellCept)	Cap	99403030100120	No	0	No	No	No	No	N/A	No	Yes			
	Mycophenolate Mofetil 250 MG Cap UD (Cellcept)	Cap	99403030100120	No	0	No	No	No	No	N/A	Yes	Yes			
	Mycophenolate Mofetil 500 MG Tablet														
	Mycophenolate Mofetil 500 MG Tab (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	No	Yes			
	Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	No	0	No	No	No	No	N/A	Yes	Yes			
	Nadolol Tab														
	Nadolol 20 MG Tab (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	No	Yes			
	Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	No	0	No	No	No	No	N/A	Yes	Yes			
	Nadolol 40 MG Tab (Corgard)	Tab	33100010000305	No	0	No	No	No	No	N/A	No	Yes			
	Nadolol 40 MG Tab UD	Tab	33100010000305	No	0	No	No	No	No	N/A	Yes	Yes			
	Nadolol 40 MG Tab UD (repack) (Corgard)	Tab	33100010000305	No	0	No	No	No	No	N/A	Yes	Yes			
	Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	N/A	No	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Nafcillin Sodium in Dextrose Iv Soln											
	Nafcillin Sodium in Dextrose Iv Soln 1 GM/50ML	Sol	01300040112020	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium in Dextrose IV Soln 2 GM/100ML	Sol	01300040112025	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium Injection											
	Nafcillin Sodium 1 GM Inj (Nafcillin)	Sol Recon	01300040102105	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium 10 GM Inj (Nafcillin)	Sol Recon	01300040102127	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium ADVantage 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium Injection Solution 2 GM	Sol Recon	01300040102115	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium Injection Solution Recons 10 GM	Sol Recon	01300040102127	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium IV Solution Reconstituted 1 GM	Sol Recon	01300040102107	No	0	No	No	Yes	No	N/A	No	Yes
	Nafcillin Sodium Premix											
	Nafcillin Sodium in Dextrose 2G/100ML			No	0	No	No	Yes	No	N/A	No	Yes
	Nalbuphine Hydrochloride Injection											
	Nalbuphine Hydrochloride 10 MG/ML,1ML Inj (Nubain)	Sol	65200030102005	No	0	Yes	No	Yes	No	N/A	No	Yes
	Nalbuphine Hydrochloride 20 MG/ML,1ML INJ (Nubain)	Sol	65200030102010	No	0	Yes	No	Yes	No	N/A	No	Yes
	Advisories: ****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**											
	Naloxone Hydrochloride Inj											
	Naloxone HCl Injection Solution 4 MG/10ML	Sol	93400020102030	No	0	No	Yes	Yes	No	N/A	No	Yes
	Naloxone Hydrochloride 0.4 MG/ML (10 ml) MDV (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes
	Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)	Sol Prefilled	9340002010E54 0	No	0	No	No	Yes	No	N/A	No	Yes
	Naloxone Hydrochloride 400 MCG/ML,1 ML Inj (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes
	Naloxone Nasal Liquid 4 MG/0.1ML											
	Naloxone Nasal Liquid 4 MG/0.1ML (Narcan)	Liq	93400020100920	No	0	No	Yes	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria: **1. Prescribed on a case-by-case basis only for inmates with a high risk of opioid overdose who are releasing from BOP custody or transferring to a residential reentry center or home confinement** **2. Nasal dosage form is the preferred first-line therapy prior to auto-injector use.** **3. When naloxone nasal is prescribed, appropriate education on the risks and symptoms of opioid overdose and the use of naloxone must be provided to the inmate and documented in the medical record.**											
	Naltrexone (Vivitrol) IM Suspension 380 MG											
	Naltrexone (Vivitrol) IM Suspension 380 MG (Vivitrol)	Susp Recon	93400030001920	No	0	Yes	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	MLP Requires Cosign												
	Naltrexone HCl Tablet (NON-MOUD USE)												
	Naltrexone HCl 50 MG Tab UD (Non-MOUD use) (ReVia)	Tab	93400030100305	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Naltrexone HCl Tablet (MOUD USE)												
	Naltrexone HCl 25 MG (MOUD) (1/2 tab repack) (ReVia)	Tab	93400030100305	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Naltrexone HCl 50 MG Tab (MOUD USE) (ReVia)	Tab	93400030100305	No	0	No	No	Yes	No	N/A	No	Yes	
	Naltrexone HCl 50 MG Tab UD (MOUD USE) (ReVia)	Tab	93400030100305	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Naphazoline/Pheniramine Ophth Soln 0.025-0.3%												
	Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	
	Naphazoline/Pheniramine Ophth 0.027-0.315% 15ML (Opcon)	Sol	86409902142015	No	0	No	Yes	No	No	N/A	No	Yes	
	Naphazoline/Pheniramine Soln(Visine-A)0.025-0.3% (VisineA ophth solution)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	
	Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories:												
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
	Non-Formulary Use Criteria:												
	1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND												
	2. Failure of commissary alternatives OR												
	3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).												
	Naproxen E.C. Tablet												
	Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	No	0	No	No	No	No	N/A	No	Yes	
	Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	No	0	No	No	No	No	N/A	No	Yes	
	Advisories:												
	Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.												
	Naproxen Suspension 125 MG/5ML												
	Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories:												
	OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
	Naproxen Tablet												
	Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	No	Yes	
	Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	No	Yes	
	Naproxen 375 MG Tab UD (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	No	Yes	
	Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active Dose	Unit	Fmly
	Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***														
	Neomy/Poly B/ Bacit/HC Ointment Neomy/Poly B/ Bacit/HC 15G OINT (Cortisporin Oint)	Oint	90109904104220	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomy/Polymi/Bacit/HC Ophth Oint Neomy/Polymi/Bacit/HC Ophth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin Sulfate Tablet Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	No	N/A	No	Yes		
	Neomycin Sulfate 500 MG Tab UD (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	No	N/A	Yes	Yes		
	Neomycin, Poly B, Bacitracin Oint UD Neomycin, Poly B, Bacitracin Oint UD (triple ABX (Triple Antibiotic Oint)	Oint	90109803104200	No	0	No	Yes	No	No	No	N/A	Yes	Yes		
	Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***														
	Formulary Restrictions: ***Clinic Use only***														
	Neomycin/Poly B/Bacitracin Ophth oint Neomycin/Poly B/Bacitracin Ophth Oint 3.5 GM (Neo/Poly B/Bacit Ophth Ointment)	Oint	86109903104220	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/Dexameth Ophth Oint Neomycin/Poly B/Dexameth Ophth Oint 3.5 GM GM (Maxitrol)	Oint	86309903324210	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/Dexameth Ophth Susp Neomycin/Poly B/Dexameth Ophth Susp 5 ML (Maxitrol Ophth Susp)	Susp	86309903321810	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/Gramicidin Ophth Soln Neomycin/Poly B/Gramicidin Ophth Soln 10 ml (Neosporin Ophthalmic Solution)	Sol	86109903202000	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/HC Otic Soln 5-10000-1 Neomycin/Poly B/HC Otic Soln 10 ML (Cortisporin Otic Soln)	Sol	87991003102010	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/HC Otic Susp 3.5-10000-1 Neomycin/Poly B/HC Otic Susp 10 ML (Cortisporin Susp)	Susp	87991003101807	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Neomycin/Poly B/Hydrocort Ophth Susp Neomycin/Poly B/Hydrocort Ophth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	No	0	Yes	Yes	No	No	No	N/A	No	Yes		
	Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**** **MLP Requires Cosign**														
	Neomycin/Polymyxin B GU IRRIG Neomycin/Polymyxin B GU Irrig 20 ML (Neosporin G.U. IRRIGANT)	Sol	56701002102000	No	0	No	Yes	No	No	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Neostigmine Methylsulfate Inj													
	Neostigmine Methylsulfate IV Soln 5 MG/10ML	Sol	76000040202017	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Neostigmine Methylsulfate IV Solution 10 MG/10ML	Sol	76000040202022	No	0	No	No	Yes	No	No	N/A	No	Yes	
	NIFEdipine ER Tablet													
	NIFEdipine 30 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007530	Yes	0	No	No	No	No	No	N/A	No	Yes	
	NIFEdipine 30 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007530	Yes	0	No	No	No	No	No	N/A	Yes	Yes	
	NIFEdipine 60 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	No	N/A	Yes	Yes	
	NIFEdipine 60 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007540	Yes	0	No	No	No	No	No	N/A	No	Yes	
	NIFEdipine 90 MG ER 24 Hour Tab (Adalat CC)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	No	N/A	No	Yes	
	NIFEdipine 90 MG ER 24 Hour Tab UD (Adalat)	Tab ER 24	34000020007550	Yes	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories:													
	*****AMLODIPINE IS FIRST LINE DIHYDROPYRIDINE THERAPY ****													
	Nitrofurantoin Macrocrystal Cap													
	Nitrofurantoin Macrocrystal 25 MG Capsule (Macrochantin)	Cap	16800050100110	No	0	No	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 50 MG Cap (Macrochantin)	Cap	16800050100115	No	0	No	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrochantin)	Cap	16800050100115	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Nitrofurantoin Macrocrystal 100 MG Cap (Macrochantin)	Cap	16800050100120	No	0	No	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrochantin)	Cap	16800050100120	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Nitrofurantoin Mono 100 MG (Macrobid) Cap													
	Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)	Cap	16800050150120	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Nitrofurantoin Mono 100 MG Cap [Macrobid] (Macrobid)	Cap	16800050150120	No	0	No	No	No	No	No	N/A	No	Yes	
	Nitrofurantoin Suspension USP 25MG/5ML													
	Nitrofurantoin Oral Suspension 25 MG/5ML 240ML	Susp	16800050001810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)	Susp	16800050001810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Intravenous													
	Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin IV 5 MG/ML, 10 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Nitroglycerin Ointment 2%													
	Nitroglycerin Ointment 2 % 60 GM (Nitropaste)	Oint	32100030004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)	Oint	32100030004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch													
	Nitroglycerin Patch 0.1 MG/HR (Nitrodur)	Patch 24 Hour	32100030008510	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.2 MG/HR (Nitrodur)	Patch 24 Hour	32100030008520	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.3 MG/HR (Nitrodur)	Patch 24 Hour	32100030008530	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.4 MG/HR (Nitrodur)	Patch 24 Hour	32100030008540	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.6 MG/HR (Nitrodur)	Patch 24 Hour	32100030008550	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nitroglycerin Patch 0.8 MG/HR (Nitrodur)	Patch 24 Hour	32100030008560	No	0	No	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmily
	Nitroglycerin SR Capsule												
	Nitroglycerin SR 2.5 MG Cap (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	No	N/A	No	Yes
	Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nitroglycerin SR 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	No	N/A	No	Yes
	Nitroglycerin SR 6.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nitroglycerin SR 9 MG Cap (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	No	N/A	No	Yes
	Nitroglycerin SR 9 MG Cap UD (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nitroglycerin Sublingual Tablet												
	Nitroglycerin SL 0.3 MG Tab (Nitrostat)	Tab Sublingual	32100030000710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Nitroglycerin SL 0.4 MG Tab [100 Count] (Nitro stat)	Tab Sublingual	32100030000715	No	0	No	No	No	No	No	N/A	No	Yes
	Nitroglycerin SL 0.4 MG Tab [25 count] (Nitrostat)	Tab Sublingual	32100030000715	No	0	No	Yes	No	No	No	N/A	No	Yes
	Nitroglycerin SL 0.6 MG Tab (Nitrostat)	Tab Sublingual	32100030000720	No	0	No	Yes	No	No	No	N/A	No	Yes
	Nitroprusside Sodium												
	Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)	Sol	36400040102020	No	0	No	No	Yes	No	No	N/A	No	Yes
	Norepinephrine Bitartrate Inj												
	Norepinephrine Bitartrate 1 MG/ML, 4 ML Inj (Levophed)	Sol	38000090102010	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Norethindrone (Nor-Q.D.) Tablets												
	Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)	Tab	25100010000305	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone (Nora-BE) Oral Tablet 0.35 MG (Nora-BE)	Tab	25100010000305	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone Acetate Tablet												
	Norethindrone Acetate 5 MG Tab (Aygestin)	Tab	26000030100305	No	0	No	No	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra Tablet												
	Norethindrone/Ethinyl estra 1/0.020MG Tab (Loestrin 1/20)	Tab	25990002600310	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra + Fe 1/20 Tab												
	Microgestin 24 Fe Oral Tablet 1-20 MG-MCG	Tab	25990003610312	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethin-Eth Estrad +Fe Chew 1/0.020MG [24]	Tab Chew	25990003610512	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra + Fe 1/0.020MG Tab (Loestrin Fe 1/20)	Tab	25990003610310	No	0	No	Yes	No	No	No	N/A	No	Yes
	Taytulla Oral Capsule 1-20 MG-MCG [24] (Taytulla)	Cap	25990003610112	No	0	No	No	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra + Fe 1.5/30 Tab												
	Norethindrone/Ethinyl estra + Fe 1.5/0.030M Tab (Loestrin Fe 1.5/30)	Tab	25990003610320	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra 1-35 Tablet												
	Necon 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG (Necon)	Tab	25990002500310	No	0	No	No	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra 1/0.035 MG TAB,Ortho (Ortho Novum 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra 1/0.035MG Tab (Norinyl 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	No	N/A	No	Yes
	Norethindrone/Ethinyl estra 1/0.035MG Tab(Necon) (Necon 1/35 28)	Tab	25990002500320	No	0	No	Yes	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Family
	Norethindrone/Ethinyl estra 21 Tablet													
	Norethindrone/Ethinyl estra 21 1.5/0.030MG Tab (Loestrin 21)	Tab	25990002600320	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Norethindrone/Ethinyl estra 7/7/7													
	Aranelle Oral (28 tab) 0.5/1/0.5-35 MG-MCG (Aranelle)	Tab	25992002200330	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Norethindrone/Ethinyl 0.5/1/0.5-35 MG-MCG tab (Leena oral tablet)	Tab	25992002200330	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Norethindrone/Ethinyl estra 7/7/7 (28)Tab (Ortho-Novum 7/7/7)	Tab	25992002200310	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tri-Norinyl (28) Oral Tablet 0.5/1/0.5-35 MG-MCG (Tri-Norinyl 28)	Tab	25992002200330	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nortriptyline HCl Capsule													
	Nortriptyline HCl 10 MG Cap (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Nortriptyline HCl 10 MG Cap UD (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes	
	Nortriptyline HCl 25 MG Cap (Pamelor)	Cap	58200060100110	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Nortriptyline HCl 25 MG CAP UD (PAMELOR)	Cap	58200060100110	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes	
	Nortriptyline HCl 50 MG Cap (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Nortriptyline HCl 50 MG Cap UD (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes	
	Nortriptyline HCl 75 MG Cap (Pamelor)	Cap	58200060100120	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT*** **RECOMMEND TO BE ADMINISTRED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT****													
	MLP Requires Cosign													
	Nortriptyline HCl Oral solution 10 MG/5ML													
	Nortriptyline HCl Oral Soln 10MG/5ML 473ML (Pamelor Solution)	Sol	58200060102005	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT*****													
	MLP Requires Cosign													
	Nutritional Supplement -Fiber 1.0 cal Oral Liq													
	Nutri Sup (Jevity 1 Cal/Fiber Oral Liq) 1000 ml	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Nutri Sup (Jevity Oral) Liquid (Jevity)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Nutri Sup (Replete Fiber 1 Cal) Oral Liquid (replete fiber 1)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Advisories:													
	****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate***													
	Non-Formulary Use Criteria:													
	1. Request for non-formulary use requires clinical justification from BOP dietitian or completion of the " Nutritional Supplements Worksheet"*													
	2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND													
	3. A documented medical diagnosis affecting nutritional status, AND													
	4. Nutritional Assessment Consult by BOP registered dietician for therapy > 30 days.													
	MLP Requires Cosign													
	Nutritional Supplement -Fiber 1.2 Cal Oral Liq													
	Nutri Sup (Jevity 1.2 Cal) Oral Liquid 1000 ml	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Nutri Sup (Jevity 1.2 Cal) Oral Liquid 1500 ml	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	
	Nutri Sup (Jevity 1.2 Cal) Oral Liquid 237 ml (Jevity 1.2 Cal)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Fmly	
	Advisories: ****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate*** Non-Formulary Use Criteria: **1. Request for non-formulary use requires clinical justification from BOP dietitian or completion of the " Nutritional Supplements Worksheet*** **2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND** **3. A documented medical diagnosis affecting nutritional status, AND** **4. Nutritional Assessment Consult by BOP registered dietician for therapy > 30 days.** **MLP Requires Cosign**																	
	Nutritional Supplement -Fiber 1.5 cal Oral Liq																	
	Nutri Sup (Isosource 1.5 Cal Liquid RTU 1500ML (Isosource 1.5 Cal)	Liq	8120000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes						
	Nutri Sup (Isosource) 1.5 Cal Oral Liquid (Isosource)	Liq	8120000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes						
	Advisories: ****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate*** Non-Formulary Use Criteria: **1. Request for non-formulary use requires clinical justification from BOP dietitian or completion of the " Nutritional Supplements Worksheet*** **2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND** **3. A documented medical diagnosis affecting nutritional status, AND** **4. Nutritional Assessment Consult by BOP registered dietician for therapy > 30 days.** **MLP Requires Cosign**																	
	Nutritional Supplement -Standard 1.0 Cal/ML Liq																	
	Nutri Sup (Ensure) Oral Liquid 118 ML	Liq	8120000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes						
	Nutri Sup (Ensure) Oral Liquid 237ML (Ensure)	Liq	8120000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes						
	Advisories: ****PHYSICIAN/DENTIST/DIETITIAN USE ONLY** **Non-tube feed patients must consume prescribed dose at pill line. Container must be opened prior to distribution to tube-feed inmate*** Non-Formulary Use Criteria: **1. Request for non-formulary use requires clinical justification from BOP dietitian or completion of the " Nutritional Supplements Worksheet*** **2. Failure of medical diets, special diets, and supplemental feeding options available through Food Service, AND** **3. A documented medical diagnosis affecting nutritional status, AND** **4. Nutritional Assessment Consult by BOP registered dietician for therapy > 30 days.** **MLP Requires Cosign**																	
	Nystatin Cream 100,000 Unit/GM																	
	Nystatin Cream 100,000 Unit/GM [15 GM] (Mycostatin)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes						
	Nystatin Cream 100,000 Unit/GM [30 GM] (Mycostatin Cream)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes						
	Nystatin Ointment 100,000 Unit/GM																	
	Nystatin Ointment [15GM] (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes						
	Nystatin Ointment [30GM] (Mycostatin)	Oint	90150080004215	No	0	No	Yes	No	No	N/A	No	Yes						

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crust.	Req. Loc.	Active	Dose Unit	Fmly
	Nystatin Powder 100000 UNIT/GM													
	Nystatin Powder 100,000 UNIT/GM [30 GM] (Nystop)	Pwdr	90150080002920	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)	Pwdr	90150080002920	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Powder 100,000 UNIT/GM 60 GM	Pwdr	90150080002920	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Susp 100,000 UNIT/ML													
	Nystatin Susp 100,000 UNIT/ML (120ML) repack	Susp	88100010001805	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Susp 100,000 UNIT/ML (60 ml)	Susp	88100010001805	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Susp 100,000 UNIT/ML [473ML] (Mycostatin)	Susp	88100010001805	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Nystatin Susp 100,000 UNIT/ML UD [5ml] (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Nystatin Tablet													
	Nystatin 500,000 Unit Tab (Mycostatin)	Tab	11000060000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Octreotide Acetate Injection													
	Octreotide Acetate Inj 100 MCG/ML (Sandostatin)	Sol	30170070102010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Inj 1000 MCG/ML	Sol	30170070102030	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Inj 200 MCG/ML,5ML (Sandostatin)	Sol	30170070102015	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Inj 50 MCG/ML (Sandostatin)	Sol	30170070102005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Inj 500 MCG/ML (Sandostatin)	Sol	30170070102020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Prefill Syringe 500 MCG/ML	Sol Prefilled	3017007010E52	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Prefilled Syringe 100 MCG/ML	Sol Prefilled	3017007010E51	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate Prefilled Syringe 50 MCG/ML	Sol Prefilled	3017007010E50	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate LAR Depot Injection													
	Octreotide Acetate LAR Depot 10 MG Inj (Sandostatin)	Kit	30170070106410	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate LAR Depot 20 MG/5ML Inj (Sandostatin LAR DEPOT)	Kit	30170070106420	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Octreotide Acetate LAR Depot 30 MG Inj (Sandostatin LAR)	Kit	30170070106430	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Ofloxacin OPHTH Solution 0.3%													
	Ofloxacin Ophth Solution 0.3%, 5 ML (Ocuflox)	Sol	86101047002020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Ofloxacin Ophthalmic Solution 0.3% 10 ML	Sol	86101047002020	No	0	No	Yes	No	No	No	N/A	No	Yes	
	OLANzapine IM													
	OLANzapine Intramuscular 10 MG Inj (Zyprexa)	Sol Recon	59157060002120	No	0	Yes	No	Yes	No	No	N/A	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**													
	OLANzapine Tablet													
	OLANzapine 2.5 MG Tab (ZyPREXA)	Tab	59157060000305	No	0	Yes	No	No	No	No	N/A	No	Yes	
	OLANzapine 2.5 MG Tab UD (Zyprexa)	Tab	59157060000305	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	OLANzapine 5 MG Tab (Zyprexa)	Tab	59157060000310	No	0	Yes	No	No	No	No	N/A	No	Yes	
	OLANzapine 5 MG Tab UD (Zyprexa)	Tab	59157060000310	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	OLANzapine 7.5 MG Tab (Zyprexa)	Tab	59157060000315	No	0	Yes	No	No	No	No	N/A	No	Yes	
	OLANzapine 7.5 MG Tab UD (Zyprexa)	Tab	59157060000315	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
	OLANzapine 10 MG Tab (Zyprexa)	Tab	59157060000320	No	0	Yes	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	OLANZapine 10 MG Tab UD (Zyprexa)	Tab	59157060000320	No	0	Yes	No	No	No	No	N/A	Yes	Yes	Yes
	OLANZapine 15 MG Tab (Zyprexa)	Tab	59157060000330	No	0	Yes	No	No	No	No	N/A	No	Yes	Yes
	OLANZapine 15 MG Tab UD (Zyprexa)	Tab	59157060000330	No	0	Yes	No	No	No	No	N/A	Yes	Yes	Yes
	OLANZapine 20 MG Tab (Zyprexa)	Tab	59157060000340	No	0	Yes	No	No	No	No	N/A	No	Yes	Yes
	OLANZapine 20 MG Tab UD (Zyprexa)	Tab	59157060000340	No	0	Yes	No	No	No	No	N/A	Yes	Yes	Yes
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	MLP Requires Cosign													
	Omeprazole Capsule													
	Omeprazole 10 MG Cap (Prilosec)	Cap DR	49270060006510	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Omeprazole 20 MG Cap (Prilosec)	Cap DR	49270060006520	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Omeprazole 20 MG Cap UD (Prilosec)	Cap DR	49270060006520	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Omeprazole 20 MG Tablet (Prilosec)	Tab DR	49270060000620	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Omeprazole 40 MG Cap (Prilosec)	Cap DR	49270060006530	No	0	No	No	No	No	No	N/A	No	Yes	Yes
	Omeprazole 40 MG Cap UD (Prilosec)	Cap DR	49270060006530	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Advisories:													
	**Deference is given to the local P&T Committee for appropriate management of the following:													
	1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary.													
	2. GERD: supported by current objective findings.													
	3. Documented doses of ranitidine 750 mg per day divided into qid dosing													
	4. Documentation of chronic need for NSAIDS with prior history of GI bleed													
	5. Documented Zollinger-Ellison Syndrome													
	6. Documented Schatzki's Ring													
	7. Documented Barrett's Esophagus													
	8. Documented Esophageal Stricture													
	"OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic.													
	During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments."***													
	Ondansetron Injection													
	Ondansetron HCl Inj Prefilled Syringe 4 MG/2ML	Sol Prefilled	5025006505E52	No	0	No	Yes	Yes	No	No	N/A	No	Yes	Yes
	Ondansetron HCl Injection Solution 4 MG/2ML (Zofran)	Sol	50250065052024	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes
	Ondansetron HCl Injection Solution 40 MG/20ML (Zofran)	Sol	50250065052030	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes
	Ondansetron Oral Solution 4 mg/5ml													
	Ondansetron Oral Sol 4MG/5ML 50ml (Zofran Oral Solution)	Sol	50250065052070	No	0	No	Yes	Yes	No	No	N/A	No	Yes	Yes
	Ondansetron Oral Sol 4MG/5ML UD (Zofran Oral Solution)	Sol	50250065052070	No	0	No	Yes	Yes	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Family
	Ondansetron Tablet											
	Ondansetron 4 MG Tab (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	No	Yes
	Ondansetron 4 MG Tab UD (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	Yes	Yes
	Ondansetron 8 MG Tab (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	No	Yes
	Ondansetron 8 MG Tab UD (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	Yes	Yes
	Oxaliplatin											
	Oxaliplatin 100 MG INJ (Eloxatin)	Sol Recon	21100028002130	No	0	No	No	Yes	No	N/A	No	Yes
	Oxaliplatin Intravenous Solution 100 MG/20ML	Sol	21100028002030	No	0	No	No	Yes	No	N/A	No	Yes
	Oxaliplatin Intravenous Solution 50 MG/10ML	Sol	21100028002025	No	0	No	No	Yes	No	N/A	No	Yes
	Oxaliplatin IV Solution Reconstituted 50 MG	Sol Recon	21100028002120	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories:											
	Flush Line with Dextrose ONLY											
	Medical Referral Center (MRC) Use Only											
	OXcarbazepine Suspension 300 MG/5ML											
	OXcarbazepine Oral Suspension 300 MG/5ML 250ML (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	N/A	No	Yes
	OXcarbazepine Oral Suspension 300 MG/5ML UD (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	N/A	Yes	Yes
	OXcarbazepine Tablet											
	OXcarbazepine 150 MG Tab (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	No	Yes
	OXcarbazepine 150 MG Tab UD (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	Yes	Yes
	OXcarbazepine 300 MG Tab (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	N/A	No	Yes
	OXcarbazepine 300 MG Tab UD	Tab	72600046000320	No	0	No	No	No	No	N/A	Yes	Yes
	OXcarbazepine 600 MG Tab (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	No	Yes
	OXcarbazepine 600 MG Tab UD (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	Yes	Yes
	Oxybutynin Tablet											
	Oxybutynin 5 MG Tab (Ditropan)	Tab	54100045200330	No	0	No	No	No	No	N/A	No	Yes
	Oxybutynin 5 MG Tab UD (Ditropan)	Tab	54100045200330	No	0	No	No	No	No	N/A	Yes	Yes
	oxyCODONE HCl Capsule											
	oxyCODONE HCl 5 MG Cap	Cap	65100075100110	No	2	Yes	No	Yes	Yes	N/A	No	Yes
	Advisories:											
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**											
	IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.**											
	MLP Requires Cosign											
	oxyCODONE HCl Oral Sol 5 MG/5 ML											
	OxyCODONE HCl Oral Solution 5 MG/5ML [5ml UD]	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes
	OxyCODONE HCl Oral Solution 5 MG/5ML 500mL	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Emly
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**																	
oxy	CODONE HCl Tablet																
	oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
	oxyCODONE HCl 15 MG Tab	Tab	65100075100325	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE HCl 15 MG Tab UD	Tab	65100075100325	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
	oxyCODONE HCl 10 MG Tab IR (Roxicodone tablet)	Tab	65100075100320	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
	oxyCODONE HCl 10 MG Tab IR UD	Tab	65100075100320	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
	oxyCODONE HCl 20 MG Tab IR	Tab	65100075100330	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE HCl 30 MG Tab IR (Roxicodone tablet)	Tab	65100075100340	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE HCl 30 MG Tab IR UD	Tab	65100075100340	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**																	
oxy	CODONE/Acetaminophen 5MG/325 MG Tablets																
	oxyCODONE/Acetaminophen 5/325 MG Tab (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE/Acetaminophen 5/325 MG Tab UD (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**																	
oxy	CODONE/Acetaminophen 5MG/325 MG/5ML Sol																
	oxyCODONE/APAP 5/325 MG/5 ML Soln (Percocet)	Sol	65990002202005	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes				
Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**																	
oxy	CODONE/Acetaminophen 7.5MG/325 MG Tab																
	oxyCODONE/Acetaminophen 7.5/325 MG Tab (Percocet)	Tab	65990002200327	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes				
	oxyCODONE/Acetaminophen 7.5/325 MG Tab UD (Percocet)	Tab	65990002200327	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Emly
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**														
	oxyCODONE/Acetaminophen 10MG/325 MG Tablet														
	oxyCODONE/Acetaminophen 10/325 MG Tab (Percocet)	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	No	Yes			
	oxyCODONE/Acetaminophen 10/325 MG Tab UD	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes			
	Advisories: ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**														
	Oxytocin Injection 10 Unit/ML														
	Oxytocin 10 Units/ML, 1 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes			
	Oxytocin 10 Units/ML, 10 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes			
	PACLitaxel Injection Concentrate 6 MG/ML														
	PACLitaxel 100 MG/16.7ML Inj (Taxol)	Concentrate	21500012001335	No	0	No	No	Yes	No	N/A	No	Yes			
	PACLitaxel Intravenous Concentrate 30 MG/5ML (Taxol)	Concentrate	21500012001325	No	0	No	No	Yes	No	N/A	No	Yes			
	PACLitaxel Intravenous Concentrate 300 MG/50ML	Concentrate	21500012001350	No	0	No	No	Yes	No	N/A	No	Yes			
	Paliperidone Sustenna IM Susp (Monthly)														
	Paliperidone Sustenna IM Syringe 39 MG/0.25ML (Invega sustenna)	Susp Prefilled	5907005010E62	No	0	Yes	Yes	Yes	No	N/A	No	Yes			
	Paliperidone Sustenna IM Syringe 78 MG/0.5ML (Invega)	Susp Prefilled	5907005010E62	No	0	Yes	No	Yes	No	N/A	No	Yes			
	Paliperidone Sustenna IM Syringe 117 MG/0.75ML (Invega Sustenna)	Susp Prefilled	5907005010E63	No	0	Yes	Yes	Yes	No	N/A	No	Yes			
	Paliperidone Sustenna IM Syringe 156 MG/ML (Invega)	Susp Prefilled	5907005010E63	No	0	Yes	No	Yes	No	N/A	No	Yes			
	Paliperidone Sustenna IM Syringe 234 MG/1.5ML (Invega Sustenna)	Susp Prefilled	5907005010E63	No	0	Yes	No	Yes	No	N/A	No	Yes			
	MLP Requires Cosign														
	Palonosetron Injection														
	Palonosetron 0.25MG/5ML Inj (Aloxi)	Sol	50250070102020	No	0	No	No	Yes	No	N/A	No	Yes			
	Palonosetron HCl Prefilled Syringe 0.25 MG/5ML (Aloxi)	Sol Prefilled	5025007010E52	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Formulary Restrictions: ****RESTRICTED TO SECOND LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFTRAN**** **Medical Referral Center (MRC) Use Only**														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Req. Crush.	Active Loc.	Unit Dose	Fmly
	Pamidronate Injection											
	Pamidronate Disodium Intravenous Soln 90 MG/10ML (Aredia)	Sol	30042060102012	No	0	No	No	Yes	No	N/A	No	Yes
	Pamidronate Disodium IV Solution 90 MG	Sol Recon	30042060102140	No	0	No	No	Yes	No	N/A	No	Yes
	Pamidronate Disodium IV Solution 30 MG	Sol Recon	30042060102120	No	0	No	No	Yes	No	N/A	No	Yes
	Pamidronate Disodium IV Solution 30 MG/10ML	Sol	30042060102006	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories: ****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****											
	Pancrelipase Delayed Rel Capsule											
	Pancreaze 2600 UNIT Capsule DR Particles	Cap DR	51200024006704	No	0	No	No	No	No	N/A	No	Yes
	Pancreaze Delayed Release 2600-8800 UNIT Caps (Pancreaz)	Cap DR	51200024006703	No	0	No	No	No	No	N/A	No	Yes
	Pancreaze Delayed Release 37000-97300 Unit Caps (Pancreaze)	Cap DR	51200024006781	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 4200/14200/26400 *(L/P/A) DR Caps (PANCREAZE)	Cap DR	51200024006710	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Caps UD (creaon)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	Yes	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Units Cap (Creon 6000)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Capsule DR Particles 16000 UNIT (Pertzye)	Cap DR	51200024006749	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 10500/35500/61500 (L/P/A) Caps (Pancreaze Oral Capsule Delayed)	Cap DR	51200024006734	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 12000/38000/60000 (L/P/A) Units Cap (Creon 12000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 12000/38000/60000 (L/P/A) units UD (Creon 12000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	Yes	Yes
	Pancrelipase 21000/37000/61000 (L/P/A) Units Cap (Pancreaze)	Cap DR	51200024006754	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 24000-86250 UNIT DR Caps (Pertzye)	Cap DR	51200024006762	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 24000/76000/120000 (L/P/A) Unit Cap (Creon 24000)	Cap DR	51200024006760	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase 4000 units DR Particles capsule (Pertzye)	Cap DR	51200024006709	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Capsule DR Particles 8000 UNIT (Pertze)	Cap DR	51200024006725	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delay 20000-63000 UNIT cap (Zenep)	Cap DR	51200024006751	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Rel 15000-47000-63000 UNIT (Zenep 150000U)	Cap DR	51200024006747	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 25000-79000 UNIT (Zenep)	Cap DR	51200024006772	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 10000-32000UNIT Cap (Zenep)	Cap DR	51200024006728	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 16800 UNIT (Pancreaze)	Cap DR	51200024006750	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 3000-14000 UNIT (Zenep)	Cap DR	51200024006707	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 3000-9500 UNIT Cap (Creon)	Cap DR	51200024006705	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 36000 UNIT Cap (Creon)	Cap DR	51200024006780	No	0	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Release 5000-24000 UNIT (Zenep)	Cap DR	51200024006714	No	0	No	No	No	No	N/A	No	Yes
	Zenep Delayed Release 40000-126000 UNIT Cap	Cap DR	51200024006783	No	0	No	No	No	No	N/A	No	Yes
	Pancuronium Bromide Injection											
	Pancuronium Bromide 1 MG/ML, 10ML INJ (Pavulon)	Sol	74200040102005	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Emly
	Pantoprazole Injection											
	Pantoprazole 40 MG Inj (Protonix)	Sol Recon	49270070102120	No	0	No	No	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria:											
	1. Patient does NOT have Non-Ulcer Dyspepsia: NO APPROVALS. REFER TO COMMISSARY FOR OTC AGENTS											
	2. GERD: supported by current EGD documentation											
	3. Documented doses of ranitidine 750 mg per day divided into qid dosing											
	4. Documentation of chronic need for NSAIDS with prior history of GI bleed											
	5. Documented Zollinger-Ellison Syndrome											
	6. BID dosing - GERD via ambulatory pH monitoring or upper endoscopy results											
	7. Documented Schatzki's Ring											
	8. Documented Barrett's Esophagus											
	9. Documented Esophageal Stricture											
	Medical Referral Center (MRC) Use Only											
	PARoxetine Tablet (Paxil)											
	PARoxetine 10 MG Tab (Paxil)	Tab	58160060000310	No	0	No	No	No	No	N/A	No	Yes
	PARoxetine 10 MG Tab UD (Paxil)	Tab	58160060000310	No	0	No	No	No	No	N/A	Yes	Yes
	PARoxetine 20 MG Tab (Paxil)	Tab	58160060000320	No	0	No	No	No	No	N/A	No	Yes
	PARoxetine 20 MG Tab UD (Paxil)	Tab	58160060000320	No	0	No	No	No	No	N/A	Yes	Yes
	PARoxetine 30 MG Tab (Paxil)	Tab	58160060000330	No	0	No	No	No	No	N/A	No	Yes
	PARoxetine 30 MG Tab UD (Paxil)	Tab	58160060000330	No	0	No	No	No	No	N/A	Yes	Yes
	PARoxetine 40 MG Tab (Paxil)	Tab	58160060000340	No	0	No	No	No	No	N/A	No	Yes
	PARoxetine 40 MG Tab UD (Paxil)	Tab	58160060000340	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:											
	****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE****											
	PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM											
	PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM	Sol Recon	46992004302120	No	0	No	Yes	No	No	N/A	No	Yes
	PEG/Electrolyte Solution											
	PEG/Electrolyte Oral Soln Reconstituted 227.1 GM (golytley)	Sol Recon	46992005303020	No	0	No	Yes	No	No	N/A	No	Yes
	PEG/Electrolyte Solution 4000 ML - Colyte (Colyte- Flavored)	Sol Recon	46992005302140	No	0	No	Yes	No	No	N/A	No	Yes
	PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)	Sol Recon	46992005302130	No	0	No	Yes	No	No	N/A	No	Yes
	Pegaspargase Injection Solution 750 UNIT/ML											
	Pegaspargase Injection Solution 750 UNIT/ML (Oncaspar)	Sol	21250060002020	No	0	No	No	Yes	No	N/A	No	Yes
	Pegfilgrastim-bmez Subcu Soln Syringe 6 MG/0.6ML											
	Pegfilgrastim-bmez Subcu Soln Syringe 6 MG/0.6ML (Ziextenzo)	Sol Prefilled	8240157005E52 0	No	0	Yes	Yes	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria:											
	**1. Adjunctive therapy for cancer chemotherapy.											
	a. Chemotherapy primary prophylaxis for "dose dense" treatment regimen.											
	b. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia.											
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	45											
	c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemo-radiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.											
	d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.**											

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	**2. All of the following must be true for patient to be eligible for filgrastim treatment of hepatitis C treatment-related neutropenia:												
	a. Patient receiving hepatitis C therapy; AND												
	b. Patient develops neutropenia defined as either												
	i. ANC < 250/mm ³ ; OR												
	ii. ANC < 500mm ³ with one of the following risk factors for developing infection;												
	a. Cirrhosis, biopsy proven or clinically evident;												
	b. Pre-or post-liver transplant;												
	c. HIV/HCV co-infection												
	d. Receiving HCV triple therapy;												
	AND												
	c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction**												
	3. Pegfilgrastim-bmez (Ziextenzo®) is the preferred formulary agent.												
	Formulary Restrictions:												
	Oncologist/Hematologist Use only												
	Medical Referral Center (MRC) Use Only												
	MLP Requires Cosign												
	Peginterferon ALFA 2A Injection												
	Peginterferon ALFA 2A 135 MCG/0.5ML [ProClick] (Pegasys)	Sol Auto-	1235306005D53	No	0	No	No	Yes	No	N/A	No	Yes	
	Peginterferon ALFA 2A 180 MCG/0.5ML [proClick] (Pegasys proclick)	Sol Auto-	1235306005D54	No	0	No	No	Yes	No	N/A	No	Yes	
	Peginterferon ALFA 2A 180 MCG/0.5ML Syringe (Pegasys prefilled syringe)	Sol Prefilled	1235306005E54	No	0	No	No	Yes	No	N/A	No	Yes	
	Peginterferon ALFA 2A 180 MCG/1 ML Inj (Pegasys)	Sol	12353060052020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories:												
	****Use drug entry " Hepatitis C Treatment Algorithm Request" for all Hep C Requests via BEMR RX****												
	Formulary Restrictions:												
	****Medical director approval required via hepatitis C approval algorithm for all hepatitis C treatment****												
	Penicillamine Capsule												
	Penicillamine 250 MG Cap (Cuprimine)	Cap	99200030000110	No	0	No	No	No	No	N/A	No	Yes	
	Penicillin G Benzathine IM Injection												
	Penicillin G 600000 UNIT/ML IM Susp (Bicillin L-A)	Susp Prefilled	0110002000E61	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Penicillin G Benzathine 1.2 MU/2ML Inj (Bicillin L-A)	Susp Prefilled	0110002000E63	No	0	No	No	Yes	No	N/A	No	Yes	
	Penicillin G Benzathine 2.4 MU/4ML Inj (Bicillin L-A 2.4MU)	Susp	01100020001820	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories:												
	****BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED****												
	Penicillin G Pot in Dex IV Soln 20000 UNIT/ML												
	Penicillin G Pot in Dex premix 20000 UNIT/ML 50m	Sol	01100010112050	No	0	No	No	Yes	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>M/LP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crust.</u>	<u>Req. Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmly</u>
	Penicillin G Pot in Dex premix													
	Penicillin G Pot in Dextrose 40000 UNIT/ML 50ml	Sol	01100010112060	No	0	No	No	Yes	No	N/A	Yes	Yes		
	Penicillin G Pot in Dextrose 60000 UNIT/ML 50ml	Sol	01100010112070	No	0	No	No	Yes	No	N/A	Yes	Yes		
	Penicillin G Potassium Injection													
	Penicillin G Potassium 1000000 unit/ml Inj Soln	Sol Recon	01100010102135	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Penicillin G Potassium Inj Soln 20000000 UNIT	Sol Recon	01100010102135	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Penicillin G Potassium Inj Soln 5000000 UNIT	Sol Recon	01100010102125	No	0	No	No	Yes	No	N/A	No	Yes		
	Penicillin G Procaine Injection													
	Penicillin G Procaine 600,000 Unit/1ML Inj (Wycillin)	Susp	01100030001820	No	0	No	No	Yes	No	N/A	No	Yes		
	Penicillin G Sodium Injection													
	Penicillin G Sodium 5,000,000 Unit Inj	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes		
	Penicillin G Sodium 5,000,000 Unit/10ML INJ	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes		
	Penicillin VK Suspension													
	Penicillin V Pot Oral Soln 125 MG/5ML 100 ML	Sol Recon	01100040102105	No	0	No	Yes	No	No	N/A	No	Yes		
	Penicillin VK 250MG/5ML, 100 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes		
	Penicillin VK 250MG/5ML, 200 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes		
	Penicillin VK Tablet													
	Penicillin VK 250 MG Tab UD (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	Yes	Yes		
	Penicillin VK 250 MG Tab (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	No	Yes		
	Penicillin VK 500 MG Tab UD (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	Yes	Yes		
	Penicillin VK 500 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	No	Yes		
	Pentamidine Isothionate Inhalation													
	Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)	Sol Recon	16000045002170	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Pentamidine Isothionate Injection													
	Pentamidine Isothionate 300 MG Inj (Pentam 300 MG)	Sol Recon	16000045002130	No	0	No	No	Yes	No	N/A	No	Yes		
	Permethrin Cream 5%													
	Permethrin 5%, 60 GM Cream (Elimite)	Cm	90900035003720	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Formulary Restrictions:													
	Pill line only with Directly Observed Therapy													
	Permethrin Lotion/Liquid 1%													
	Permethrin 1% Creme Rinse Ext Liquid 59 ml (Nix Creme Rinse External Liquid)	Liq	90900035000910	No	0	No	Yes	No	No	N/A	No	Yes		
	Permethrin 1%, 59 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	N/A	No	Yes		
	Permethrin 1%, 120 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	N/A	No	Yes		
	Perphenazine Tablet													
	Perphenazine 2 MG Tab (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Perphenazine 2 MG Tab UD (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Perphenazine 4 MG Tab (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Perphenazine 4 MG Tab UD (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Perphenazine 8 MG Tab (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Perphenazine 8 MG Tab UD (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Perphenazine 16 MG Tab (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Perphenazine 16 MG Tab UD (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmlry
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**														
Petrolatum , White Jelly 2.5oz														
	Petrolatum , White Jelly 2.5oz			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum Jelly 13 OZ (Vaseline)			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum Jelly 1.75 OZ (Vaseline)			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum jelly, 3.75 OZ			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum, white Gel 7.5 OZ			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petroleum Jelly 30 GM [curad] (Curad)			No	0	No	Yes	No	No	No	N/A	No	Yes	
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*** Non-Formulary Use Criteria: **1. Failed a 30-day trial of two commissary moisturizers OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **Medical Referral Center (MRC) Use Only**														
Petrolatum External Ointment 42 %														
	Petrolatum External Ointment 42 % 454 GM	Oint	98600040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum External Ointment 42% 100 GM	Oint	98600040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*** Non-Formulary Use Criteria: **1. Failed a 30-day trial of two commissary moisturizers OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **Medical Referral Center (MRC) Use Only**														
Petrolatum, White, Gel														
	Petrolatum , White External Ointment 5 GM	Oint	98600065004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum, White Gel 5 gm	Gel	98600065004000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum, White gel 49gm (Vaseline)	Gel	98600065004000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum, White Gel 454 gm (Petrolatum White Gel)	Gel	98600065004000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)	Gel	98600065004000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petroleum, White Gel [368 GM]	Gel	98600065004050	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Petroleum, White, Jelly, 15 GM (Vaseline)	Gel	98600065004050	No	0	No	Yes	No	No	No	N/A	No	Yes	
	White Petrolatum External Ointment 28.35GM	Oint	98600065004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	White Petrolatum External Ointment 454 GM	Oint	98600065004200	No	0	No	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active Dose	Unit	Fmly
<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Failed a 30-day trial of two commissary moisturizers OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.**</p> <p>Formulary Restrictions: ****Restricted to diabetics, dialysis, inpatients only***** **Medical Referral Center (MRC) Use Only**</p>																
Pfizer-	BionTech Covid 19 Vaccine.															
	Pfizer- BionTech Covid 19 Vaccine (Comirnaty)	Susp	17100002401820	No	0	No	No	No	Yes	No	N/A	No	Yes			
	Pfizer-BioNT COVID-19 Vac-TriS IM 30 MCG/0.3ML	Susp	17100002401824	No	0	No	No	No	Yes	No	N/A	No	Yes			
Phenazopyridine HCl Tab (OTC version)																
	Phenazopyridine HCl 95 MG Tab [OTC]	Tab	56300010100303	No	0	No	No	No	No	No	N/A	No	Yes			
	Phenazopyridine HCl 97.5 MG Tab [OTC]	Tab	56300010100350	No	0	No	No	No	No	No	N/A	No	Yes			
PHENobarbital Elixir																
	PHENobarbital 20 MG/5ML UD (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes			
	PHENobarbital 4 MG/ML Elixir 473 ML (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	Yes	No	N/A	No	Yes			
<p>Advisories: ****180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS** **Other orders may not exceed 30 days** **Immediate release, non-enteric coated, oral controlled substances are to be crushed prior to administration** **Immediate release controlled substance capsules should be pulled apart and administered in powder form****</p> <p>Non-Formulary Use Criteria: **1. Diagnosis of seizure, AND** **2. Used in combination with other anticonvulsant medications, AND** **3. Used as 3rd line agent, AND** **4. Compliance > 90% maintained**</p> <p>Formulary Restrictions: **For Continuation Therapy Only (Including new intakes). Not to be used as first line therapy when initiating new treatment** **MLP Requires Cosign**</p>																
PHENobarbital Tablet																
	PHENobarbital 7.5 MG Tab (1/2 tablet) (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 15 MG Tab (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 15 MG Tab UD (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes			
	PHENobarbital 16.2 MG Tab	Tab	60100060000308	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 16.2 MG Tab UD (PHENobarbital)	Tab	60100060000308	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes			
	PHENobarbital 30 MG Tab (old) (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 30 MG Tab UD (PHENobarbital)	Tab	60100060000315	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes			
	PHENobarbital 32.4 MG Tab (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 32.4 MG Tab UD (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes			
	PHENobarbital 60 MG Tab UD (PHENobarbital)	Tab	60100060000320	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes			
	PHENobarbital 64.8 MG Tab (PHENobarbital)	Tab	60100060000322	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			
	PHENobarbital 97.2 MG Tab	Tab	60100060000324	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	PHENobarbital 100 MG Tab	Tab	60100060000325	No		4	Yes	No	No	Yes	Yes	Yes	N/A	No	Yes		Yes	
	PHENobarbital 100 MG Tab UD (PHENobarbital)	Tab	60100060000325	No		4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes		Yes	Yes	
	PHENobarbital 30 MG Tab	Tab	60100060000315	No		4	Yes	No	Yes	Yes	Yes	N/A	No	Yes		Yes	Yes	
	PHENobarbital 60 MG Tab	Tab	60100060000320	No		4	Yes	No	Yes	Yes	Yes	N/A	No	Yes		Yes	Yes	

Advisories:

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

Non-Formulary Use Criteria:

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

Formulary Restrictions:

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

Phenoxybenzamine HCl Capsule	Phenoxybenzamine HCl 10 MG Capsule (Dibenzyliline)	Cap	36300010100105	No	0	No	No	No	No	No	N/A	No	Yes					
Phenylephrine HCl Injection	Phenylephrine Intravenous Solution 10 MG/ML (Vazculep)	Sol	38000095102020	No	0	No	No	Yes	No	N/A	No	Yes						
Phenylephrine HCl Opth Sol 2.5%	Phenylephrine HCl Opth Sol 2.5% 3 ML	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes						
	Phenylephrine HCl Opth Sol 2.5%, 10 ML	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes						
	Phenylephrine HCl Opth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes						
	Phenylephrine HCl Opth Sol 2.5%, 2 ML UD (Neo-Synephrine)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	Yes	Yes						
	Phenylephrine HCl Opth Sol 2.5%, 5 ML (Mydfrin)	Sol	86350037102010	No	0	No	Yes	No	No	N/A	No	Yes						
Phenylephrine HCl Opth Sol 10%	Phenylephrine HCl Opth Sol 10%, 5 ML (AK-Dilate 10% Opth)	Sol	86350037102015	No	0	No	Yes	No	No	N/A	No	Yes						
Phenytoin Chewable Tablet	Phenytoin 50 MG Chewable Tab (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	No	Yes						
	Phenytoin 50 MG Chewable Tab UD (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	Yes	Yes						
Advisories:	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***																	
Formulary Restrictions:	****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***																	
Phenytoin Oral Susp 125 MG/5ML	Phenytoin Oral Susp 100 MG/4ML, 4 ML UD CUP (Dilantin)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	Yes	Yes						
	Phenytoin Oral Susp 125 MG/5ML 5ml UD	Susp	72200030001810	No	0	No	Yes	No	No	N/A	Yes	Yes						
	Phenytoin Oral Susp 125 MG/5ML, 237ML (Dilantin-125 Liquid)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	No	Yes						

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Formulary Restrictions: ****Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts***											
	Phenytoin Sodium ER (Dilantin -BRAND) 100 mg Cap											
	Dilantin Oral Capsule 100 MG [Brand Name] (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Phenytoin Sodium ER Capsule											
	Phenytoin ER 30 MG Cap (Dilantin)	Cap	72200030200105	No	0	No	No	No	No	N/A	No	Yes
	Phenytoin ER 30 MG Cap UD	Cap	72200030200105	No	0	No	No	No	No	N/A	Yes	Yes
	Phenytoin ER 100 MG Cap (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes
	Phenytoin ER 100 MG Cap UD (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	Yes	Yes
	Phenytoin Sodium ER 200 MG Capsule (Phenytext)	Cap	72200030200120	No	0	No	No	No	No	N/A	No	Yes
	Phenytoin Sodium ER 300 MG Capsule (PHenytext)	Cap	72200030200130	No	0	No	No	No	No	N/A	No	Yes
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Phenytoin Sodium Injection 50mg/ml											
	Phenytoin 50 MG/ML, 2ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes
	Phenytoin 50 MG/ML, 5ML Inj (Dilantin)	Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Formulary Restrictions: ****USE SUSPENSION WITH CAUTION*****											
	Physostigmine Injection											
	Physostigmine 1 MG/ML, 2ML Inj (Antilirium)	Sol	93000060102005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Phytonadione Injection											
	Phytonadione 10MG/ML, 1ML Inj (Aqua-Mephyton)	Sol	77204030002010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Phytonadione Injection Soln 1 MG/0.5ML (vitamin K1)	Sol	77204030002005	No	0	No	No	Yes	No	N/A	No	Yes
	Phytonadione Tablet											
	Phytonadione (Vitamin K) 100 MCG Tablet (vitamin K)	Tab	77204030000360	No	0	No	No	No	No	N/A	No	Yes
	Phytonadione 5 MG Tab (Mephyton)	Tab	77204030000305	No	0	No	No	No	No	N/A	No	Yes
	Phytonadione 5 MG Tab UD (Mephyton)	Tab	77204030000305	No	0	No	No	No	No	N/A	Yes	Yes
	Pilocarpine HCl Ophthalmic Solution 1%											
	Pilocarpine HCl Ophth Sol 1%, 15 ML (Pilocarpine 1%)	Sol	86501030102015	No	0	No	Yes	No	No	N/A	No	Yes
	Pilocarpine HCl Ophthalmic Solution 2%											
	Pilocarpine HCl Ophth Sol 2%, 15ML (Pilocarpine HCL Ophthalmic)	Sol	86501030102020	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Pilocarpine HCl Ophthalmic Solution 4%											
	Pilocarpine HCl Ophth Sol 4%, 15 ML (Isopto-Carpine)	Sol	86501030102030	No	0	No	Yes	No	No	N/A	No	Yes
	Pindolol Tablet											
	Pindolol 5 MG Tab (Visken)	Tab	33100030000305	No	0	No	No	No	No	N/A	No	Yes
	Pindolol 10 MG Tab (Visken)	Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes
	Pioglitazone Tablet											
	Pioglitazone HCl 15 MG Tab (Actos)	Tab	27607050100320	No	0	No	No	No	No	N/A	No	Yes
	Pioglitazone HCl 15 MG Tab UD (Actos)	Tab	27607050100320	No	0	No	No	No	No	N/A	Yes	Yes
	Pioglitazone HCl 30 MG Tab (Actos)	Tab	27607050100330	No	0	No	No	No	No	N/A	No	Yes
	Pioglitazone HCl 30 MG Tab UD (Actos)	Tab	27607050100330	No	0	No	No	No	No	N/A	Yes	Yes
	Pioglitazone HCl 45 MG Tab (Actos)	Tab	27607050100340	No	0	No	No	No	No	N/A	No	Yes
	Pioglitazone HCl 45 MG Tab UD (Actos)	Tab	27607050100340	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:											
	**1. Second or third line therapy for type 2 diabetes patients with inadequate glycemic control on oral agents, e.g. metformin, glipizide.											
	2. Not recommended in patients with symptomatic heart failure, risk of bone fractures, hepatic impairment, or fluid retention.											
	3. Not recommended in combination with insulin therapy.**											
	Non-Formulary Use Criteria:											
	1. Failure to achieve target HbA1c goals in type 2 diabetes despite compliance with and adequate duration of a treatment regimen of sulfonylurea plus metformin, insulin plus metformin, insulin plus a sulfonylurea (when metformin is contraindicated), or insulin plus metformin plus a sulfonylurea.											
	2. Current total insulin dose must be > 1 unit / kg / day of body weight. OR											
	3. A type 2 diabetic inmate newly-incarcerated in the BOP who arrives on a glitazone with good glycemic control and a past history of failed therapy with or contraindication to metformin. (NOTE: If the inmate has never received treatment with metformin and has no contraindication, metformin should be added to the regimen and the glitazone approved by non-formulary request for 6 months to allow for an adequate trial and titration of metformin.)											
	4. Pioglitazone is the preferred glitazone when non-formulary use criteria are met. Documentation to be included in non-formulary request: type of diabetes (1 or 2), current treatment regimen and duration at current doses, and most recent HbA1c value with date.											
	Piperacillin/Tazobactam Injec											
	Piperacillin/Tazobac 2 G/ 0.25 G Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 2GM/0.225GM Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 3 GM/0.375G Inj (Zosyn)	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 36 G/4.5G Inj (Zosyn)	Sol Recon	01990002702170	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobac 4 GM/0.5G Inj (Zosyn)	Sol Recon	01990002702140	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam 3GM/0.375 GM Advantage	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Piperacillin/Tazobactam Injection Premix											
	Piperacillin/Tazobactam Premix 2.25 GM/50ML INJ (Zosyn)	Sol	01990002722020	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam Premix 3.375 GM (Zosyn)	Sol	01990002722030	No	0	No	No	Yes	No	N/A	No	Yes
	Piperacillin/Tazobactam Premix 4.5 GM/100ML INJ (Zosyn)	Sol	01990002722025	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Medical Referral Center (MRC) Use Only												
	Plasma Protein Fraction												
	Plasma Protein Fraction 5%, 50 ML Inj (Plasmanate)	Sol	85400020002005	No	0	No	No	Yes	No	N/A	No	Yes	
	Pneumococcal Vac 13 Val Conj Inj												
	Pneumococcal Vac 13 Val Conj Inj Syringe (Pevnar 13)	Susp	17200065301800	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Pneumococcal Vac 23 Polyvalent Injection												
	Pneumococcal Vac 23 Polyvalent Inj 25 MCG/0.5ML (Pneumovax 23)	Injectable	17200065002205	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Pneumovax 23 Prefill Injectable 25 MCG/0.5ML	Injectable	17200065002205	No	0	No	No	Yes	No	N/A	No	Yes	
	Polyethyl Glycol-Polyvinyl Alc Opth Soln 1-1 %												
	Hypotears (Peg-Polyvinyl) Opth Soln 1-1% 30 ML (Hypo Tears)	Sol	86209902452020	No	0	No	No	No	No	N/A	No	Yes	
	Polyethylene Glycol Powder (PEG 3350)												
	Polyethylene Glycol 3350 Oral Powder 119 GM (PEG 3350)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	
	Polyethylene Glycol 3350 Oral Powder 850GM (PEG 3350)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	
	Polyethylene Glycol 3350 Powder 17GM Packet UD (Miralax)	Packet	46600033003020	No	0	No	No	No	No	N/A	No	Yes	
	Polyethylene Glycol 3350 Powder 238GM 17GM/Tbl (MiraLax)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	
	Polyethylene Glycol 3350 Powder 510/527 GM (MiraLax)	Pwdr	46600033002910	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	***Bowel Prep Use Only ***												
	Polysaccharide Iron Complex Caps												
	Polysaccharide Iron Complex 150 MG Cap (Niferex 150)	Cap	82300050000110	No	0	No	No	No	No	N/A	No	Yes	
	Polysaccharide Iron Complex 150 MG UD Caps (Niferex)	Cap	82300050000110	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO DIALYSIS PATIENTS****												
	Polysaccharide Iron Complex Elixir/Soln												
	Polysaccharide Iron Complex Oral Liquid 15 MG/ML	Liq	82300050000950	No	0	No	No	Yes	No	N/A	No	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO DIALYSIS PATIENTS****												
	Potassium Acetate Inj												
	Potassium Acetate 2 mEq/ML, 20 ML Inj	Sol	79700010002020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Potassium Acetate 2 MEQ/ML, 50 ML Inj	Sol	79700010002020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories:												
	****Caution - this is a concentrated electrolyte****												
	Potassium Chloride ER Capsule												
	Potassium Chloride 8 mEq ER Capsule	Cap ER	79700030000205	No	0	No	No	No	No	N/A	No	Yes	
	Potassium Chloride 10 mEq ER Cap (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	No	Yes	
	Potassium Chloride 10 mEq ER Cap UD (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Potassium Chloride ER Tablet (Klor-Con)												
	Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 8 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 10 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride ER 20 MEQ Tab	Tab ER	79700030000445	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride ER 20 MEQ Tab UD	Tab ER	79700030000445	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride ER Tab (K-Dur/Klor-con M)												
	Potassium Chloride 10 mEq ER Tab (KlorCon M) UD (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride 10 mEq ER Tab [KlorCon M] (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 15 mEq ER Tab (KlorconM15) UD (Klor-Con)	Tab ER	79700030100435	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride 15 mEq ER Tablet [KlorconM15] (Klor-Con)	Tab ER	79700030100435	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 20 mEq ER Tab [K-Dur] (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 20 mEq ER Tab [Klor-Con M] (Klor-Con)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes	Yes
	Potassium Chloride 20 mEq ER Tab UD (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Potassium Chloride in NaCl (20 mEq in 1000 ml												
	Potassium Chloride in NaCl (20 mEq in 1000 ml	Sol	79992002102020	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	Advisories:												
	****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Potassium Chloride in NaCl (40 mEq in 1000 ml)												
	Potassium Chloride 40MEQ in 1000ml NS	Sol	79992002102030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Injection (concentrate)												
	Potassium Chloride Inj 10 mEq/100ML	Sol	79700030002050	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 10 mEq/50ML	Sol	79700030002055	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 2 mEq/ML, 10ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 20 mEq/100ml	Sol	79700030002060	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 20 mEq/50ML	Sol	79700030002070	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride Inj 40 mEq/100ML	Sol	79700030002075	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Potassium Chloride IV Soln 2 MEQ/ML 5 ML	Sol	79700030002005	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	Advisories:												
	****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Medical Referral Center (MRC) Use Only												
	Potassium Chloride Oral packet												
	Potassium Chloride Powder 20 mEq Pak (Kay Ciel)	Packet	79700030003015	No	0	No	Yes	No	No	N/A	No	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>Cosign MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Potassium Chloride Oral Solution											
	Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD	Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes
	Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes
	Potassium Chlor Oral Sol 10%, 473ML	Sol	79700030002085	No	0	No	Yes	No	No	N/A	No	Yes
	Potassium Chlor Oral Sol 20% (40mEq), 15ML UD	Sol	79700030002095	No	0	No	Yes	No	No	N/A	Yes	Yes
	Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution)	Sol	79700030002095	No	0	No	Yes	No	No	N/A	No	Yes
	Potassium Citrate											
	Potassium Citrate 1080 MG ER Tab UD [10 MEQ] (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	Yes	Yes
	Potassium Citrate Tablet											
	Potassium Citrate 540 MG ER Tab [5 MEQ] (Urocit-K)	Tab ER	56202010200420	No	0	No	No	No	No	N/A	No	Yes
	Potassium Citrate 1080 MG ER Tab [10 MEQ] (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	No	Yes
	Potassium Citrate 1620 MG (15 MEQ) ER Tab (Urocit-K)	Tab ER	56202010200460	No	0	No	No	No	No	N/A	No	Yes
	Potassium Citrate/Citric Acid Oral Solution											
	Pot Citrate/Citric Acid Oral Soln 1100-334 MG/5ML (Cytra-K)	Sol	56202022002025	No	0	No	No	No	No	N/A	No	Yes
	Potassium Iodide (Antidote) Oral Soln 65 MG/ML											
	Potassium Iodide (Antidote) Oral Soln 65 MG/ML	Sol	93000065102020	No	0	No	Yes	No	No	N/A	No	Yes
	Potassium Iodide (Expectorant) Oral Soln 1 GM/ML											
	Potassium Iodide (Expectorant) Oral Soln 1 GM/ML	Sol	43202010002060	No	0	No	Yes	No	No	N/A	No	Yes
	Potassium Phosphates 15 MMOLE/5ML IV soln											
	Potassium Phosphates 15 MMOLE/5ML IV soln	Sol	79600010052020	No	0	No	No	Yes	No	N/A	No	Yes
	Potassium Phosphates 45 MMOLE/15ML IV soln	Sol	79600010052030	No	0	No	No	Yes	No	N/A	No	Yes
	Povidone-Iodine External Ointment 10%											
	Povidone-Iodine External Oint 10% 30GM (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	Yes	Yes
	Povidone-Iodine External Solution 10%											
	Povidone-Iodine External Solution 10% 15ML (Betadine)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10% 59 ML	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10% ,118 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine Scrub 7.5%											
	Povidone-Iodine Scrub 7.5%, ML 473 ML (Betadine Surgical Scrub)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine Scrub External Soln 7.5% 120 ML	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes
	Povidone-Iodine Scrub Soln 7.5% 946 ML (Betadine)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Povidone-Iodine Swab 10%											
	Povidone-Iodine Swab 10% (Betadine Swabsticks)	Swab	92200040009420	No	0	No	Yes	No	No	N/A	No	Yes
	Pravastatin Tablet											
	Pravastatin 10 MG Tab (Pravachol)	Tab	39400065100320	No	0	No	No	No	No	N/A	No	Yes
	Pravastatin 10 MG Tab UD	Tab	39400065100320	No	0	No	No	No	No	N/A	Yes	Yes
	Pravastatin 20 MG Tab (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	No	Yes
	Pravastatin 40 MG Tab (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	No	Yes
	Pravastatin 80 MG Tab (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	No	Yes
	Pravastatin 80 MG Tab UD (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	N/A	Yes	Yes
	Pravastatin Sodium 20 MG Tab UD (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	N/A	Yes	Yes
	Pravastatin Sodium 40 MG Tab UD (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	N/A	Yes	Yes
	Prazosin Capsule											
	Prazosin Cap 1 MG (Minipress)	Cap	36202030100105	No	0	No	No	No	No	N/A	No	Yes
	Prazosin Cap 1 MG UD (Minipress)	Cap	36202030100105	No	0	No	No	No	No	N/A	Yes	Yes
	Prazosin Cap 2 MG (Minipress)	Cap	36202030100110	No	0	No	No	No	No	N/A	No	Yes
	Prazosin Cap 2 MG UD (Minipress)	Cap	36202030100110	No	0	No	No	No	No	N/A	Yes	Yes
	Prazosin Cap 5 MG (Minipress)	Cap	36202030100115	No	0	No	No	No	No	N/A	No	Yes
	Prazosin Cap 5 MG UD (Minipress)	Cap	36202030100115	No	0	No	No	No	No	N/A	Yes	Yes
	prednisoLONE Ace. ophth susp 0.12%											
	prednisoLONE Ace. Ophth Susp 0.12%, 10ML	Susp	86300050101809	No	0	Yes	Yes	No	No	N/A	No	Yes
	prednisoLONE Ace. Ophth Susp 0.12%, 5ml (Pred Mild)	Susp	86300050101809	No	0	Yes	Yes	No	No	N/A	No	Yes
	Formulary Restrictions:											
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE)											
	NOT APPROVED****											
	MLP Requires Cosign											
	prednisoLONE Ace. ophth susp 1%											
	prednisoLONE Ace. Ophth Susp 1%, 5 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
	prednisoLONE Ace. Ophth Susp 1%, 10 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
	prednisoLONE Ace. Ophth Susp 1%, 15 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
	PrednisoLONE Forte Ophth Suspension 1% 1 ML (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	N/A	No	Yes
	Formulary Restrictions:											
	****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE)											
	NOT APPROVED****											
	MLP Requires Cosign											
	prednisoLONE Sod Phos ophth Solution 1%											
	prednisoLONE Sod Phos ophth 1%, 10ml (AK-Pred Ophthalmic Solution)	Sol	86300050202015	No	0	Yes	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATON (BLEPHAMIDE) NOT APPROVED**** **MLP Requires Cosign**													
	predniSONE 10 mg Dosepak (21) predniSONE 10 MG Therapy Pack [21 ct] (Sterapred DS)	Tab Therapy	2210004500B72	No	0	No	Yes	No	No	No	N/A	No	Yes	0
	predniSONE 10 mg Dosepak (48) predniSONE 10 MG Therapy Pack [48 ct] (Sterapred DS)	Tab Therapy	2210004500B72	No	0	No	Yes	No	No	No	N/A	No	Yes	5
	predniSONE 5 mg Dosepack #21 predniSONE 5 MG Therapy Pack [21 ct] (Deltasone)	Tab Therapy	2210004500B70	No	0	No	Yes	No	No	No	N/A	No	Yes	5
	predniSONE 5 mg Dosepack #48 predniSONE 5 MG Therapy Pack [48 ct] (Sterapred DS)	Tab Therapy	2210004500B71	No	0	No	Yes	No	No	No	N/A	No	Yes	0
	predniSONE Solution 1 MG/ML predniSONE Solution 1 MG/ML	Sol	22100045002005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	predniSONE Solution 1 MG/ML, 5ML UD	Sol	22100045002005	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	predniSONE Solution 5 MG/ML predniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)	Concentrate	22100045001310	No	0	No	Yes	No	No	No	N/A	No	Yes	
	predniSONE Tablet predniSONE 1 MG Tab (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 1 MG Tab UD (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	predniSONE 2.5 MG Tab (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 2.5 MG Tab UD (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	predniSONE 5 MG Tab (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 5 MG Tab UD (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	predniSONE 10 MG Tab (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 10 MG Tab UD (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	predniSONE 20 MG Tab (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 20 MG Tab UD (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	No	N/A	Yes	Yes	
	predniSONE 50 MG Tab (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	No	N/A	No	Yes	
	predniSONE 50 MG Tab UD (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	No	N/A	Yes	Yes	
	PreHevbrio Intramuscular Suspension 10 MCG/ML Hepatitis B vac PreHevbrio IM Susp 10 MCG/ML (PreHevbrio)	Susp	17100010401820	No	0	No	No	Yes	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	PreNatal DHA Oral Capsule 200 MG	Cap	80500029000115	No	0	No	No	No	No	N/A	No	Yes
	PreNatal DHA Oral Capsule 200 MG											
	Prenatal Folic acid plus Iron oral tablet 29-1 M	Tab Chew	78512050000530	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Folic acid plus Iron oral tablet 29-1 M											
	Prenatal Plus Iron Oral Tablet 29-1 MG	Tab	78512010000352	No	0	No	No	No	No	N/A	Yes	Yes
	Elite-OB Oral Tablet 50-1.25 MG	Tab	78512010000330	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Plus Iron Oral Tablet 29-1 MG											
	Prenatal Vitamin Tablet											
	Prenatal Oral Tablet 27-0.8 MG	Tab	78512015000322	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Oral Tablet 27-0.8 MG UD	Tab	78512015000322	No	0	No	No	No	No	N/A	Yes	Yes
	Prenatal Oral Tablet 28-0.8 MG	Tab	78512015000328	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Plus Tab (Prenatal Plus)	Tab	78512015000324	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Vitamin Chew Tab -Prenatal 19 (Prenatal 19 Oral Tablet Chewable)	Tab Chew	78512015000530	No	0	No	No	No	No	N/A	No	Yes
	Prenatal Vitamin Tablet 29-1 MG (Pretab)	Tab	78512015000332	No	0	No	No	No	No	N/A	No	Yes
	Advisories:											
	Formulary only if pregnancy indication exists.											
	Prenatal/Iron Oral Tablet											
	Prenatal/Iron Oral Tablet	Tab	78512000000315	No	0	No	No	No	No	N/A	No	Yes
	Prenatal+DHA Oral Misc 28-0.975 & 200 MG											
	Prenatal+DHA Oral Misc 28-0.975 & 200 MG	Miscellaneous	78516020006318	No	0	No	No	No	No	N/A	No	Yes
	Pprevnar 20 IM Susp Prefilled Syringe 0.5 ML											
	Pprevnar 20 IM Susp Prefilled Syringe 0.5 ML	Susp Prefilled	1720006540E62 0	No	0	No	No	Yes	No	N/A	No	Yes
	Primidone Tablet											
	Primidone 50 MG Tab (Mysoline)	Tab	72600060000305	No	0	No	No	No	No	N/A	No	Yes
	Primidone 50 MG Tab UD (Mysoline)	Tab	72600060000305	No	0	No	No	No	No	N/A	Yes	Yes
	Primidone 250 MG Tab (Mysoline)	Tab	72600060000310	No	0	No	No	No	No	N/A	No	Yes
	Primidone 250 MG Tab UD (Mysoline)	Tab	72600060000310	No	0	No	No	No	No	N/A	Yes	Yes
	Advisories:											
	****PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****											
	Probenecid Tablet											
	Probenecid 500 MG Tab (Benemid)	Tab	68100010000310	No	0	No	No	No	No	N/A	No	Yes
	Probenecid 500 MG Tab UD (Benemid)	Tab	68100010000310	No	0	No	No	No	No	N/A	Yes	Yes
	Procainamide Injection											
	Procainamide HCl 100 MG/ML Inj (Pronestyl Inj)	Sol	35100020102010	No	0	No	No	Yes	No	N/A	No	Yes
	Procainamide HCl Inj Soln 100 MG/ML 10 ml	Sol	35100020102010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Procainamide HCl Injection Soln 500 MG/ML [2 ML]	Sol	35100020102020	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Medical Referral Center (MRC) Use Only											
	Procarbazine HCL											
	Procarbazine HCL 50 MG Cap (Matulane)	Cap	21700050100105	No	0	No	No	No	No	N/A	No	Yes
	Formulary Restrictions:											
	Limit to 14 days dispensing if cost is > \$25 per tablet/capsule											
	Prochlorperazine Injection											
	Prochlorperazine Edisylate Inj Soln 10 MG/2ML (compazine)	Sol	59200055202010	No	0	Yes	No	Yes	No	N/A	No	Yes
	Prochlorperazine Edisylate Inj Soln 50 MG/10ML (compazine)	Sol	59200055202020	No	0	Yes	No	Yes	No	N/A	No	Yes
	MLP Requires Cosign											
	Prochlorperazine Oral Tablet											
	Prochlorperazine Maleate 5 MG Tab (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 5 MG Tab UD (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	N/A	Yes	Yes
	Prochlorperazine Maleate 10 MG Tab (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 10 MG Tab UD (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:											
	****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY****											
	Medical Referral Center (MRC) Use Only											
	MLP Requires Cosign											
	Prochlorperazine Suppository											
	Prochlorperazine Maleate Suppository 25 MG, 12PK (Compazine Suppository)	Supp	59200055005215	No	0	No	Yes	No	No	N/A	Yes	Yes
	Progesterone Injection											
	Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	No	0	No	No	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria:											
	1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care											
	Formulary Restrictions:											
	****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****											
	Progesterone Oral Capsule (new)											
	Progesterone Micronized Cap 100 MG (Prometrium)	Cap	26000040000120	No	0	No	No	No	No	N/A	No	Yes
	Progesterone Micronized Cap 200 MG (Prometrium)	Cap	26000040000140	No	0	No	No	No	No	N/A	No	Yes
	Progesterone Vaginal Gel 8%											
	Progesterone Vaginal Gel 8 % 21.75 gm (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	N/A	No	Yes
	Progesterone Vaginal Gel 8 % 1.125GM (Crinone)	Gel	55370060004020	No	0	No	No	No	No	N/A	No	Yes
	Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	N/A	Yes	Yes
	Promethazine Oral Syrup 6.25 MG/5ML											
	Promethazine Oral Syrup 6.25MG/5ML 473 ML (Phenergan)	Syrup	41400020101210	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****												
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY****												
	Medical Referral Center (MRC) Use Only												
	Promethazine Suppository												
	Promethazine Suppository 12.5 MG (Phenadoz)	Supp	41400020105205	No	0	No	Yes	No	No	No	N/A	No	Yes
	Promethazine Suppository 25 MG (Phenadoz)	Supp	41400020105210	No	0	No	Yes	No	No	No	N/A	No	Yes
	Promethazine Suppository 50 MG (Phenadoz)	Supp	41400020105215	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****												
	Promethazine Tablet												
	Promethazine HCl 12.5 MG Tab (Phenergan)	Tab	41400020100305	No	0	No	No	No	No	No	N/A	No	Yes
	Promethazine HCl 12.5 MG Tab (1/2 tablet) (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	No	N/A	No	Yes
	Promethazine HCl 12.5 MG Tab UD	Tab	41400020100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Promethazine HCl 25 MG Tab (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	No	N/A	No	Yes
	Promethazine HCl 25 MG Tab UD (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Promethazine HCl 50 MG Tab (Phenergan)	Tab	41400020100315	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****												
	Formulary Restrictions: ****ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY AND/OR INPATIENT USE ONLY****												
	Medical Referral Center (MRC) Use Only												
	Propafenone ER 12 Hour Cap												
	Propafenone ER 12 Hour Cap 225 MG (Rythmol SR)	Cap ER 12	35300050006920	No	0	No	No	No	No	No	N/A	No	Yes
	Propafenone ER 12 Hour Cap 325 MG (Rythmol SR)	Cap ER 12	35300050006930	No	0	No	No	No	No	No	N/A	No	Yes
	Propafenone ER 12 Hour Cap 325 MG UD (Rythmol SR)	Cap ER 12	35300050006930	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propafenone ER 12 Hour Cap 425MG (Rythmol SR)	Cap ER 12	35300050006940	No	0	No	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****												
	Propafenone Tablet												
	Propafenone 150 MG Tab (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	No	N/A	No	Yes
	Propafenone 150 MG Tab UD (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propafenone 225 MG Tab (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	No	N/A	No	Yes
	Propafenone 225 MG Tab UD (Rythmol)	Tab	35300050000325	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propafenone 300 MG Tab (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	No	N/A	No	Yes
	Propafenone 300 MG Tab UD (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY*****											
	Proparacaine Opth Solution 0.5%											
	Proparacaine HCl Opth Soln 0.5%, 15ML (Ophthetic 0.5%)	Sol	86750020102005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Propofol Injection 10 MG/ML											
	Propofol Intravenous Emulsion 100 MG/10ML	Emul	70400050001640	No	0	No	No	Yes	No	N/A	No	Yes
	Propofol Intravenous Emulsion 200 MG/20ML	Emul	70400050001652	No	0	No	No	Yes	No	N/A	No	Yes
	Propofol Intravenous Emulsion 500 MG/50ML	Emul	70400050001656	No	0	No	No	Yes	No	N/A	No	Yes
	Propofol Intravenous Emulsion 1000 MG/100ML	Emul	70400050001660	No	0	No	No	Yes	No	N/A	No	Yes
	Propranolol HCl Oral Solution 20 MG/5 ML											
	Propranolol Oral Solution 4 MG/ML, 500 ML (Inderal Solution)	Sol	33100040102050	No	0	No	Yes	No	No	N/A	No	Yes
	Propranolol HCl Oral Solution 40 MG/5ML											
	Propranolol HCl Oral Solution 40 MG/5ML	Sol	33100040102060	No	0	No	Yes	No	No	N/A	No	Yes
	Propranolol Injection											
	Propranolol 1 MG/ML, 1 ML Inj (Inderal Injection)	Sol	33100040102005	No	0	No	No	Yes	No	N/A	No	Yes
	Propranolol LA 24 Hour Capsule											
	Propranolol LA 24 Hour 60 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	No	Yes
	Propranolol LA 24 Hour 60 MG Cap UD (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	Yes	Yes
	Propranolol LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	No	Yes
	Propranolol LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	Yes	Yes
	Propranolol LA 24 Hour 120 MG Cap (Inderal LA)	Cap ER 24	33100040107035	No	0	No	No	No	No	N/A	No	Yes
	Propranolol LA 24 Hour 160 MG Cap (Inderal LA)	Cap ER 24	33100040107040	No	0	No	No	No	No	N/A	No	Yes
	Propranolol Oral Tablet											
	Propranolol 10 MG Tab (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	No	Yes
	Propranolol 10 MG Tab UD (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	Yes	Yes
	Propranolol 20 MG Tab (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	No	Yes
	Propranolol 20 MG Tab UD (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	Yes	Yes
	Propranolol 40 MG Tab (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	No	Yes
	Propranolol 40 MG Tab UD (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	Yes	Yes
	Propranolol 60 MG Tab (Inderal)	Tab	33100040100320	No	0	No	No	No	No	N/A	No	Yes
	Propranolol 80 MG Tab (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	No	Yes
	Propranolol 80 MG Tab UD (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	Yes	Yes
	Propylthiouracil Oral Tablet											
	Propylthiouracil 50 MG Tab (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	No	Yes
	Propylthiouracil 50 MG Tab UD (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co- sign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Protamine Sulfate Inj 10 MG/ML												
	Protamine Sulfate 10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes	
	Protamine Sulfate 10 MG/ML, 25ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	Yes	
	Purified Protein Derivative Injection												
	Purified Protein Derivative 5 UNIT/0.1ML 1ML (Tubersol)	Sol	94300070002010	No	0	No	No	Yes	No	N/A	No	Yes	
	Purified Protein Derivative 5 Units/0.1ML 5ML (Tubersol)	Sol	94300070002010	No	0	No	No	Yes	No	N/A	No	Yes	
	Pyrantel Pamoate 144 MG/ML (50 MG/ml) Susp												
	Pyrantel Pamoate 144 MG/ML(50mg/ml base) sus30ml (Pin- X)	Susp	15000060101805	No	0	No	Yes	No	No	N/A	No	Yes	
	Pyrazinamide Tablet												
	Pyrazinamide 500 MG Tab (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	No	Yes	
	Pyrazinamide 500 MG Tab UD (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Pyridostigmine Bromide Oral Syrup 60 MG/5ML												
	Pyridostigmine Bromide Oral Syr 60 MG/5ML 473ML	Sol	76000050102060	No	0	No	Yes	No	No	N/A	No	Yes	
	Pyridostigmine Bromide Oral Syr 60 MG/5ML UD	Sol	76000050102060	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Pyridostigmine Injection												
	Pyridostigmine Bromide IV Soln 10 MG/2ML	Sol	76000050102010	No	0	No	No	Yes	No	N/A	No	Yes	
	Pyridostigmine LA Tablet												
	Pyridostigmine LA 180 MG Tab (Mestinon)	Tab ER	76000050100405	No	0	No	No	No	No	N/A	No	Yes	
	Pyridostigmine Tablet												
	Pyridostigmine 60 MG Tab (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	No	Yes	
	Pyridostigmine 60 MG Tab UD (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Pyridostigmine Bromide 30 MG Tablet	Tab	76000050100304	No	0	No	No	No	No	N/A	No	Yes	
	Pyridoxine Tablet												
	Pyridoxine HCl 25 MG Tab (Vitamin B6)	Tab	77105010000305	No	0	No	No	No	No	N/A	No	Yes	
	Pyridoxine HCl 50 MG Tab (B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	No	Yes	
	Pyridoxine HCl 50 MG Tab UD (Vitamin B-6)	Tab	77105010000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Pyridoxine HCl 100 MG Tab (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	N/A	No	Yes	
	Pyridoxine HCl 100 MG Tab UD (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	N/A	Yes	Yes	
	Pyrimethamine Tablet												
	Pyrimethamine 25 MG Tab (Daraprim)	Tab	13000040000310	No	0	No	No	No	No	N/A	No	Yes	
	Pyrimethamine 25 MG Tab UD	Tab	13000040000310	No	0	No	No	No	No	N/A	Yes	Yes	
	quiNIDine Gluconate Injection												
	quiNIDine Gluconate Inj 80 MG/ML, 10ML	Sol	35100030102005	No	0	No	No	Yes	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Raltegravir (RAL) Tablet											
	Raltegravir Potassium (RAL) 25 MG Chewable Tab	Tab Chew	12103060100510	No	0	Yes	No	No	No	N/A	No	Yes
	Raltegravir Potassium (RAL) 100 mg Chewable Tab (Isentress Chew)	Tab Chew	12103060100540	No	0	Yes	No	No	No	N/A	No	Yes
	Raltegravir Potassium (RAL) 400 MG Tab (Isentress)	Tab	12103060100320	No	0	Yes	No	No	No	N/A	No	Yes
	Raltegravir Potassium (RAL) 400 MG Tab UD (Isentress)	Tab	12103060100320	No	0	Yes	No	No	No	N/A	Yes	Yes
	Non-Formulary Use Criteria:											
	1. Regimen has been established in consultation with Regional HIV Consultant Pharmacist, expert consultation service or Regional Medical Director.											
	2. Patient must be highly treatment-experienced.											
	3. HAART selection must be directed by appropriate resistance testing.											
	4. The ability exists to construct a HAART regimen to include: 3 active and proper antiretroviral drugs or, at least 1 active drug plus an appropriate antiretroviral drug combination with some residual activity.											
	5. All supporting documents must be attached to include, at a minimum, copies of all available viral loads and CD4 counts, copies of all available resistance tests, description of all known previous HAART regimens, assessment of patient's adherence to HAART, and the complete HAART regimen being requested.											
	6. Maraviroc requests must include results of the CCR5 co-receptor tropism assay.											
	7. None of the antiretroviral drugs of the new/proposed HAART regimen should be started until the non-formulary requests are approved. (same as other HIV medications)											
	MLP Requires Cosign											
	Raltegravir HD (RAL) 600 MG Tablet											
	Raltegravir (RAL) HD Oral Tablet 600 MG (Isentress HD)	Tab	12103060100330	No	0	Yes	No	No	No	N/A	No	Yes
	MLP Requires Cosign											
	raNITidine Injection											
	raNITidine HCl Injection Solution 150 MG/6ML (Zantac)	Sol	49200020102007	No	0	No	No	Yes	No	N/A	No	Yes
	raNITidine HCl Injection Solution 50 MG/2ML (Zantac)	Sol	49200020102006	No	0	No	No	Yes	No	N/A	No	Yes
	raNITidine Injection Solution 1000 MG/40ML (Zantac)	Sol	49200020102009	No	0	No	No	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Regadenoson Injection											
	Regadenoson 0.4 MG/5 ML, 5 ML inj (Lexiscan)	Sol	94200079002020	No	0	No	Yes	No	No	N/A	No	Yes
	Regadenoson 0.4 MG/5 ML, 5 ML vial (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Ribavirin Capsule											
	Ribavirin 200 MG CAP (Ribasphere)	Cap	12353070000120	No	0	No	No	Yes	No	N/A	No	Yes
	Ribavirin 200 MG CAP UD	Cap	12353070000120	No	0	No	No	Yes	No	N/A	Yes	Yes
	Advisories:											
	****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****											
	Formulary Restrictions:											
	****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****											
	Ribavirin Tablet											
	Ribavirin (RibaPak) Oral Tablet 400 & 600 MG (Ribasphere)	Tab Therapy	1235307000B72	No	0	No	No	Yes	No	N/A	No	Yes
	Ribavirin 200 MG Tab (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	No	Yes
	Ribavirin 200 MG Tab UD (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	Yes	Yes
	Ribavirin 600 MG Tab (RibaPak)	Tab	12353070000360	No	0	No	No	Yes	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Advisories: ****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****												
	Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****												
	RifaBUTIN Capsule												
	RifaBUTIN 150 MG Cap (Mycobutin)	Cap	09000075000120	No	0	No	No	Yes	No	N/A	No	Yes	
	RifaBUTIN 150 MG Cap UD	Cap	09000075000120	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Rifampin Capsule												
	riFAMpin 150 MG CAP (Rifadin)	Cap	09000080000105	No	0	No	No	Yes	No	N/A	No	Yes	
	riFAMpin 150 MG CAP UD (Rifadin)	Cap	09000080000105	No	0	No	No	Yes	No	N/A	Yes	Yes	
	riFAMpin 300 MG CAP (Rifadin)	Cap	09000080000110	No	0	No	No	Yes	No	N/A	No	Yes	
	riFAMpin 300 MG CAP UD (Rifadin)	Cap	09000080000110	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Advisories: ***Do Not Use as Single Agent for MRSA***												
	Rifampin Injection												
	riFAMpin 600 MG Inj, 10 ML (Rifadin)	Sol Recon	09000080002120	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories: ***Do Not Use as Single Agent for MRSA****												
	Rifapentine Oral Tablet 150 MG												
	Rifapentine Oral Tablet 150 MG UD (Priftin)	Tab	09000085000320	No	0	No	No	Yes	No	N/A	Yes	Yes	
	Advisories: ***INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014												
	Rifapentine is not recommended in HIV-infected patients receiving antiretroviral treatment because of potential drug interactions.**												
	Ringers Intravenous Solution												
	Ringers Intravenous Solution	Sol	79992001302010	No	0	No	No	Yes	No	N/A	No	Yes	
	risperiDONE Long-Acting Inj												
	risperiDONE Long-Acting Inj 12.5 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G21	No	0	Yes	No	Yes	No	N/A	No	Yes	
	risperiDONE Long-Acting Inj 25 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G22	No	0	Yes	No	Yes	No	N/A	No	Yes	
	risperiDONE Long-Acting Inj 37.5 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G23	No	0	Yes	No	Yes	No	N/A	No	Yes	
	risperiDONE Long-Acting Inj 50 MG [2ml] (Risperdal CONSTA)	Susp Recon	5907007010G24	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmly
risperiDONE	Oral Solution 1 MG/ML													
	risperiDONE (30ML) 1MG/ML SOLN (Risperdal)	Sol	59070070002010	No	0	Yes	Yes	No	No	N/A	No	Yes		
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	MLP Requires Cosign													
risperiDONE	Oral Tablet													
	risperiDONE 0.25 MG Tab (Risperdal)	Tab	59070070000303	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 0.25 MG Tab UD (Risperdal)	Tab	59070070000303	No	0	Yes	No	No	No	N/A	Yes	Yes		
	risperiDONE 0.5 MG Tab (Risperdal)	Tab	59070070000306	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 0.5 MG Tab UD (Risperdal)	Tab	59070070000306	No	0	Yes	No	No	No	N/A	Yes	Yes		
	risperiDONE 1 MG Tab (Risperdal)	Tab	59070070000310	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 1 MG Tab UD (Risperdal)	Tab	59070070000310	No	0	Yes	No	No	No	N/A	Yes	Yes		
	risperiDONE 2 MG Tab (Risperdal)	Tab	59070070000320	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 2 MG Tab UD (Risperdal)	Tab	59070070000320	No	0	Yes	No	No	No	N/A	Yes	Yes		
	risperiDONE 3 MG Tab (Risperdal)	Tab	59070070000330	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 3 MG Tab UD (Risperdal)	Tab	59070070000330	No	0	Yes	No	No	No	N/A	Yes	Yes		
	risperiDONE 4 MG Tab (Risperdal)	Tab	59070070000340	No	0	Yes	No	No	No	N/A	No	Yes		
	risperiDONE 4 MG Tab UD (Risperdal)	Tab	59070070000340	No	0	Yes	No	No	No	N/A	Yes	Yes		
	Advisories:													
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	MLP Requires Cosign													
Ritonavir (RTV)	100 MG Tablet													
	Ritonavir (RTV) 100 MG Tab (Norvir)	Tab	12104560000320	No	0	Yes	No	No	No	N/A	No	Yes		
	Ritonavir (RTV) 100 MG Tab UD (Norvir)	Tab	12104560000320	No	0	Yes	No	No	No	N/A	Yes	Yes		
	MLP Requires Cosign													
Ritonavir (RTV)	Capsule													
	Ritonavir (RTV) 100 MG Cap (Norvir)	Cap	12104560000120	No	0	Yes	No	No	No	N/A	No	Yes		
	Ritonavir (RTV) 100 MG Cap UD (Norvir)	Cap	12104560000120	No	0	Yes	No	No	No	N/A	Yes	Yes		
	MLP Requires Cosign													
Ritonavir (RTV)	Packet 100 MG													
	Ritonavir (RTV) Packet 100 MG (Norvir packet)	Packet	12104560003020	No	0	No	No	No	No	N/A	No	Yes		
Ritonavir (RTV)	Solution 80 MG/ML													
	Ritonavir (RTV) 80 MG/ML solution (Norvir)	Sol	12104560002020	No	0	Yes	Yes	No	No	N/A	No	Yes		
	MLP Requires Cosign													
riTUXimab-abbs (Truxima)	IV Soln 100 MG/10ML new													
	riTUXimab-abbs (Truxima) IV Soln 100 MG/10ML (Truxima)	Sol	21351860102020	No	0	No	No	Yes	No	N/A	No	Yes		
	riTUXimab-abbs (Truxima) IV Soln 500 MG/50ML (Truxima)	Sol	21351860102040	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Ropivacaine HCl Injection													
	Ropivacaine HCL INJ 2 MG/ML (Naropin)	Sol	69100070102008	No	0	No	No	No	Yes	No	N/A	No	Yes	
	Ropivacaine HCl Inj Soln 10 MG/ML 10 ML (Naropin)	Sol	69100070102040	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Ropivacaine HCl Inj Soln 10 MG/ML 20 ML (Naropin)	Sol	69100070102040	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Ropivacaine HCl Inj Soln 5 MG/ML 20 ML (Naropin)	Sol	69100070102020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Ropivacaine HCl Inj Soln 5 MG/ML 30 ML (Naropin)	Sol	69100070102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Ropivacaine HCl Inj Soln 7.5 MG/ML 20 ML (Naropin)	Sol	69100070102030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Medical Referral Center (MRC) Use Only													
	Rosuvastatin Tablet													
	Rosuvastatin Calcium 5 MG Tab (Crestor)	Tab	39400060100305	No	0	No	No	No	No	No	N/A	No	Yes	
	Rosuvastatin Calcium 5 MG Tab UD (Crestor)	Tab	39400060100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Rosuvastatin Calcium 10 MG Tab (Crestor)	Tab	39400060100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Rosuvastatin Calcium 10 mg Tab UD (Crestor)	Tab	39400060100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Rosuvastatin Calcium 10 MG Tab UD (repack) (Crestor)	Tab	39400060100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Rosuvastatin Calcium 20 MG Tab (Crestor)	Tab	39400060100320	No	0	No	No	No	No	No	N/A	No	Yes	
	Rosuvastatin Calcium 20 MG Tab UD (Crestor)	Tab	39400060100320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Rosuvastatin Calcium 20 MG Tab UD (repack) (Crestor)	Tab	39400060100320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Rosuvastatin Calcium 40 MG Tab (Crestor)	Tab	39400060100340	No	0	No	No	No	No	No	N/A	No	Yes	
	Rosuvastatin Calcium 40 MG Tab UD (repack) (Crestor)	Tab	39400060100340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories:													
	Pravastatin preferred statin for patients taking protease inhibitors													
	Sacubitril-Valsartan Tablet													
	Sacubitril-Valsartan 24-26 MG Tablet (Entresto)	Tab	40992002600320	No	0	No	No	No	No	No	N/A	No	Yes	
	Sacubitril-Valsartan 49-51 MG Tablet (Entresto)	Tab	40992002600330	No	0	No	No	No	No	No	N/A	No	Yes	
	Sacubitril-Valsartan 97-103 MG Tablet (Entresto)	Tab	40992002600340	No	0	No	No	No	No	No	N/A	No	Yes	
	Saliva Substitute													
	Saliva Substitute 30 ml (Caphosol) (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Saliva Substitute(Caphosol) 15ML (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Saliva Substitute (Mouth Kote Mouth/Throat Soln)													
	Saliva Substitute (Mouth Kote) 240 ML (Mouth Kote Mouth/Throat Solution)	Sol	88501000002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Saliva Substitute (Mouth Kote) 60 ML (Mouth Kote)	Sol	88501000002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Saliva Substitute(Moi-Stir Mouth/Throat Soln 4oz	Sol	88501000002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Salsalate Tablet													
	Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Salsalate 500 MG Tab UD (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	No	N/A	No	Yes	
	Salsalate 750 MG Tab UD (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Sargramostim Injection											
	Sargramostim Inj (Powd for Reconst) 250 MCG	Sol Recon	82402050002120	No	0	No	Yes	Yes	No	N/A	No	Yes
	Medical Referral Center (MRC) Use Only											
	Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS											
	Scopolamine Transdermal Patch 1.5MG [72hour]	Patch 72 Hour	50200060008610	No	0	No	Yes	No	No	N/A	No	Yes
	Secretin Acetate IV 16 MCG											
	Secretin Acetate IV Soln Reconstituted 16 MCG (SecreFlo)	Sol Recon	94200080102120	No	0	No	Yes	Yes	No	N/A	No	Yes
	Selegiline Capsule/Tablet											
	Selegiline 5 MG Cap	Cap	73300030100120	No	0	No	No	Yes	No	N/A	No	Yes
	Selegiline 5 MG Cap UD (Eldedpryl)	Cap	73300030100120	No	0	No	No	Yes	No	N/A	Yes	Yes
	Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	No	0	No	No	Yes	No	N/A	No	Yes
	Non-Formulary Use Criteria:											
	1. For narcolepsy: Documented verification of the inmate's report, to include polysomnography obtained and provided											
	2. For narcolepsy: Patient has failed non-pharmacologic management strategies											
	3. For narcolepsy: Functional impairment with work assignment, institution security, academic needs											
	4. For narcolepsy: Failed treatment with modafinil and fluoxetine (for cataplexy)											
	Formulary Restrictions:											
	****Not for use in Narcolepsy (See NFR Use Criteria)****											
	Senna Tablet											
	Senna 8.6 MG Tab (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	No	Yes
	Senna 8.6 MG Tab UD (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	Yes	Yes
	Sennosides Oral Syrup 8.8 MG/5ML											
	Sennosides Oral Syrup 8.8 MG/5ML [240ml]	Syrup	46200060201220	No	0	No	Yes	No	No	N/A	No	Yes
	Sertraline Oral Concentrate											
	Sertraline SOL 20 MG/ML, 60 ML (Zoloft)	Concentrate	58160070101320	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories:											
	****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**											
	NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**											
	Sertraline Tablet											
	Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	No	0	No	No	No	No	N/A	No	Yes
	Sertraline HCl 25 MG Tab UD (Zoloft)	Tab	58160070100305	No	0	No	No	No	No	N/A	Yes	Yes
	Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	No	0	No	No	No	No	N/A	No	Yes
	Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	No	0	No	No	No	No	N/A	Yes	Yes
	Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	No	0	No	No	No	No	N/A	No	Yes
	Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
Doctor Name Item Name Advisories: ****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE** **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS****												
	Sevelamer Carbonate Tablet											
	Sevelamer Carbonate 800 MG Tab (Renvela)	Tab	52800070050340	No	0	No	No	No	No	N/A	No	Yes
	Sevelamer Carbonate 800 MG Tab UD	Tab	52800070050340	No	0	No	No	No	No	N/A	Yes	Yes
	Sevoflurane Inhalation Solution											
	Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	No	0	No	Yes	No	No	N/A	No	Yes
	Shingrix IM Suspension 50 MCG											
	Shingrix Intramuscular Suspension 50 MCG (Shingrix)	Susp Recon	17100095401920	No	0	No	No	Yes	No	N/A	No	Yes
	Silver & Potassium Nitrate Applicator 75-25%											
	Silver & Potassium Nitrate App 75%/25% EA (Silver Nitrate Applicators)	Miscellaneous	90509902406340	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%											
	Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 1000 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Sincalide Injection											
	Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	No	0	No	No	Yes	No	N/A	No	Yes
	Sodium Acetate IV Solution											
	Sodium Acetate Inj 2MEQ/ML, 50 ML	Sol	79050010002005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Acetate Intravenous Solution 4 MEQ/ML	Sol	79050010002010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate Injection											
	Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes
	Sodium Bicarbonate Inj 1 MEQ/ML, 50 ML PFS (Sodium Bicarbonate Inj)	Sol	79050020002025	No	0	No	No	Yes	No	N/A	No	Yes
	Sodium Bicarbonate Inj 4%, 5 ML (Neut)	Sol	79050020002005	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate IV Soln 4.2% 10ML syringe	Sol	79050020002010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate IV Soln 4.2% 5ML vial	Sol	79050020002010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate IV Soln 7.5% PFS 50ml	Sol	79050020002020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate IV Soln 8.4% 10 ML syringe	Sol	79050020002025	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Bicarbonate Tablet											
	Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)	Tab	48200010000310	No	0	No	No	No	No	N/A	No	Yes
	Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate)	Tab	48200010000325	No	0	No	No	No	No	N/A	No	Yes
	Sodium Bicarbonate 650 MG (10GR) Tab UD (Sodium Bicarbonate Tablet)	Tab	48200010000325	No	0	No	No	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	Non Sub.	DEA Schd.	Co sign	M LP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmily
	Sodium Chloride (Saljet) Rinse Ext Soln 0.9 % Sodium Chloride (Saljet) Rinse Ext Soln 0.9 % (Saljet)	Sol	90970080002020	No	0	No	Yes	No	No	N/A	No	Yes		
	Sodium Chloride 0.9% Nebulization Solution Sodium CHLORIDE 0.9% Inhalation 3 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Sodium CHLORIDE 0.9% Inhalation 5 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Sodium Chloride Inhalation Neb Soln 0.9% 15ML	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Sodium Chloride 2% Opth Solution Sodium Chloride Opth 2% Soln [15 ML] (Muro 128 2% Opth)	Sol	86804030102003	No	0	No	Yes	No	No	N/A	No	Yes		
	Sodium Chloride 3% Inhalation Nebulization Soln Sodium CHLORIDE 3% Inhalation Nebul Soln	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Sodium CHLORIDE 3% Inhalation Nebul Soln 4 ML	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Sodium Chloride 3% Intravenous Solution 500 ML Sodium Chloride 3% Intravenous Solution 500 ML	Sol	79750010002030	No	0	No	No	No	No	N/A	No	Yes		
	Sodium Chloride 7% Nebulization Solution Sodium CHLORIDE 7% Inhalation PF 4 ML UD	Nebulization	43400010002535	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Advisories: **Caution -This is a concentrated Solution.**													
	Sodium Chloride Bacteriostatic Inj Soln 0.9 % Sodium Chloride Bacteriostatic Inj Soln0.9% 30ML	Sol	98401040002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium Chloride Bacteriostatic SOL 0.9% 20ML	Sol	98401040002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium Chloride-Benzyl Alcohol Inj 0.9 %[10 ml]	Sol	98401040002010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Flush Sodium CHLORIDE 0.9% Flush Syringe, 10 ML (Flush Sodium Chloride)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Inj Flush Syringe 0.9 % 5 ML	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Flush Intravenous Soln 0.9% 10ml Sodium Chloride 0.9% Flush IV Solution 0.9% 3 ML (Normal Saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Flush Intravenous Soln 0.9% 10ml (normal saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Flush Intravenous Soln 0.9% 5ml (normal saline)	Sol	79750010102024	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium Chloride Flush IV Soln 0.9% 2.5 ML	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium Chloride Injection 0.45% Sodium CHLORIDE 0.45% Inj 50 ML	Sol	79750010002010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Sodium CHLORIDE 0.45% Inj 100 ML	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium CHLORIDE 0.45% Inj 250 ML	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Sodium CHLORIDE 0.45% Inj 500 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Sodium Chloride Injection 0.9% Soln															
	Sodium Chloride (PF) 0.9% Inj Soln 5 ml syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride (PF) 0.9% Inj Soln 50 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride (PF) 0.9% Inj soln 2 ml Vial	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride (PF) 0.9% Inj Soln 20 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride (PF) 0.9% soln 10 ML	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride 0.9 % Inj 100 ml [Mini-Bag]	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Flush Syringe, 3 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	Yes	Yes				
	Sodium CHLORIDE 0.9% Inj 10 ML SDV (Sodium Chloride 0.9%)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 20 ML SDV (Sodium Chloride Injection)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 50 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 50 ML Vial-Mate Compat	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 100 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 100 ML [ADD-VANT] (Sodium Chloride 0.9% 100 ML ADD-Vantage)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 100 ML Vial-Mate Compat (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 1000 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 150 ML	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 2 ML Syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 250 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 250 ML Vial-Mate Compat (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride 0.9% Inj 3 ml Syringe	Sol	79750010002018	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% INJ 50 ML [ADVantage]	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride 0.9% Inj 50 ml [Mini Bag]	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.9% Inj 500 ML (Sodium Chloride Injection 0.9%)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride 0.9% Inj 50ML SDV	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride Injection Soln 0.9% 2 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride Intravenous Soln 0.9% 25 ML	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes				
	Sodium Chloride Injection 2.5 MEQ/ML															
	Sodium CHLORIDE Conc 2.5 MEQ/ML Inj	Sol	79750010002050	No	0	No	No	Yes	No	N/A	No	Yes				
	Advisories: ****Caution - this is a concentrated electrolyte****															
	Sodium Chloride Injection 23.4%															
	Sodium CHLORIDE 23.4 % Inj 250 ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride IV Soln 23.4% 4 MEQ/ML 100ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes				

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
	Advisories: ****Must be diluted prior to administration*** **Caution - this is a concentrated electrolyte****												
	Sodium Chloride Injection 4 MEQ/ML Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%) Advisories: ****Caution - this is a concentrated electrolyte****	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes	
	Sodium Chloride Nebulization Solution 10 % Sodium CHLORIDE 10% Inhalation Solution 15ML Advisories: **Caution -This is a concentrated Solution.** **Medical Referral Center (MRC) Use Only**	Nebulization	43400010002540	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Sodium Chloride Ophth Ointment 5% Sodium CHLORIDE Ophth Oint 5% [3.5 gm] (Muro 128 5% Ointment)	Oint	86804030104205	No	0	No	Yes	No	No	N/A	No	Yes	
	Sodium Chloride Ophth Solution 5% Sodium CHLORIDE Ophth Soln 5% [15 ML] (Muro 128 Ophthalmic Solution 5%) Sodium CHLORIDE Ophth Soln 5% [30 ML] (Muro)	Sol	86804030102005	No	0	No	Yes	No	No	N/A	No	Yes	
	Sodium Chloride Topical Irrigation 0.9% Sodium CHLORIDE 0.9% Irrigation 1000 ML Sodium CHLORIDE 0.9% Irrigation 500 ML Sodium CHLORIDE 0.9% Irrigation Bottle 1000 ml (Sodium Chloride Irrigation) Sodium CHLORIDE 0.9% Irrigation Bottle 250 ml (Sodium Chloride Irrigation) Sodium Chloride 0.9% Irrigation Solution 1500ML Sodium Chloride 0.9% Irrigation Solution 2000ML Sodium Chloride 0.9% Irrigation Solution 3000 ML Sodium Chloride Irrigation Solution 0.9 % 110ml	Sol	56700060002010	No	0	No	Yes	No	No	N/A	No	Yes	
	Sodium Citrate/Citric Acid Sol Oracit Oral Solution 490-640 MG/5ML 15 ML UD (Oracit) Oracit Oral Solution 490-640 MG/5ML 30 ML UD (Oracit) Oracit Oral Solution 490-640 MG/5ML 500ML (Oracit Oral) Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****	Sol	56202020002020	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Sodium CITRATE/Citric Acid Sol Sodium CITRATE/Citric Acid Sol 15ml UD (Cytra-2) Sodium CITRATE/Citric Acid Sol 30ml UD (Cytra-2)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	
		Sol	56202020002010	No	0	No	Yes	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Emly
	Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****											
	Sodium Citrate/Citric Acid Sol Sodium Citrate/Citric Acid Sol, 480ML (Shohls Solution)	Sol	56202020002010	No	0	No	Yes	No	No	N/A	No	Yes
	Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****											
	Sodium Phosphate & Biphosphate Enema Sodium Phosphate & Biphosphate Enema 133 ml (Fleet Enema)	Enema	46109902105100	No	0	No	Yes	No	No	N/A	No	Yes
	Sodium Phosphate & Biphosphate Oral Solution Sodium Phosphate & Biphosphate Oral Sol, 100ML (Fleet Phospho-Soda)	Sol	46109902102000	No	0	No	Yes	No	No	N/A	No	Yes
	Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)	Sol	46109902102000	No	0	No	Yes	No	No	N/A	No	Yes
	Advisories: *****Warning - be alert to preventing and recognizing acute phosphate nephropathy*****											
	Sodium Phosphates Intravenous Soln 15 MMOLE/5ML Sodium Phosphates Intravenous Soln 15 MMOLE/5ML	Sol	79600020102020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Phosphates Intravenous Soln 45 MMOLE/15ML	Sol	79600020102030	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sodium Polystyrene Sulfonate Susp 15 GM/60 ML Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	Yes
	Sodium Polystyrene Sulfonate Susp 15 GM/60 ML UD (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	Yes	Yes
	Sodium Polystyrene Sulfonate Susp 15GM/60ML 473ml (Kionex Oral)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	Yes
	Sodium Thiosulfate 25% Sodium Thiosulfate 25% Inj 250MG/ML [50ML]	Sol	93000075002025	No	0	No	Yes	Yes	No	N/A	No	Yes
	Formulary Restrictions: ****MRC USE ONLY** ***Oncology Use Only**** **Medical Referral Center (MRC) Use Only**											
	Sodium Zirconium Cyclosilicate Oral Packet Sodium Zirconium Cyclosilicate Oral Packet 10 GM (Lokelma)	Packet	99450020003040	No	0	No	Yes	No	No	N/A	No	Yes
	Sodium Zirconium Cyclosilicate Oral Packet 5 GM (Lokelma oral packet)	Packet	99450020003020	No	0	No	Yes	No	No	N/A	No	Yes
	Non-Formulary Use Criteria: **1. Persistent or recurrent serum potassium 5.5 mEq/L despite the following measures to manage hyperkalemia: a. Adjustment or discontinuation of medications that may contribute to hyperkalemia (i.e. potassium supplements, ACE inhibitors, ARBs, ARN inhibitors, MRAs, NSAIDs), if appropriate. Consider clinical practice guidelines and risk vs. benefit of continued use. b. Initiation or adjustment of diuretic therapy (loop or thiazide), if appropriate c. Patient education regarding a low potassium diet and avoidance of potassium salt substitutes** **2. If inmate has Chronic Kidney Disease (CKD), consultation with nephrology** **Medical Referral Center (MRC) Use Only**											
	Sorafenib Tosylate Tablet Sorafenib Tosylate 200 MG Tab (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	No	Yes
	Sorafenib Tosylate 200 MG Tab UD (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crust. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** **Medical Referral Center (MRC) Use Only**											
	Sorbitol Oral Solution 70%											
	Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	Yes	Yes
	Sorbitol Oral Solution 70%, 480 ML (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	No	Yes
	Sorbitol Solution 70 %											
	Sorbitol Solution 70 % , 480 ML (Sorbitol)	Sol	98402040002000	No	0	No	Yes	No	No	N/A	No	Yes
	Sorbitol Solution 70 % 30 ML	Sol	98402040002000	No	0	No	Yes	No	No	N/A	Yes	Yes
	Sotalol AF Tablet											
	Sotalol HCl (AF) Oral Tablet 160 MG	Tab	33100045120320	No	0	No	No	No	No	N/A	No	Yes
	Sotalol HCl AF 80 MG Tab (Betapace AF)	Tab	33100045120310	No	0	No	No	No	No	N/A	No	Yes
	Sotalol HCl AF 120 MG Tab (Betapace AF)	Tab	33100045120315	No	0	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****											
	Sotalol Tablet											
	Sotalol 80 MG Tab (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	No	Yes
	Sotalol 80 MG Tab UD (Betapace)	Tab	33100045100310	No	0	No	No	No	No	N/A	Yes	Yes
	Sotalol 120 MG Tab (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	No	Yes
	Sotalol 120 MG Tab UD (Betapace)	Tab	33100045100315	No	0	No	No	No	No	N/A	Yes	Yes
	Sotalol 160 MG Tab (Betapace)	Tab	33100045100320	No	0	No	No	No	No	N/A	No	Yes
	Sotalol 160 MG Tab UD (Betapace)	Tab	33100045100320	No	0	No	No	No	No	N/A	Yes	Yes
	Sotalol 240 MG Tab (Betapace)	Tab	33100045100330	No	0	No	No	No	No	N/A	No	Yes
	Sotalol 240 MG Tab UD (Betapace)	Tab	33100045100330	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****											
	Spironolactone Oral Tablet											
	Spironolactone 12.5 MG (1/2 tab) re-pack	Tab	37500020000305	No	0	No	No	No	No	N/A	No	Yes
	Spironolactone 25 MG Tab UD (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	Yes	Yes
	Spironolactone 25 MG Tab (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	N/A	No	Yes
	Spironolactone 50 MG Tab (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	No	Yes
	Spironolactone 50 MG Tab UD (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	N/A	Yes	Yes
	Spironolactone 100 MG Tab (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	N/A	No	Yes
	Spironolactone 100 MG Tab UD (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	N/A	Yes	Yes
	Sterile Water for Injection											
	Sterile Water for Inj Soln (1000 ML)	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection 1000 ML	Sol	98401010002050	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection 10ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection IV Solution 250 ML	Sol	98401010002050	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection IV Solution 500ML	Sol	98401010002050	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection Soln 100 ml	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection Solution 5 ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	Yes
	Sterile Water for Injection, 20 ML	Sol	98401010002000	No	0	No	Yes	No	No	N/A	No	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>Cosign MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Sterile Water for Irrigation USP Sterile Water for Irrigation USP (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes
	Streptomycin Sulfate IM Injection Streptomycin Sulfate IM Inj 1GM	Sol Recon	07000060102105	No	0	No	No	Yes	No	N/A	No	Yes
	Streptozocin IV Solution Streptozocin IV Sol Reconstituted 1 GM (Zanosar) Advisories: **Protect From Light** **Medical Referral Center (MRC) Use Only**	Sol Recon	21102030002105	No	0	No	No	Yes	No	N/A	No	Yes
	Succinylcholine Chloride Injection Succinylcholine Chloride 20 MG/ML, 10 ML Inj (Anectine)	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	Yes
	Sucralfate Suspension 100 MG/1ML Sucralfate Suspension 100 MG/ML, 10ML UD (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	Yes	Yes
	Sucralfate Suspension 100 MG/ML, 420ML (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	No	Yes
	Sucralfate Tablet Sucralfate Tablet 1 GM (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	No	Yes
	Sucralfate Tablet 1 GM UD (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	Yes	Yes
	Sulfacetamide Sod ophth Solution 10% Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes
	Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes
	sulfADIAZINE Tablet sulfADIAZINE 500 MG Tab (SulfaDIAZINE)	Tab	08000020000305	No	0	No	No	No	No	N/A	No	Yes
	sulfADIAZINE 500 MG Tab UD	Tab	08000020000305	No	0	No	No	No	No	N/A	Yes	Yes
	Sulfamethoxazole/Trimeth 400-80 Mg Tablet Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	No	Yes
	Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet Sulfamethoxazole/Trimeth 800mg /160mg tab (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	No	Yes
	Sulfamethoxazole/Trimeth 800mg /160mg UD (Bactrim DS)	Tab	16990002300320	No	0	No	No	No	No	N/A	Yes	Yes
	Sulfamethoxazole/Trimeth Injection Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)	Sol	16990002302010	No	0	No	Yes	Yes	No	N/A	No	Yes
	Sulfamethoxazole/Trimeth Susp 200-40 MG/5ML Sulfamethox/Trimeth 200mg/40mg/5 susp, 473ML (Bactrim Suspension)	Susp	16990002301810	No	0	No	Yes	No	No	N/A	No	Yes
	Sulfamethoxazole-Trimeth Susp 200-40 MG/5ML 20ML	Susp	16990002301810	No	0	No	Yes	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	sulfaSALazine (DR) Enteric Coated Tablet											
	sulfaSALazine DR, 500 MG Tab EC (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	No	Yes
	sulfaSALazine DR, 500 MG Tab EC UD (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	N/A	Yes	Yes
	sulfaSALazine Oral Tablet											
	sulfaSALazine 500 MG Tab (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	N/A	No	Yes
	SulfaSALazine 500 MG Tab UD (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	N/A	Yes	Yes
	Sulindac Tablet											
	Sulindac 150 MG Tab (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	No	Yes
	Sulindac 150 MG Tab UD (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	N/A	Yes	Yes
	Sulindac 200 MG Tab (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	No	Yes
	Sulindac 200 MG Tab UD (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	N/A	Yes	Yes
	SUMatriptan Injection											
	SUMatriptan 6 MG/0.5 ML Inj (Imitrex)	Sol	67406070102010	No	0	No	Yes	Yes	No	N/A	No	Yes
	SUMatriptan 6 MG/0.5ML Subcu Prefilled Syringe (Imitrex prefilled)	Sol Prefilled	6740607010E52	No	0	No	No	Yes	No	N/A	No	Yes
	SUMatriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)	Sol Auto-	6740607010D52	No	0	No	Yes	Yes	No	N/A	No	Yes
	SUMatriptan Succinat Refill Cartridge 4 MG/0.5ML	Sol Cartridge	6740607010E21	No	0	No	No	Yes	No	N/A	No	Yes
	SUMatriptan Succinat Refill Cartridge 6 MG/0.5ML (Imitrex)	Sol Cartridge	6740607010E22	No	0	No	No	Yes	No	N/A	No	Yes
	SUMatriptan Succinate Soln Auto-injec 4 MG/0.5ML	Sol Auto-	6740607010D51	No	0	No	No	Yes	No	N/A	No	Yes
	Advisories:											
	****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****											
	Sunitinib Malate Capsule											
	Sunitinib Malate 12.5 MG Cap (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 12.5 MG Cap UD (Sutent)	Cap	21533070300120	No	0	No	No	No	No	N/A	Yes	Yes
	Sunitinib Malate 25 MG Cap (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 25 MG Cap UD (Sutent)	Cap	21533070300130	No	0	No	No	No	No	N/A	Yes	Yes
	Sunitinib Malate 37.5 MG Cap (Sutent)	Cap	21533070300135	No	0	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 50 MG Cap (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 50 MG Cap UD (Sutent)	Cap	21533070300140	No	0	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:											
	Limit to 14 days dispensing if cost is > \$25 per tablet/capsule											
	Sunscreen (Banana Boat SPF 30)											
	Sunscreen (Banana Boat SPF 30) Lotion 240ML (Banana boat)			No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	M/LP	Bulk	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly	
	<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Prescribed an essential medication causing documented photosensitivity OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **3. Requests due to unavailability of protective clothing will be disapproved.** **4. Approvals will be for SPF 30 products only.**</p> <p>Formulary Restrictions: ****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****</p>																		
	Sunscreen (Banana boat sport SPF 30) 8 oz Lotion																		
	Sunscreen (Banana boat sport SPF 30) 8 oz Lotion (Banana Boat)			No	0	No	Yes	No	No	No	N/A	No	Yes						
	Sunscreen (Coppertone Sport) Lotion SPF 30 7 OZ (Coppertone)			No	0	No	Yes	No	No	No	N/A	No	Yes						
	<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Prescribed an essential medication causing documented photosensitivity OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **3. Requests due to unavailability of protective clothing will be disapproved.** **4. Approvals will be for SPF 30 products only.**</p> <p>Formulary Restrictions: ****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****</p>																		
	Sunscreen SPF28 Cream																		
	Sunscreen (PreSun) SPF-28 Cream (PreSun SPF28 Cream)	Cm	9092000003700	No	0	No	Yes	No	No	No	N/A	No	Yes						
	<p>Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.***</p> <p>Non-Formulary Use Criteria: **1. Prescribed an essential medication causing documented photosensitivity OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **3. Requests due to unavailability of protective clothing will be disapproved.** **4. Approvals will be for SPF 30 products only.**</p> <p>Formulary Restrictions: ****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER*** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****</p>																		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
	Sunscreen SPF29																
	Sunscreen (PreSun) SPF-29 Lotion, 118ML (Presun Sensitive Skin spf29 Lotion)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes					
	Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*** Non-Formulary Use Criteria: **1. Prescribed an essential medication causing documented photosensitivity OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **3. Requests due to unavailability of protective clothing will be disapproved.** **4. Approvals will be for SPF 30 products only.** Formulary Restrictions: ****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****																
	Sunscreen SPF30																
	Sunscreen (Blue Lizard) SPF30 Sensitive Lotion (Blue lizard)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes					
	Sunscreen (Chapstick Ultra SPF30 External Stick)	Stick	90920000009300	No	0	No	Yes	No	No	N/A	No	Yes					
	Sunscreen (Coppertone Sunblock)SPF30 Lotion237ml (Coppertone Sunblock SPF30)	Lotion	90920000004100	No	0	No	Yes	No	No	N/A	No	Yes					
	Sunscreen (PreSun) SPF-30 Cream, 113GM (Presun Ultra SPF30)	Cm	90920000003700	No	0	No	Yes	No	No	N/A	No	Yes					
	Vanicream SPF 30 External Cream 113 gm (Vanicream)	Cm	90920000003700	No	0	No	Yes	No	No	N/A	No	Yes					
	Advisories: ***OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.*** Non-Formulary Use Criteria: **1. Prescribed an essential medication causing documented photosensitivity OR** **2. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.** **3. Requests due to unavailability of protective clothing will be disapproved.** **4. Approvals will be for SPF 30 products only.** Formulary Restrictions: ****MAXIMUM SPF 30** **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER** **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS** **RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS** **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY****																
	Symtuza Oral Tablet 800-150-200-10 MG																
	Darunavir-COBI-FTC-TAF 800-150-200-10MG Tab (symtuza)	Tab	12109904200320	No	0	No	No	No	No	N/A	No	Yes					
	Tacrolimus Capsule																
	Tacrolimus 0.5 MG Cap (Prograf)	Cap	99404080000105	No	0	No	No	No	No	N/A	No	Yes					
	Tacrolimus 0.5 MG Cap UD (Prograf)	Cap	99404080000105	No	0	No	No	No	No	N/A	Yes	Yes					
	Tacrolimus 1 MG Cap (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	No	Yes					
	Tacrolimus 1 MG Cap UD (Prograf)	Cap	99404080000110	No	0	No	No	No	No	N/A	Yes	Yes					
	Tacrolimus 5 MG Cap (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	No	Yes					
	Tacrolimus 5 MG Cap UD (Prograf)	Cap	99404080000120	No	0	No	No	No	No	N/A	Yes	Yes					

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Formulary Restrictions: **** FOR ORGAN REJECTION PROPHYLAXIS****												
	Tamoxifen Tablet												
	Tamoxifen 10 MG Tab (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	No	N/A	No	Yes
	Tamoxifen 10 MG Tab UD (Nolvadex)	Tab	21402680100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Tamoxifen 20 MG Tab (Nolvadex)	Tab	21402680100320	No	0	No	No	No	No	No	N/A	No	Yes
	Tamoxifen Citrate Oral Solution 10 MG/5ML (Soltamox)	Sol	21402680102020	No	0	No	Yes	No	No	No	N/A	No	Yes
	Tamsulosin HCl Capsule												
	Tamsulosin HCl 0.4 MG Cap (Flomax)	Cap	56852070100110	No	0	No	No	No	No	No	N/A	No	Yes
	Tamsulosin HCl 0.4 MG Cap UD (Flomax)	Cap	56852070100110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Tbo-Filgrastim Subcu prefilled Syringe												
	Tbo-Filgrastim Subcu Syringe 300 MCG/0.5ML (Granix)	Sol Prefilled	8240152070E53	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Tbo-Filgrastim Subcu Syringe 480 MCG/0.8ML (Granix)	Sol Prefilled	8240152070E54	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Tbo-Filgrastim Subcutaneous Soln 480 MCG/1.6ML (Granix)	Sol	82401520702030	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Tbo-Filgrastim Subcutaneous Solution 300 MCG/ML (Granix)	Sol	82401520702020	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	Advisories: ***Oncologist/Hematologist Use Only***												
	Non-Formulary Use Criteria: **1. Adjunctive therapy for cancer chemotherapy.												
	a. Chemotherapy primary prophylaxis for "dose dense" treatment regimen.												
	b. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia.												
	c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.												
	d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.**												
	**2. All of the following must be true for patient to be eligible for tbo-filgrastim treatment of hepatitis C treatment-related neutropenia:												
	a. Patient receiving hepatitis C therapy ; AND												
	b. Patient develops neutropenia defined as either												
	i. ANC < 250/mm3; or												
	ii. ANC < 500mm3 with one of the following risk factors for developing infection;												
	a. Cirrhosis, biopsy proven or clinically evident;												
	b. Pre-or post-liver transplant;												
	c. HIV/HCV co-infection												
	d. Receiving HCV triple therapy;												
	AND												
	c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction.**												
	Medical Referral Center (MRC) Use Only												
	MLP Requires Cosign												
	Tears, Artificial Opth Soln 1.4%(polyvinyl)												
	Tears, Artificial (Polyvinyl Alcohol 1.4 %) 15ML (Teargen)	Sol	86200050002030	No	0	No	Yes	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**</p> <p>Non-Formulary Use Criteria: **1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND** **2. Failure of commissary alternatives OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).**</p>																		
Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD																		
	Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD (Refresh Classic)	Sol	86209902502022	No	0	No	Yes	No	No	N/A	Yes	Yes						
	Tears, FreshKote PF Ophth Soln 2.7-2% 10ML (FreshKote)	Sol	86209902502042	No	0	No	Yes	No	No	N/A	No	Yes						
	Tears, Ophth Sol, 30 UD (Refresh Classic) UD (Refresh Classic Solution)	Sol	86209902502022	No	0	No	Yes	No	No	N/A	Yes	Yes						
<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**</p> <p>Non-Formulary Use Criteria: **1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND** **2. Failure of commissary alternatives OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).**</p>																		
Tears, Artificial Ophthalmic Oint 83-15 %																		
	Tears, Ophth Oint 3.5 GM (petro/min oil) 83-15% (Artificial tears oint)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
	Tears, Ophth Oint 3.5 GM 2-15-83 % [AKWA reform]	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
	Tears, Ophthalmic Ointment 85-15% 1 GM (Puralube)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**</p> <p>Non-Formulary Use Criteria: **1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND** **2. Failure of commissary alternatives OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).**</p>																		
Tears, Mineral Oil/Petro 42.5%/57.3% Oph Ont																		
	Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
	Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
	Tears, Ophth Ointment 3.5 GM (Lacri-Lube S.O.P.) (Lacri-Lube Ophth Ointment)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						
	Tears, Refresh Lacri-Lube Ophth Ointment 7 GM (Refresh)	Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	Yes						

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Unit Dose	Fmly
<p>Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.**</p> <p>Non-Formulary Use Criteria: **1. Initiated by an optometrist or ophthalmologist with ongoing evaluation AND** **2. Failure of commissary alternatives OR** **3. Patient is indigent AND treatment is medically necessary. Orders are limited to 30 days (3 days for Naphazoline- pheniramine).**</p>															
Temozolomide Capsule															
	Temozolomide 5 MG Cap (Temodar)	Cap	21104070000110	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 5 MG Cap UD (Temodar)	Cap	21104070000110	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 20 MG Cap (Temodar)	Cap	21104070000120	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 20 MG Cap UD (Temodar)	Cap	21104070000120	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 100 MG Cap (Temodar)	Cap	21104070000140	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 100 MG Cap UD (Temodar)	Cap	21104070000140	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 140 MG Cap (Temodar)	Cap	21104070000143	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 140 MG Cap UD (Temodar)	Cap	21104070000143	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 180 MG Cap (Temodar)	Cap	21104070000147	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 180 MG Cap UD (Temodar)	Cap	21104070000147	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 250 MG Cap (Temodar)	Cap	21104070000150	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 250 MG Cap UD (Temodar)	Cap	21104070000150	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
Formulary Restrictions:															
Limit to 14 days dispensing if cost is > \$25 per tablet/capsule															
Medical Referral Center (MRC) Use Only															
Tenofovir (TDF) Tablet															
	Tenofovir (TDF) 150 MG Tab (Viread)	Tab	12108570100305	No	0	Yes	No	No	No	No	No	N/A	No	Yes	
	Tenofovir (TDF) 200 MG Tablet (Viread)	Tab	12108570100310	No	0	Yes	No	No	No	No	No	N/A	No	Yes	
	Tenofovir (TDF) 250 MG Tablet (Viread)	Tab	12108570100315	No	0	Yes	No	No	No	No	No	N/A	No	Yes	
	Tenofovir (TDF) 300 MG Tab (Viread)	Tab	12108570100320	No	0	Yes	No	No	No	No	No	N/A	No	Yes	
	Tenofovir (TDF) 300 MG Tab UD (Viread)	Tab	12108570100320	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes	
MLP Requires Cosign															
Terazosin Capsule															
	Terazosin HCl 1 MG Cap (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Terazosin HCl 1 MG Cap UD (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Terazosin HCl 2 MG Cap (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Terazosin HCl 2 MG Cap UD (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Terazosin HCl 5 MG Cap (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Terazosin HCl 5 MG Cap UD (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Terazosin HCl 10 MG Cap (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Terazosin HCl 10 MG Cap UD (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	No	No	N/A	Yes	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Terbutaline Inj											
	Terbutaline 1 MG/ML, 1 ML Inj (Brethine Inj)	Sol	44201060202005	No	0	No	No	Yes	No	N/A	No	Yes
	Terbutaline Tablet											
	Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	No	0	No	No	No	No	N/A	No	Yes
	Terbutaline 5 MG Tab (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	No	Yes
	Terbutaline 5 MG Tab UD (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	Yes	Yes
	Terconazole Vaginal Cream 0.4%											
	Terconazole Vaginal Cream 0.4% (45 GM) GM (Terazol 7 Vaginal Cream)	Cm	55104070003710	No	0	No	Yes	No	No	N/A	No	Yes
	Terconazole Vaginal Cream 0.8%											
	Terconazole Vaginal Cream 0.8% (20 GM) GM (Terazol 3 Vaginal Cream)	Cm	55104070003720	No	0	No	Yes	No	No	N/A	No	Yes
	Terconazole Vaginal Suppository 80 MG											
	Terconazole Vaginal Suppository (3) 80 MG (Terazol 3)	Supp	55104070005210	No	0	No	Yes	No	No	N/A	No	Yes
	Tetanus Immune Globulin 250 Unit/ml											
	Tetanus Immune Globulin IM I Syringe 250 UNIT/ML (HyperTET)	Sol Prefilled	1910006000E52 0	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria Toxoids											
	Tetanus-Diphtheria(Td)Toxoids IM 5-2 LFU 0.5ml vl (Tenivac)	Injectable	18990002202210	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria (Td) Toxoids 0.5 ML Tbx (Tetanus & Diphtheria Toxoids Prefilled S)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria (Td)Toxoids Susp 2-2 LF/0.5ML (Decavac (Td))	Susp	18990002201805	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus-Diphtheria(Td) Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus/Diphth/Pertus (Adacel) Tdap											
	Tetanus/Diphth/Pertus (Tdap) Toxoid IM 5-2-15.5 (Adacel Intramuscular Suspension)	Susp	18990003221815	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus/Diphth/Pertus(Tdap) 5-2-15.5 0.5 syringe (Adacel)	Susp	18990003221815	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus/Diphth/Pertus (Boostrix) Tdap											
	Tetanus/Diphth/Pert(Tdap) 5-2.5-18.5 LF-MCG Syri (Boostrix)	Susp Prefilled	1899000322E62 0	No	0	No	No	Yes	No	N/A	No	Yes
	Tetanus/Diphth/Pertus(Tdap) IM 5-2.5-18.5[Boostr] (Boostrix Intramuscular Suspension)	Susp	18990003221820	No	0	No	Yes	Yes	No	N/A	No	Yes
	Tetanus/Diphth/Pertus (Daptacel)											
	Daptacel (DTaP) IM Suspension 15-23-5 LF-MCG/0.5 (Daptacel)	Susp	18990003201830	No	0	No	No	Yes	No	N/A	No	Yes
	Infanrix Intramuscular Suspension 25-58-10	Susp	18990003201840	No	0	No	No	Yes	No	N/A	No	Yes
	Tetracaine HCl Injection											
	Tetracaine HCl Injection Solution 1 % (Pontocaine)	Sol	69200080102015	No	0	No	No	Yes	No	N/A	No	Yes
	Tetracaine HCL Ophth solution 0.5%											
	Tetracaine HCl Ophth Soln 0.5%, 1 ML UD (Pontocaine)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	Yes	Yes
	Tetracaine HCl Ophth Soln 0.5%, 2 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes
	Tetracaine HCl Ophth Soln 0.5%, 4 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes
	Tetracaine HCl Ophth Soln 0.5%, 5 ML	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes
	Tetracaine HCl Ophth Soln 0.5%, 15 ML (Pontocaine HCL)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Co sign	MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Fmly
	Tetracycline HCL Capsule												
	Tetracycline 250 MG Cap (Achromycin V)	Cap	04000060100105	No	0	No	No	No	No	No	N/A	No	Yes
	Tetracycline 250 MG Cap UD (Tetracycline HCL)	Cap	04000060100105	No	0	No	No	No	No	No	N/A	Yes	Yes
	Tetracycline 500 MG Cap (Sumycin)	Cap	04000060100110	No	0	No	No	No	No	No	N/A	No	Yes
	Tetracycline 500 MG Cap UD (Tetracycline HCL)	Cap	04000060100110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Thalidomide Capsule												
	Thalidomide Cap 50 MG (Thalomid)	Cap	99392070000120	No	0	No	No	Yes	No	No	N/A	No	Yes
	Thalidomide Cap 100 MG (Thalomid)	Cap	99392070000130	No	0	No	No	Yes	No	No	N/A	No	Yes
	Thalidomide Cap 150 MG (Thalomid)	Cap	99392070000135	No	0	No	No	Yes	No	No	N/A	No	Yes
	Thalidomide Cap 200 MG (Thalomid)	Cap	99392070000140	No	0	No	No	Yes	No	No	N/A	No	Yes
	Advisories:												
	***** Must be registered in the STEPS program *****												
	Formulary Restrictions:												
	*****RESTRICTED TO ONCOLOGY USE ONLY*****												
	Medical Referral Center (MRC) Use Only												
	Theophylline 24 Hour ER Capsule												
	Theo-24 Oral Caps ER 24 Hour 100 MG	Cap ER 24	44300040007020	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 24 Hour ER 300 MG Cap (Theo-24 capsule)	Cap ER 24	44300040007040	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 24 Hour ER 200 MG Cap	Cap ER 24	44300040007030	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 24 Hour ER 400 MG Cap (Theo-24 Oral Capsule ER)	Cap ER 24	44300040007050	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Theophylline 24 Hour ER Tablet												
	Theophylline 24 Hour ER 400 MG Tab	Tab ER 24	44300040007540	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 24 Hour ER 400 MG Tab UD	Tab ER 24	44300040007540	No	0	No	No	No	No	No	N/A	Yes	Yes
	Theophylline 24 Hour ER 600 MG Tab	Tab ER 24	44300040007560	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 24 Hour ER 600 MG Tab UD (repack)	Tab ER 24	44300040007560	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Theophylline ER 12 Hour Tablet												
	Theophylline 12 Hour ER 100 MG Tab (Theochron)	Tab ER 12	44300040007420	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 12 Hour ER 200 MG Tab (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 12 Hour ER 200 MG Tab UD (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	No	N/A	Yes	Yes
	Theophylline 12 Hour ER 300 MG Tab (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	No	N/A	No	Yes
	Theophylline 12 Hour ER 300 MG Tab UD (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	No	N/A	Yes	Yes
	Theophylline 12 Hour ER 450 MG Tab (Theochron)	Tab ER 12	44300040007455	No	0	No	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Unit Dose	Family
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***											
	Thiamine HCL Tablet											
	Thiamine HCl 50 MG Tab (Vitamin B-1 Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	No	Yes
	Thiamine HCl 50 MG Tab UD (Vitamin B-1 Oral Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	Yes	Yes
	Thiamine HCl 100 MG Tab (Vitamin B-1)	Tab	77101010100330	No	0	No	No	No	No	N/A	No	Yes
	Thiamine HCl 100 MG Tab UD (Vitamin B-1)	Tab	77101010100330	No	0	No	No	No	No	N/A	Yes	Yes
	Thiamine HCL100 MG/ML Inj											
	Thiamine HCl 100 MG/ML, 1 ML Inj (Vitamin B-1 Injection)	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	Yes
	Thiamine HCl 100 MG/ML, 2 ML Inj	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	Yes
	Thioguanine Tablet											
	Thioguanine 40 MG Tab (Tabloid)	Tab	21300060000305	No	0	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***											
	Thiotepa Injection											
	Thiotepa Inj 15 MG (Thiotepa)	Sol Recon	21100040002105	No	0	No	No	Yes	No	N/A	No	Yes
	Thiotepa Injection Solution Reconstituted 100 MG (Tepadina)	Sol Recon	21100040002150	No	0	No	No	Yes	No	N/A	No	Yes
	Thrombin (Recothrom) Ext Solution 20000 UNIT											
	Thrombin External Solution 20000 UNIT (Recothrom)	Sol Recon	84200050102130	No	0	No	No	Yes	No	N/A	No	Yes
	Thrombin 2000 Unit External Kit											
	Thrombin External Kit 20000 Unit	Kit	84200050006420	No	0	No	No	Yes	No	N/A	No	Yes
	Thrombin 5000 Unit External Solution											
	Thrombin 5000 Unit External Soln (Thrombin- JMI)	Sol Recon	84200050002110	No	0	No	No	Yes	No	N/A	No	Yes
	Thyrotropin Alfa											
	Thyrogen IM Solution Reconstituted 0.9 MG (Thyrogen)	Sol Recon	94200090102115	No	0	No	No	Yes	No	N/A	No	Yes
	Thyrotropin Alfa IM Sol 1.1 MG (Thyrogen)	Sol Recon	94200090102120	No	0	No	No	Yes	No	N/A	No	Yes
	Timolol Maleate Ophth GFS 0.5%											
	Timolol Maleate Ophth GFS 0.5% (2.5ml) XE (Timoptic-XE)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth GFS 0.5% (5ML) XE (Timoptic GFS)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth GFS 0.25%											
	Timolol Maleate Ophth GFS 0.25% (5ML) XE	Gel Forming	86250030107620	No	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth Solution 0.25%											
	Timolol (Ocudose) Ophth Soln 0.25% UD 60 (timoptic Ocudose)	Sol	86250030102006	No	0	No	Yes	No	No	N/A	Yes	Yes
	Timolol Maleate Ophth Soln 0.25% 5 ML (Timoptic Ophth Soln)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth Soln 0.25% 10 ML (Timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes
	Timolol Maleate Ophth Soln 0.25% 15 ML (timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	D/EA Schd.	Cosign	M/LP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active Dose	Unit	Fmly
	Timolol Maleate Ophth Solution 0.5%													
	Timolol (Ocupose) Ophth Soln 0.5% UD 60 (Timoptic Ocudose)	Sol	86250030102011	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Timolol Maleate Ophth Soln 0.5% 5 ML (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Timolol Maleate Ophth Soln 0.5% 10 ML (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Timolol Maleate Ophth Soln 0.5% 15 ML (Timoptic 0.5% soln)	Sol	86250030102010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tiotropium Br-Olodaterol Inhal 2.5-2.5MCG/ACT													
	Tiotropium - Olodaterol Inh 2.5-2.5MCG/ACT 10inh	Aero Sol	44209902923420	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tiotropium - Olodaterol Inh 2.5-2.5MCG/ACT 60inh (Stiolto respimat)	Aero Sol	44209902923420	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Non-Formulary Use Criteria:													
	1. COPD patients must have failed monotherapy with anticholinergic agent tiotropium (Spiriva®)													
	2. Non-formulary requests for LABA/LAMA that meet criteria will be approved for most cost-effective agent.													
	3. ASTHMA: Long-acting beta-agonist (LABA) not to be used as single-agent product or as combination product with long-acting muscarinic-antagonist (LAMA) in asthma. Only to be used as part of a combination product with inhaled corticosteroid.													
	Tiotropium Bromide Inhalation Cap													
	Tiotropium Bromide HandiHaler 30 Cap 18 MCG Inh (Spiriva HandiHaler Inhalation Capsule)	Cap	44100080100120	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tiotropium Bromide HandiHaler 5 Cap 18 MCG (Spiriva)	Cap	44100080100120	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tiotropium Bromide HandiHaler 90 Cap 18 MCG Inh (Spiriva)	Cap	44100080100120	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tobramy/Dexameth Ophth Susp 0.3-0.1%													
	Tobramycin/Dexameth Ophth Susp 2.5 ml 0.3-0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Tobramycin/Dexameth Ophth Susp 5 ML 0.3%/0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Tobramycin/Dexameth Ophth Susp 10 ML 0.3-0.1 % (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****													
	MLP Requires Cosign													
	Tobramycin Inhal Nebulization Soln 300 MG/4ML													
	Tobramycin Inhalation Nebuliz Soln 300 MG/4ML (Bethkis)	Nebulization	07000070002530	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tobramycin Inhalation Sol 300 MG/5ML													
	Tobramycin Inhalation Sol 300 MG/5 ML Amp (Tobi)	Nebulization	07000070002520	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tobramycin Sulfate Inj													
	Tobramycin Sulfate Inj Soln 1.2 GM/30ML	Sol	07000070102038	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Tobramycin Sulfate Inj Solution 1.2 GM	Sol Recon	07000070102105	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Tobramycin Sulfate Injection Solution 10 MG/ML	Sol	07000070102020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Tobramycin Sulfate Injection Solution 80 MG/2ML	Sol	07000070102034	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****USE ONLY AFTER DEMONSTRATED GENTAMICIN FAILURE OR RESISTANCE****													
	Tobramycin Sulfate Ophth Oint 0.3%													
	Tobramycin Sulfate Ophth 0.3%, 3.5 GM Oint (Tobrex)	Oint	86101070004205	No	0	No	Yes	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Schd.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Tobramycin Sulfate Ophth Solution 0.3%														
	Tobramycin Sulfate Ophth 0.3%, 5 ML Soln (Tobrex)	Sol	86101070002005	No	0	No	No	Yes	No	No	No	N/A	No	No	Yes
	Topotecan Inj														
	Topotecan 1 MG/ML (Hycamtin)	Sol Recon	21550080102120	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Topotecan HCl Intravenous Solution 4 MG/4ML (Hycamtin)	Sol	21550080102020	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Medical Referral Center (MRC) Use Only														
	TPN Electrolytes Inj														
	TPN Electrolytes Intravenous Solution	Concentrate	79992000001300	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Trace Elements Inj (Multitrace 4)														
	Multitrace-4 Concen IV Soln 0.01-1-0.5-5 MG/ML (Multitrace-4)	Sol	79909904102035	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Multitrace-4 Ped IV Soln 1-100-25-1000 MCG/ML	Sol	79909904102010	No	0	No	No	Yes	Yes	No	No	N/A	No	No	Yes
	Trace Elements 4-400-100-1000 MCG/ML (Multitrace)	Sol	79909904102025	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Medical Referral Center (MRC) Use Only														
	Trace Elements Inj (Multitrace 5)														
	Trace Elements(M.T.E.)1ML, 10-1000-500-60 MCG/ML (MTE-5)	Sol	79909905202020	No	0	No	No	Yes	Yes	No	No	N/A	No	No	Yes
	Medical Referral Center (MRC) Use Only														
	Tralement IV Soln 300-55-60-3000 MCG/ML														
	Tralement IV Soln 300-55-60-3000 MCG/ML	Sol	79909904252020	No	0	No	No	No	Yes	No	No	N/A	No	No	Yes
	Trastuzumab-anns (Kanjinti) IV Soln 420 MG (new)														
	Trastuzumab-anns (Kanjinti) IV Soln 420 MG (Kanjinti)	Sol Recon	21170070142121	No	0	No	No	Yes	Yes	No	No	N/A	No	No	Yes
	Trastuzumab-anns (Kanjinti) IV Solution 150 MG (Kanjinti)	Sol Recon	21170070142110	No	0	No	No	Yes	Yes	No	No	N/A	No	No	Yes
	traZODone Tablet														
	traZODone HCl 50 MG Tab (Desyrel)	Tab	58120080100305	No	0	Yes	No	No	No	No	No	N/A	No	No	Yes
	traZODone HCl 50 MG Tab UD (Desyrel)	Tab	58120080100305	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes	
	traZODone HCl 75 MG Tab (1/2 tab) (Desyrel)	Tab	58120080100315	No	0	Yes	No	No	No	No	No	N/A	No	No	Yes
	traZODone HCl 100 MG Tab (Desyrel)	Tab	58120080100310	No	0	Yes	No	No	No	No	No	N/A	No	No	Yes
	traZODone HCl 100 MG Tab UD (Desyrel)	Tab	58120080100310	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes	
	traZODone HCl 150 MG Tab (Desyrel)	Tab	58120080100315	No	0	Yes	No	No	No	No	No	N/A	No	No	Yes
	traZODone HCl 150 MG Tab UD (Desyrel)	Tab	58120080100315	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes	
	traZODone HCl 300 MG Tab (Desyrel)	Tab	58120080100325	No	0	Yes	No	No	No	No	No	N/A	No	No	Yes
	Advisories:														
	*****RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE " DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT*****														
	MLP Requires Cosign														
	Triamcinolone 0.1% Cream														
	Triamcinolone 0.1% 15 GM Cream	Cm	90550085103710	No	0	No	No	Yes	No	No	No	N/A	No	No	Yes
	Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)	Cm	90550085103710	No	0	No	No	Yes	No	No	No	N/A	No	No	Yes
	Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)	Cm	90550085103710	No	0	No	No	Yes	No	No	No	N/A	No	No	Yes
	Triamcinolone 0.1% 454 GM Cream (Kenalog)	Cm	90550085103710	No	0	No	No	Yes	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign MLP	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
	Triamcinolone 0.025% Lotion											
	Triamcinolone 0.025% 60 ML Lotion (Aristocort Lotion)	Lotion	90550085104105	No	0	No	Yes	No	No	N/A	No	Yes
	Triamcinolone 0.1% Ointment											
	Triamcinolone 0.1% 15 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
	Triamcinolone 0.1% 30 GM Ointment	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
	Triamcinolone 0.1% 80 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
	Triamcinolone 0.1% 454 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes
	Triamcinolone Acetonide Inj											
	Triamcinolone Acetonide 10 MG/ML Inj 5ML (Kenalog-10 5ML)	Susp	22100050101805	No	0	No	No	Yes	No	N/A	No	Yes
	Triamcinolone Acetonide 40 MG/ML Inj (Kenalog-40)	Susp	22100050101810	No	0	No	Yes	Yes	No	N/A	No	Yes
	Triamcinolone Acetonide 40 MG/ML, 5ML	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes
	Triamcinolone Acetonide 40 MG/ML, 10ML (Kenalog)	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes
	Triamcinolone Acetonide 80 MG/ML inj , 1 ML (kenalog -80)	Susp	22100050101835	No	0	No	Yes	Yes	No	N/A	No	Yes
	Triamcinolone Acetonide 80 MG/ML inj, 5 ML (Kenalog -80)	Susp	22100050101835	No	0	No	No	Yes	No	N/A	No	Yes
	Triamcinolone Dental Paste											
	Triamcinolone Dental Paste 0.1% 5 GM (Kenalog In Orabase)	Paste	88250020104410	No	0	No	Yes	No	No	N/A	No	Yes
	Triamterene Capsule											
	Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	No	0	No	No	No	No	N/A	No	Yes
	Triamterene 100 MG Cap (Dyrenium)	Cap	37500030000110	No	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ Capsule											
	Triamterene/ HCTZ 37.5 MG/25 MG Cap (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 37.5 MG/25 MG Cap UD (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	Yes	Yes
	Triamterene/ HCTZ Tablet											
	Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 37.5 MG/25 MG Tab UD (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	Yes	Yes
	Triamterene/ HCTZ 75 MG/50 MG Tab (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	No	Yes
	Triamterene/ HCTZ 75 MG/50 MG Tab UD (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	Yes	Yes
	Trichloroacetic Acid External Liquid											
	Trichloroacetic Acid 80% [15ml] (Tri-Chlor Liquid)	Liq	90500050000980	No	0	No	Yes	No	No	N/A	No	Yes
	Trifluoperazine HCL Tablet											
	Trifluoperazine HCL 1 MG Tab (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 1 MG Tab UD (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 2 MG Tab (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 2 MG Tab UD (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 5 MG Tab (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 5 MG Tab UD (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes
	Trifluoperazine HCL 10 MG Tab (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	No	Yes
	Trifluoperazine HCL 10 MG Tab UD (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crust.	Req.	Active Loc.	Dose Unit	Emly
	MLP Requires Cosign													
	Trifluridine Opth Solution 1%													
	Trifluridine Opth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution)	Sol	86103020002005	No	0	Yes	Yes	No	No	N/A	No	Yes		
	MLP Requires Cosign													
	Trimethobenzamide Capsule													
	Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	No	Yes		
	Trimethobenzamide HCl 300 MG Cap (repack) (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	Yes	Yes		
	Trimethobenzamide HCL Injection													
	Trimethobenzamide HCL 100 MG/ML Inj (Tigan 100 MG / ML, 2 ML Injection)	Sol	50200070102005	No	0	No	No	Yes	No	N/A	No	Yes		
	Trimethobenzamide HCL 100 MG/ML Syringe (Tigan 100 MG / ML, 2 ML Syringe)	Sol	50200070102005	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Tropicamide Opth Solution 0.5%													
	Tropicamide Opth Soln 0.5%, 15 ML - Mydracyl (Mydracyl 0.5% Opth Soln)	Sol	86350050002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Tropicamide Opth Solution 1%													
	Tropicamide Opth Soln 1%, 15 ML (Mydracyl)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes		
	Tropicamide Opth Soln 1%, 3 ML (Mydracyl 1 %, 3 ML Opth Soln)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	Yes		
	Tropicamide Ophthalmic Soln 1%, 2ml	Sol	86350050002010	No	0	No	No	No	No	N/A	No	Yes		
	Valproate Sodium Injection 100 MG/ML													
	Valproate Sodium Inj 500MG/5ML (Depacon)	Sol	72500020102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories:													
	****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
	Valproic Acid Capsule													
	Valproic Acid 250 MG Cap (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	No	Yes		
	Valproic Acid 250 MG Cap UD (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	Yes	Yes		
	Advisories:													
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
	Valproic Acid Solution 250MG/5ML													
	Valproate Sodium Solution 250 MG/5ML [5ml UD]	Sol	72500020102060	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Valproic Acid Oral Soln 250 MG/5ML 5ML UD	Sol	72500020102060	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Valproic Acid Oral Soln 50 MG/ML, 480 ML (Depakene Syrup)	Sol	72500020102060	No	0	No	Yes	No	No	N/A	No	Yes		
	Valproic Acid Oral Soln 500 MG/10ML 10ml UD	Sol	72500020102060	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Advisories:													
)* **Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*													
	Vancomycin HCl Injection													
	Vancomycin HCl 1 GM/20 ML Inj (Vancocin)	Sol Recon	16280080102120	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl 5 GM Inj (Vancocin)	Sol Recon	16280080102125	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Vancomycin HCl 500 MG Inj (Vancocin)	Sol Recon	16280080102110	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl 750 MG Inj vial (Vancocin)	Sol Recon	16280080102115	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl Inj ADVantage 1 GM (Vancocin)	Sol Recon	16280080102120	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl Inj ADVantage 500 MG (Vancocin)	Sol Recon	16280080102110	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl Inj ADVantage 750 MG (vanc)	Sol Recon	16280080102115	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl Intravenous Solution 500 MG/100ML	Sol	16280080102040	No	0	No	No	Yes	No	N/A	No	Yes		
	Vancomycin HCl IV Soln 10 GM (Vancocin)	Sol Recon	16280080102130	No	0	No	No	Yes	No	N/A	No	Yes		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmly
	Vancomycin HCl IV Soln 1250 MG/250ML	Sol	16280080102063	No	0	No	No	No	Yes	No	N/A	No	No	Yes
	Vancomycin HCl IV Soln 1750 MG/350ML	Sol	16280080102072	No	0	No	No	No	Yes	No	N/A	No	No	Yes
	Vancomycin HCl IV Soln 750 MG/150ML	Sol	16280080102053	No	0	No	No	No	Yes	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 1.5 GM (Vancocin)	Sol Recon	16280080102122	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 1.25 GM (Vancocin)	Sol Recon	16280080102121	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 1000 MG/200ML	Sol	16280080102058	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 1500 MG/300ML (Vancocin)	Sol	16280080102068	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 2000 MG/400ML	Sol	16280080102073	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl IV Solution 250 MG/vial	Sol Recon	16280080102105	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl in Dextrose Premix													
	Vancomycin/Dextrose Premix 500 MG/100 ML Inj (Vancocin)	Sol	16280080122020	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin/Dextrose Premix 750 MG/150 ML Inj (Vancocin)	Sol	16280080122030	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin/Dextrose Premix 1 G/200 ML Inj (Vancocin)	Sol	16280080122040	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl in NaCl Premix													
	Vancomycin HCl in NaCl IV Soln 1 GM/200ML-%	Sol	16280080142036	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl in NaCl IV Soln 500 MG/100ML-%	Sol	16280080142020	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vancomycin HCl in NaCl IV Soln 750 MG/150ML-%	Sol	16280080142024	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Vasopressin Injection													
	Vasopressin Intravenous Soln 20 UNIT/ML (Vasostrict)	Sol	30201030002015	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Medical Referral Center (MRC) Use Only													
	Venlafaxine Oral 24 Hour Capsule (ER/XR)													
	Venlafaxine ER/XR 24 Hour Cap 37.5 MG (Effexor XR)	Cap ER 24	58180090107020	No	0	No	No	No	No	No	N/A	No	No	Yes
	Venlafaxine ER/XR 24 Hour Cap 37.5 MG UD (Effexor XR)	Cap ER 24	58180090107020	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Venlafaxine ER/XR 24 Hour Cap 75 MG (Effexor XR)	Cap ER 24	58180090107030	No	0	No	No	No	No	No	N/A	No	No	Yes
	Venlafaxine ER/XR 24 Hour Cap 75 MG UD (Effexor XR)	Cap ER 24	58180090107030	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Venlafaxine ER/XR 24 Hour Cap 150 MG (Effexor XR)	Cap ER 24	58180090107050	No	0	No	No	No	No	No	N/A	No	No	Yes
	Venlafaxine ER/XR 24 Hour Cap 150 MG UD (Effexor XR)	Cap ER 24	58180090107050	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil ER 24 Hour Oral Capsule													
	Verapamil HCl ER 100 MG 24 Hour Cap (Verlan PM)	Cap ER 24	34000030107015	No	0	No	No	No	No	No	N/A	No	No	Yes
	Verapamil HCl ER 120 MG 24 Hour Cap	Cap ER 24	34000030107020	No	0	No	No	No	No	No	N/A	No	No	Yes
	Verapamil HCl ER 120 MG 24 Hour Cap UD	Cap ER 24	34000030107020	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl ER 180 MG 24 Hour Cap	Cap ER 24	34000030107025	No	0	No	No	No	No	No	N/A	No	No	Yes
	Verapamil HCl ER 24 Hour 240 MG Cap	Cap ER 24	34000030107035	No	0	No	No	No	No	No	N/A	No	No	Yes
	Verapamil HCl ER 24 Hr 300 MG Cap	Cap ER 24	34000030107040	No	0	No	No	No	No	No	N/A	No	No	Yes
	Verapamil HCl ER 360 MG 24 Hour Cap	Cap ER 24	34000030107045	No	0	No	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Fmly
	Verapamil ER Oral Tab													
	Verapamil HCl ER 120 MG Tab (Calan)	Tab ER	34000030100410	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 120 MG Tab [Calan] (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 120 MG Tab UD (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl ER 180 MG Tab	Tab ER	34000030100415	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 180 MG Tab [Calan] (Calan / Isoptin SR)	Tab ER	34000030100415	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 180 MG Tab UD (Calan SR)	Tab ER	34000030100415	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl ER 240 MG Tab (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 240 MG Tab [Calan] (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 240 MG Tab UD (Calan)	Tab ER	34000030100420	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil ER PM 24 Hour Capsule													
	Verapamil HCl PM ER 200 MG Caps 24 Ho 200 (Verelan)	Cap ER 24	34000030107030	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil Inj													
	Verapamil HCL 2.5 MG/ML Inj (Calan / Isoptin 2.5 MG / ML)	Sol	34000030102005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Verapamil HCL 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)	Sol	34000030102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Verapamil Oral Tab													
	Verapamil HCl 40 MG Tab (Calan / Isoptin)	Tab	34000030100303	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 80 MG Tab (Calan / Isoptin)	Tab	34000030100305	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 80 MG Tab UD (Calan)	Tab	34000030100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl 120 MG Tab (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 120 MG Tab UD (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Vials 9 dram (475/box)													
	Vials 9 dram (475/box)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 13 dram													
	Vials - McK 11111			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 13 dram			No	0	No	No	No	No	No	N/A	No	Yes	
	vials 16 dram (270/box)													
	Vials 16 dram (270/box)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 20 dram (box)													
	Vials 20 dram (vials)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 30 dram (140/box)													
	Vials 30 dram (140/box)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 40 dram (110 /box)													
	Vials 40 dram (110 /box)			No	0	No	No	No	No	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmly
	Vials 60 dram (70/box)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 60 dram (70/box)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 9 dram box			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vials 9 dram box			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vials 9 dram Caps			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials 9 dram Caps			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials child proof caps 9dram (250/bag)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials child proof caps 9dram (250/bag)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials EZ-open 13/16 dram (200/bag)			No	0	No	No	No	No	No	N/A	No	Yes	
	Vials EZ-open cap 13/16 dram (200/bag) (caps)			No	0	No	No	No	No	No	N/A	No	Yes	
	vials Non safety cap 30/40/60 (100/bag)			No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vials Non safety cap 30/40/60 (100/bag) (Non-safety)			No	0	No	Yes	No	No	No	N/A	No	Yes	
	vinBLASTine Sulfate Inj			No	0	No	No	Yes	No	No	N/A	No	Yes	
	VinBLASTine Sulfate 1 MG/ML IV Soln 10ML	Sol	21500030102020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	vinCRISTine Sulfate Inj			No	0	No	No	Yes	No	No	N/A	No	Yes	
	vinCRISTine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	vinCRISTine Sulfate 1 MG/ML, 2ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Vinorelbine Tartrate			No	0	No	No	Yes	No	No	N/A	No	Yes	
	Vinorelbine Tartrate 10 MG/ML Inj 1ML (Navelbine)	Sol	21500050802020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Vinorelbine Tartrate IV Soln 50 MG/5ML (Navelbine)	Sol	21500050802025	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Medical Referral Center (MRC) Use Only													
	Vitamin A & D Ointment			No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Vitamin A & D Ointment 5 GM Packets (Vit A&D Ointment Packet)	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vitamin A & D Ointment 113 GM	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vitamin A & D Ointment 120 GM	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vitamin A & D Prevent External Oint 85 GM (Vitamin A & D)	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Vitamin A+D Prevent External Ointment 42.5 GM (A+D Prevent External Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	No	N/A	No	Yes	

Advisories:

OTC medications may only be prescribed as a maintenance medication when treatment is medically necessary and associated with ongoing follow up in a chronic care clinic. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Non-Formulary Use Criteria:

1. Diabetes with Neuropathy OR

2. Circulatory disorder evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation OR

3. Patient is indigent AND treatment medically necessary. Orders are limited to 30 days in duration when approved on the basis of indigent status alone. If renewed, indigent status will be reassessed.

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MILP Cosign	Bulk	Pill Ln Only	Crush. Req.	Active Loc.	Dose Unit	Fmly
Vitamin B Complex Tablet												
	Vitamin B complex (Dialyvite) Tab (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	N/A	No	Yes
	Vitamin B complex (Dialyvite) Tab UD (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes
	Vitamin B with C 300 MG Tab (Total B with C)	Tab	78133000000300	No	0	No	No	No	No	N/A	No	Yes
	Vitamin B with C Tab [Nephro-vite] (Nephro-Vite)	Tab	78133000000325	No	0	No	No	No	No	N/A	No	Yes
	Vitamin B with C Tab UD [Nephro-Vite] (Nephro-Vite)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:												
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
Medical Referral Center (MRC) Use Only												
Vitamin B1 Oral Tablet 100 MG												
	Thiamine Mononitrate (Vit B-1) 100 MG Tab (Vitamin B-1)	Tab	77101010200320	No	0	No	No	No	No	N/A	No	Yes
	Thiamine Mononitrate (Vit B-1) 100 MG Tab UD	Tab	77101010200320	No	0	No	No	No	No	N/A	Yes	Yes
Advisories:												
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.												
Vitamin D (Cholecalciferol) Tab/Cap												
	Cholecalciferol (Vit D) 400 UNIT (10mcg) Cap (Vitamin D)	Cap	77202032000105	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 400 UNIT (10mcg) Tab (Cholecalciferol)	Tab	77202032000320	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 400 UNIT (10mcg) TabUD (Vitamin D)	Tab	77202032000320	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Cap (vitamin D)	Cap	77202032000110	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	Tab	77202032000330	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) TabUD (cholecalciferol)	Tab	77202032000330	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 2000 UNIT (50 mcG) Caps (Vitamin D)	Cap	77202032000120	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 2000 UNIT (50 mcg) Tab (vitamin d)	Tab	77202032000340	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 2000 UNIT(50 mcG) CapUD (cholecalciferol)	Cap	77202032000120	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 2000 UNIT(50 mcg) TabUD	Tab	77202032000340	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 5000 UNIT (125 mcg) Cap (vitamin D)	Cap	77202032000140	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 5000 UNIT (125mcg) Tab (cholecalciferol)	Tab	77202032000350	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 5000 UNIT (125mcg)CapUD (Vitamin d)	Cap	77202032000140	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 5000 UNIT(125mcg) TabUD (cholecalciferol)	Tab	77202032000350	No	0	No	No	No	No	N/A	Yes	Yes
	Cholecalciferol (Vit D) 10,000UNIT (250 mcg) Cap (vit d)	Cap	77202032000160	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 50,000 UNIT (1.25 mg)Cap (vitamin D)	Cap	77202032000180	No	0	No	No	No	No	N/A	No	Yes
	Cholecalciferol (Vit D) 50,000 UNIT (1.25mg) UD	Cap	77202032000180	No	0	No	No	No	No	N/A	Yes	Yes
	Vit D (Cholecalci) 1000 UNIT 25mcg Cap UDrepack (Vit D3)	Cap	77202032000110	No	0	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req.	Active Loc.	Dose Unit	Emly
Advisories:														
Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.														
Voriconazole inj														
	Voriconazole 200 MG Inj (Vfend IV)	Sol Recon	11407080002120	No	0	No	No	No	Yes	No	N/A	No	Yes	
Medical Referral Center (MRC) Initiation Only														
Voriconazole Oral Tab														
	Voriconazole 50 MG Tab (Vfend)	Tab	11407080000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Voriconazole 50 MG Tab UD (Vfend)	Tab	11407080000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Voriconazole 200 MG Tab (Vfend)	Tab	11407080000340	No	0	No	No	No	No	No	N/A	No	Yes	
	Voriconazole 200 MG Tab UD (Vfend)	Tab	11407080000340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Voriconazole 200 MG Tab Ud (repackage) (Vfend)	Tab	11407080000340	No	0	No	No	No	No	No	N/A	Yes	Yes	
Warfarin Tablet														
	Warfarin 1 MG Tab (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 1 MG Tab UD (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 2 MG Tab (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 2 MG Tab UD (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 2.5 MG Tab (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 2.5 MG Tab UD (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 3 MG Tab (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 3 MG Tab UD (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 4 MG Tab (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 4 MG Tab UD (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 5 MG Tab (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 5 MG Tab UD (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 6 MG Tab (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 6 MG Tab UD (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 7.5 MG Tab (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 7.5 MG Tab UD (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin 10 MG Tab (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	No	N/A	No	Yes	
	Warfarin 10 MG Tab UD (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Warfarin Sodium 0.5 MG (1/2 tablet) repack (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	No	N/A	Yes	Yes	
Advisories:														
****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***														
Water For Irrigation, Sterile														
	Water For Irrigation, Sterile 1000 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Water for Irrigation, Sterile 2000ml (sterile water)	Sol	99750005002000	No	0	No	No	No	No	No	N/A	No	Yes	
	Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Water for Irrigation, Sterile 3000ML (sterile water)	Sol	99750005002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	No	N/A	No	Yes	

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>DEA Schd.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush.</u>	<u>Req. Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Water, Sterile Injection Sterile Water for Injection, 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	Yes	Yes	No	N/A	No	No	Yes		
	White Petrolatum Salve External Ointment White Petrolatam (Cloverine) Ext Ointment 30 GM (Cloverine)	Oint	90159900004200	No	0	No	Yes	No	No	N/A	No	Yes			
	Xylocaine-MPF/Epinephrine Xylocaine-MPF/Epinephrine Inj Soln 1 %-1:200000	Sol	69991002402010	No	0	No	Yes	No	No	N/A	No	Yes			
	Xylose Powder Xylose Powder GM (D-XYLOSE)	Pwdr	94200040002900	No	0	No	Yes	No	No	N/A	No	Yes			
	Zidovudine (ZDV) Capsule Zidovudine (ZDV) 100 MG Cap (Retrovir)	Cap	12108085000110	No	0	Yes	No	No	No	N/A	No	Yes			
	Zidovudine (ZDV) 100 MG Cap UD (Retrovir) **MLP Requires Cosign**	Cap	12108085000110	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Zidovudine (ZDV) Oral Syrup 10 MG/ML Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir) **MLP Requires Cosign**	Syrup	12108085001210	No	0	Yes	Yes	No	No	N/A	No	Yes			
	Zidovudine (ZDV) Tablet Zidovudine (ZDV) 300 MG Tab (Retrovir)	Tab	12108085000330	No	0	Yes	No	No	No	N/A	No	Yes			
	Zidovudine (ZDV) 300 MG Tab UD (Retrovir) **MLP Requires Cosign**	Tab	12108085000330	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Zinc Sulfate injec Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	No	0	No	No	No	No	N/A	No	Yes			
	Zinc Sulfate Intravenous Solution 3 MG/ML	Sol	79800010002008	No	0	No	No	No	No	N/A	No	Yes			
	Zinc Sulfate Intravenous Solution 5 MG/ML	Sol	79800010002015	No	0	No	No	No	No	N/A	No	Yes			
	Ziprasidone Oral Capsule Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	No	0	Yes	No	No	No	N/A	No	Yes			
	Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	No	0	Yes	No	No	No	N/A	No	Yes			
	Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	No	0	Yes	No	No	No	N/A	No	Yes			
	Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	No	0	Yes	No	No	No	N/A	No	Yes			
	Ziprasidone 80 MG Cap UD (Geodon) **MLP Requires Cosign**	Cap	59400085100150	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Zoledronic Acid Inj Zoledronic Acid (Reclast) IV Solution 5 MG/100ML (Reclast)	Sol	30042090002020	No	0	No	No	Yes	No	N/A	No	Yes			
	Zoledronic Acid 4MG/5ML Inj (Zometa)	Concentrate	30042090001320	No	0	No	No	Yes	No	N/A	No	Yes			
	Zoledronic Acid Intravenous Soln 4 MG/100ML (Zometa)	Sol	30042090002016	No	0	No	Yes	Yes	No	N/A	No	Yes			

Doctor Name Item Name

Dosage Form GPI Code

Emly
Unit
Dose
Active
Loc.
Req.
Crush.
Pill Ln
Only
Bulk
MLP
Co-sign
DEA
Schd.
Non
Sub.

Advisories:

Do not use Calcium Containing Solutions

Medical Referral Center (MRC) Use Only