

**Bureau of Prisons  
Health Services  
2013/2014 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:	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>	<u>Non Sub.</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Dose Unit</u>	<u>Family</u>
Abacavir Sulfate (ABC)	Oral Soln 20mg/ml												
	Abacavir Sulfate(ABC) Oral Soln 20 MG/ML (240ml) (Ziagen)	Sol	12105005102020	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****												
Abacavir Sulfate (ABC)	Tablet												
	Abacavir (ABC) 300 MG TAB (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	No	N/A	No	Yes
	Abacavir (ABC) 300 MG TAB UD (Ziagen)	Tab	12105005100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****												
Abacavir Sulfate/Lamivudine	600mg/300 mgTablet												
	Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	No	N/A	No	Yes
	Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Tab	12109902200340	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****												
Abacavir-Lamivudine-Zidovudine	Tablet												
	Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	No	N/A	No	Yes
	Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION*****												
Acetaminophen	325 MG Tablet												
	Acetaminophen 325 MG Tab UD (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Acetaminophen 325 MG Tab (OTC) 100 count	Tab	64200010000310	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	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													
	Acetaminophen elixir 650mg/20.3ml UD Cup (Tylenol)	Elixir	64200010001015	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Acetaminophen 500 MG/5ML liquid (237ML)	Liq	64200010000930	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 160 MG/5ML													
	Acetaminophen Sol 160 MG/5ML (480ml) (Tylenol)	Sol	64200010002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Acetaminophen Oral Liquid 160 MG/5ML	Liq	64200010000912	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 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 Suppositories 120 mg													
	Acetaminophen supp 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 supp 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	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 300/30 MG Tablets													
	Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	Yes	N/A	No	Yes	
	Acetaminophen/Codeine 300/30MG Tab UD (Tylenol #3)	Tab	65991002050315	No	3	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	Req. Crush.	Loc.	Active	Unit Dose	Fmlly
	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	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 Oral Soln 120-12 MG/5ML Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	Yes	Yes		
	Acetaminophen/Codeine 120MG/12MG/5ML, 12.5ML Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	No	N/A	No	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 (5ML) Susp (Tylenol with Codeine Solution)	Susp	65991002051805	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		
	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 Cap (Diamox SEQUELS)	Cap ER 12	37100010006920	No	0	No	No	No	No	N/A	No	Yes		
	acetaZOLAMIDE Tablet acetaZOLAMIDE 125 MG Tab (Diamox)	Tab	37100010000305	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		
	acetaZOLAMIDE 250 MG Tab (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	No	Yes		
	acetaZOLAMIDE 125 MG Tab UD	Tab	37100010000305	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 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		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Acetic Acid/Alum acetate Otic 2%												
	Acetic Acid/Alum Acetate Otic 2% (60ML) (Borofair Otic drops)	Sol	87400025002010	No	0	No	Yes	No	No	N/A	No	Yes	
	Acetylcholine Opth 20 mg/2ml												
	Acetylcholine Opth 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 Inhalation Solution 10%												
	Acetylcysteine 10%, 10ML sol (Mucomyst)	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes	
	Acetylcysteine Inhalation Solution 20%												
	Acetylcysteine 20%, 4ML sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes	
	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 1000 MG injection (Zovirax)	Sol Recon	12405010102130	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Acyclovir Sodium 500 MG IV Solution (Zovirax)	Sol Recon	12405010102120	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 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	
	Acyclovir 400 MG Tab UD (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	Yes	Yes	
	Adenosine Injection												
	Adenosine Intravenous Solution 6 MG/2ML	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	Yes	
	Adenosine Intravenous Solution 12 MG/4ML (Adenocard)	Sol	35500010002020	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												
	Aerochamber EA (Aerochamber)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	
	Ace Spacer/Aero-Holding Chambers Device (ace spacer)	Device	97100550006200	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Albendazole Tablet Albendazole 200MG TAB (Albenza)	Tab	15000002000320	No	0	No	No	No	No	No	N/A	No	Yes	
	Albumin Human Albumin Human IV Sol 25 % 100 ML	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes		
	Albumin Human 5%, 500 ML Albumin Human IV Sol 5 % 500 ML (Albumin, Human)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	Yes		
	Albumin, Human Albumin Human IV Sol 25 % 50 ML (Albuminar-25)	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	Yes		
	Albuterol Inhaler HFA Albuterol Inhaler HFA (6.7 GM) 90mcg (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes		
	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 (8.5 GM) 90 MCG/ACT (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	Yes		
	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 (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		
	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 Pads Alcohol, Isopropyl 70% PADS (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 40 MG TAB (Fosamax)	Tab	30042010100340	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 10 MG TAB (Fosamax)	Tab	30042010100310	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 70 MG Tab (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	No	Yes		
	Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	No	Yes		
	Alendronate 70 MG Tab UD (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes		
	Alendronate 5 MG Tab UD (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	Yes	Yes		
	Alendronate 35 MG TAB UD	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes		

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	Allopurinol Injection												
	Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	No	0	No	No	No	Yes	No	N/A	No	Yes
	Allopurinol Tablet												
	Allopurinol 100 MG Tab UD (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Allopurinol 100 MG Tab (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	No	N/A	No	Yes
	Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Allopurinol 300 MG Tab UD (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	ALOH/Mag Carb (Gaviscon ES) 160-105 MG Chew Tab												
	ALOH/Mag Carb(Gaviscon Extra Strength)Chew Tab (Gaviscon Extra Strength Tab Chewable 160-105MG)	Tab Chew	48990002150520	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
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	ALOH/Mag Trisilicate(Gaviscon)80/14.2 MG ChewTab												
	ALOH/Mag Trisil 80-14.2 MG Chew Tab ( gaviscon) (Gaviscon Chew)	Tab Chew	48990002200504	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
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	ALOH/Magnes (Gaviscon) 355ML Suspension												
	ALOH/MGOH (acid Gone)355ML Susp 95-358 MG/15ML (Gaviscon)	Susp	48990002151809	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories:												
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	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	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	No	N/A	No	Yes
	Advisories:												
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	ALOH/MGOH (Maalox) 225-200 MG/5ML Susp												
	ALOH/MGOH (Maalox) suspension 150 ML (Maalox Antacid Suspension)	Susp	48990002101820	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 BOP National Formulary Part I.**												
	ALOH/MGOH/Simeth DS Susp 400-400-40 MG/5ML												
	ALOH/MGOH/Simeth 30ML 1200/1200/120MG liq (Mag-AI Plus 30 ML CUP)	Liq	48991003101810	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	ALOH/MGOH/Simeth DS 400/400/40 MG/5ML 360ML susp (Mi-Acid Maximum Strength)	Susp	48991003101835	No	0	No	Yes	No	No	No	N/A	No	Yes

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	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.**													
ALOH/MGOH/Simeth Susp 225/200/25 MG/5ML														
	ALOH/MGOH/Simeth 225/200/25 MG/5ML 150 ML susp (Maalox Plus Oral Suspension)	Susp	48991003101815	No	0	No	Yes	No	No	N/A	No	Yes		
	ALOH/MGOH/Simeth 225/200/25 MG/5ml 355 ML Susp (Maalox Plus Oral Suspension)	Susp	48991003101815	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.**													
ALOH/MGOH/Simeth(Mylanta) 200-200-20 MG/5ML Susp														
	ALOH/MGOH/Simeth (Mylanta) 355ML susp (Mylanta)	Susp	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		
	ALOH/MGOH/Simeth Liq 200-200-20 MG/5ML (Mag-Al Plus)	Liq	48991003101810	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.**													
ALOH/MGOH/Simethicone Chew Tablet														
	ALOH/MGOH/Simeth 200/200/25 Chew TAB (Mintox Plus tablets)	Tab Chew	48991003100515	No	0	No	No	No	No	N/A	No	Yes		
	ALOH/MGOH/Simethicone 200/200/20 MG Chew Tab (Mylanta Chew Tab)	Tab Chew	48991003100510	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.**													
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)	Sol Recon	85601010002120	No	0	No	No	Yes	No	N/A	No	Yes		
	Alteplase, recomb 50 MG inj (Activase)	Sol Recon	85601010002110	No	0	No	No	Yes	No	N/A	No	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.**													
Alum Hydrox Conc Gel														
	Alum Hydrox Conc (360ML) 600MG/5ML GEL (Amphojel)	Susp	48100010201830	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.**													

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>		
	Aluminum Acetate packets																
	Aluminum Acetate (Domeboro) External Packet 25 % (Domeboro)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes				Yes	
	Aluminum Acetate (Pedi-Boro Soak External Packet (Pedi-Boro Soak)	Packet	90971002103020	No	0	No	Yes	No	No	N/A	No	Yes				Yes	
	Amino Acid 10% IV Soln																
	Amino Acid 10% 1000 ML IV soln (Aminosyn)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes				Yes	
	Amino Acid 10% IV soln (Freamine)	Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes				Yes	
	Amino Acid 10 % IV Soln 500 ml (TrophAmine Intravenous)	Sol	80302010102040	No	0	No	No	Yes	No	N/A	No	Yes				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				Yes	
	Amino Acid/Dex/Electrolyte (5/15)																
	Amino Acid/Dex/Elec 5/15 2L IV Soln (Clinimix E 5/15 2 liter)	Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes				Yes	
	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				Yes	
	Amino Acid/Dextrose 4.25/10 IV Soln																
	Amino Acid/Dex 4.25/10 IV soln (Clinimix)	Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes				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				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				Yes	
	Amino Acid/Dextrose/Elec 4.25/10 IV Soln																
	Amino Acid/Dex/Elec 4.25/10 IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes				Yes	
	Amino Acid/Dex/Elec 4.25/10 2L IV Soln (Clinimix E)	Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes				Yes	
	Amino Acid/Dextrose/Elec 4.25/25 IV Soln																
	Amino Acid/Dex/Elec 4.25/25 IV soln (Clinimix E)	Sol	80302020752032	No	0	No	No	Yes	No	N/A	No	Yes				Yes	
	Amino Acid/Dex/Elec 4.25/25 2L IV Soln (Clinimix E)	Sol	80302020752032	No	0	No	No	Yes	No	N/A	No	Yes				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				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				Yes	
	Aminocaproic Acid Injection																
	Aminocaproic Acid 250 MG/ML inj (Amicar)	Sol	84100010002005	No	0	No	Yes	Yes	No	N/A	No	Yes				Yes	
	Aminocaproic Acid Syrup 250 MG/ML																
	Aminocaproic Acid (480ML) 250 MG/ML syrpr (Amicar)	Syrup	84100010001205	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill In Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
<b>Aminocaproic Acid Tablet</b>													
	Aminocaproic Acid 500 MG TAB (Amicar)	Tab	84100010000305	No	0	No	No	No	No	No	N/A	No	Yes
	Aminocaproic Acid 500 MG Tab UD	Tab	84100010000305	No	0	No	No	No	No	No	N/A	Yes	Yes
<b>Aminophylline Injection</b>													
	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	
<b>Aminophylline Oral Tablet</b>													
	Aminophylline Oral Tablet 200 MG	Tab	44300010000310	No	0	No	No	No	No	No	N/A	No	Yes
<b>Amiodarone Injection</b>													
	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	
<b>Advisories:</b>													
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
<b>Formulary Restrictions:</b>													
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****													
**Medical Referral Center (MRC) Use Only**													
<b>Amiodarone Tablet</b>													
	Amiodarone HCl 200 MG Tab UD (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Amiodarone HCl 200 MG Tab (Pacerone)	Tab	35400005000305	No	0	No	No	No	No	No	N/A	No	Yes
	Amiodarone HCl 100 MG Tab (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	No	N/A	No	Yes
	Amiodarone HCl 100 MG Tab UD (Pacerone)	Tab	35400005000303	No	0	No	No	No	No	No	N/A	Yes	Yes
	Amiodarone HCl 400 MG Tab (Pacerone)	Tab	35400005000320	No	0	No	No	No	No	No	N/A	No	Yes
<b>Advisories:</b>													
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
<b>Formulary Restrictions:</b>													
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE*****													
<b>Amitriptyline Tablet</b>													
	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 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 (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Amitriptyline 150 MG Tab UD (Elavil)	Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Amitriptyline 25 MG Tab UD (Elavil)	Tab	58200010100310	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 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 50 MG Tab UD (Elavil)	Tab	58200010100315	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	Req. Crush.	Active Loc.	Unit Dose	Fmlly
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 10 MG UD (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	No	N/A	Yes	Yes
	amLODIPine 10 MG TAB (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	No	N/A	No	Yes
	amLODIPine 2.5 MG TAB (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	No	N/A	No	Yes
	amLODIPine 5 MG TAB UD (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	No	N/A	Yes	Yes
	amLODIPine 5 MG TAB (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	No	N/A	No	Yes
	amLODIPine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	No	0	No	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	No	N/A	No	Yes
Amoxicillin 875 Mg Tablet													
	Amoxicillin 875 MG TAB (Amoxil)	Tab	01200010100315	No	0	No	No	No	No	No	N/A	No	Yes
Amoxicillin Capsule													
	Amoxicillin 250 MG Cap UD (Trimox)	Cap	01200010100105	No	0	No	No	No	No	No	N/A	Yes	Yes
	Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	No	N/A	No	Yes
	Amoxicillin 500 MG Cap UD (Trimox)	Cap	01200010100110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Amoxicillin 250 MG Cap (Trimox)	Cap	01200010100105	No	0	No	No	No	No	No	N/A	No	Yes
Amoxicillin Chewable Tablet													
	Amoxicillin 250 MG Chewable Tablet	Tab Chew	01200010100510	No	0	No	No	No	No	No	N/A	No	Yes
Amoxicillin Suspension													
	Amoxicillin 400 MG/5ML Susp (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	No	N/A	No	Yes
	Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	No	N/A	No	Yes
	Amoxicillin 250 MG/5ML Susp (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	No	N/A	No	Yes
Amoxicillin/Clav Suspension													
	Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)	Susp Recon	01990002201920	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmentation)	Susp Recon	01990002201915	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Amoxicillin/Clav 400MG/5ML susp (Augmentin)	Susp Recon	01990002201935	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Amoxicillin/Clav (200ML) 600mg/5ml susp (Augmentin)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Amoxicillin-Clav Susp 600-42.9MG/5ML (75ml)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	No	N/A	No	Yes
Formulary Restrictions:													
****FIRST LINE AGENT ONLY WITH C&S DATA** **SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS****													
**APPROVED FOR HUMAN BITES****													
**MLP Requires Cosign**													

<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>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Amoxicillin/Clav Tablet												
	Amoxicillin/Clav 250/125MG TAB (Augmentin)	Tab	01990002200310	No	0	Yes	No	No	No	N/A	No	Yes	
	Amoxicillin/Clav 500/125MG TAB (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	No	Yes	
	Amoxicillin/Clav 500/125MG TAB UD (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Amoxicillin/Clav 875/125MG TAB (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	No	Yes	
	Amoxicillin/Clav 875/125MG UD (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	****FIRST LINE AGENT ONLY WITH C&S DATA** **SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS***												
	**APPROVED FOR HUMAN BITES****												
	**MLP Requires Cosign**												
	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	
	Amphotericin B Injection												
	Amphotericin B 50 MG inj (Amphotericin B)	Sol Recon	11000010002105	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Amphoter B 50 MG inj (Fungizone)	Sol Recon	11000010002105	No	0	No	Yes	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 2 GM ADV inj (Ampicillin)	Sol Recon	01200020302127	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 inj (Ampicillin)	Sol Recon	01200020302125	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Ampicillin/Sulbactam Injection												
	Ampicillin/Sulbactam 3GM inj (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	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 3GM inj ADV (Unasyn)	Sol Recon	01990002252122	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 Inj Soln 1.5 (1-0.5)GM	Sol Recon	01990002252110	No	0	No	No	Yes	No	N/A	No	Yes	
	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 4 GM/100ML (Anticoagulant Sodium Citrate Soln 4 GM/100ML)	Sol	83400080102020	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>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Antihemophilic Factor-VWF Injection													
	Antihemophilic Factor-VWF Soln 250-600 UNIT	Sol Recon	85100015102122	No	0	No	No	Yes	No	N/A	No	Yes		
	Antihemophilic Factor-VWF Soln 1000-2400 UNIT	Sol Recon	85100015102144	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		
	Antipyrine & Benzocaine Otic													
	Antipyrine & Benzocaine otic (15ML) soln (Aurodex)	Sol	87992002202010	No	0	No	Yes	No	No	N/A	No	Yes		
	Antipyrine & Benzocaine Otic (10 ML) Soln (Aurodex)	Sol	87992002202010	No	0	No	No	No	No	N/A	No	Yes		
	Apraclonidine 0.5% Ophthalmic Solution													
	Apraclonidine ophth 0.5% (5 ML) soln (Iopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	Yes		
	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		
	Formulary Restrictions: ****OPHTHALMOLOGIST USE ONLY****													
	Aprepitant Capsule													
	Aprepitant 80 MG CAP (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	No	Yes		
	Aprepitant 125 MG CAP (Emend)	Cap	50280020000130	No	0	No	No	No	No	N/A	No	Yes		
	Aprepitant 3 day pack 1x125mg, 2x80mg Cap (Emend)	Miscellaneous	50280020006320	No	0	No	Yes	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 80 MG Cap UD (Emend)	Cap	50280020000120	No	0	No	No	No	No	N/A	Yes	Yes		
	Formulary Restrictions: **For use in highly emetic chemotherapy treatment regimens only** **Medical Referral Center (MRC) Use Only**													
	Arginine Injection													
	Arginine HCL 10% inj (R-Gene 10)	Sol	94200012102005	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Asparaginase Injection													
	Asparaginase 10000 IU inj (Elspar)	Sol Recon	21250010002110	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Advisories: **Do Not Filter**													
	Aspirin Suppository													
	Aspirin 300 MG Supp (Aspirin)	Supp	64100010005218	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlry</u>
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 Tablet													
	Aspirin 81 MG Tab Chewable (Aspirin)	Tab Chew	64100010000510	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 325 MG Tab (Aspirin)	Tab	64100010000315	No	0	No	No	No	No	No	N/A	No	Yes
	Aspirin 500 MG Tab (Aspirin)	Tab DR	64100010000607	No	0	No	No	No	No	No	N/A	No	Yes
	Aspirin 81 MG Tab (low dose) UD (Aspirin)	Tab	64100010000307	No	0	No	No	No	No	No	N/A	Yes	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) 100 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 81 MG Tab Chewable UD	Tab Chew	64100010000510	No	0	No	No	No	No	No	N/A	Yes	Yes
	Aspirin 81 MG Tab (low dose) (ASA)	Tab	64100010000307	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, E.C. Tablet													
	Aspirin, E.C. 325 MG Tab UD (Aspirin)	Tab DR	64100010000605	No	0	No	No	No	No	No	N/A	Yes	Yes
	Aspirin, E.C. 325 MG Tab (Ecotrin)	Tab DR	64100010000605	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
	Aspirin 81 MG EC Tab (Aspirin E.C.)	Tab DR	64100010000601	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.**													
Atazanavir (ATV) Sulfate Capsule													
	Atazanavir Sulfate (ATV) 100 MG CAP (Reyataz)	Cap	12104515200120	No	0	No	No	No	No	No	N/A	No	Yes
	Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	No	N/A	No	Yes
	Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	No	N/A	No	Yes
	Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	No	N/A	No	Yes
	Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)	Cap	12104515200130	No	0	No	No	No	No	No	N/A	Yes	Yes
	Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)	Cap	12104515200150	No	0	No	No	No	No	No	N/A	Yes	Yes
	Atazanavir Sulfate (ATV) 200 MG CAP UD (Reyataz)	Cap	12104515200140	No	0	No	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:													
****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
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 (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	No	N/A	No	Yes
	Atenolol 25 MG TAB UD (Tenormin)	Tab	33200020000303	No	0	No	No	No	No	No	N/A	Yes	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

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Atorvastatin Tablet												
	Atorvastatin 10 MG Tab (Lipitor)	Tab	39400010100310	No	0	No	No	No	No	No	N/A	No	Yes
	Atorvastatin 20 MG TAB (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	No	N/A	No	Yes
	Atorvastatin 40 MG TAB (Lipitor)	Tab	39400010100330	No	0	No	No	No	No	No	N/A	No	Yes
	Atorvastatin 80 MG TAB (Lipitor)	Tab	39400010100350	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 UD	Tab	39400010100330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Atorvastatin 10 MG TAB UD	Tab	39400010100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Atorvastatin 80 MG TAB UD	Tab	39400010100350	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	***Pravastatin preferred statin for patients taking protease inhibitors***												
	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
	**Medical Referral Center (MRC) Use Only**												
	Atropine Ophth Oint												
	Atropine Sulfate Ophthalmic Ointment 1 %	Oint	86350010104210	No	0	No	Yes	No	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	No	N/A	No	Yes
	Atropine ophth 1%, 5 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Atropine ophth 1%, 2 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Atropine sulfate Injection 0.1mg/ml												
	Atropine sulfate 0.1MG/ML inj (Atropine)	Sol	49101010102010	No	0	No	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	No	N/A	No	Yes
	Aveeno Shower & Bath												
	Aveeno Shower & Bath External Oil (Aveeno Shower & Bath)	Oil	90400000001700	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions:												
	***Inpatient Use only****												
	azaTHIOprine Sodium Inj												
	azaTHIOprine Sodium Inj Soln Reconst 100 MG (Azathioprine Sodium Inj)	Sol Recon	99406010102110	No	0	No	No	Yes	No	No	N/A	No	Yes
	azaTHIOprine Tablet												
	azaTHIOprine 50 MG TAB (Imuran)	Tab	99406010000305	No	0	No	No	No	No	No	N/A	No	Yes
	azaTHIOprine 100 MG TAB (Imuran)	Tab	99406010000325	No	0	No	No	No	No	No	N/A	No	Yes
	azaTHIOprine 75 MG TAB (Imuran)	Tab	99406010000315	No	0	No	No	No	No	No	N/A	No	Yes
	azaTHIOprine 50 MG TAB UD (Imuran)	Tab	99406010000305	No	0	No	No	No	No	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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 600 MG (Zithromax)	Tab	03400010000340	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 500 MG, (Tri-Pak) (Zithromax Tri-Pak)	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	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 UD (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Azithromycin Tab 500 MG	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	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 Intravesical												
	Bacillus Calmette-Guerin 81MG Vacc (TheraCys) (TheraCys)	Susp Recon	21700013001940	No	0	No	No	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**												
	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**												
	Bacitracin/Poly B Ophth Oint 500-10000 Unit/GM												
	Bacitracin/Poly B ophth 3.5 GM oint (Poly-Bac)	Oint	86109902104200	No	0	No	Yes	No	No	N/A	No	Yes	
	Bacitracin/Polymyxin B ointment												
	Bacitracin/Polymyxin B oint UD Packet (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Bacitracin/Poly B 28.4 GM oint (Polysporin)	Oint	90109802104200	No	0	No	Yes	No	No	N/A	No	Yes	
	Bacitracin/Polymyxin B oint 14.17GM (Polysporin)	Oint	90109802104200	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
Advisories:													
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	Bacteriostatic Water(Benz Alc) Injec Soln												
	Bacteriostatic Water(Benz Alc) Injec Soln	Sol	98401020102000	No	0	No	Yes	No	No	N/A	No	Yes	
	Balanced salt solution												
	Balanced salt solution 500 ML (BSS)	Sol	86803000002000	No	0	No	No	No	No	N/A	No	Yes	
	Barium (Liquid Polibar) Oral/Rectal Susp 100%												
	Barium (Liquid Polibar)Oral/Rect Susp 100%1900ML	Susp	94401010101855	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium (VoLumen) Oral Suspension 0.1 %												
	Barium (VoLumen) Oral Suspension 0.1% (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 1.3% w/v												
	Barium Sulfate 1.3% Susp(Readi-Cat Combo) 450 ML (Readi-Cat Combination Suspension)	Susp	94401010101814	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium Sulfate 1.3% Susp(Readi-Cat Combo) 900 ml	Susp	94401010101814	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium Sulfate 2.1 % Suspension												
	Barium Sulfate 2.10 % Susp 450 ml (Readi-Cat 2)	Susp	94401010101883	No	0	No	No	Yes	No	N/A	No	Yes	
	Barium Sulfate 2.1% (Readi-Cat 2 Combination ) (Readi-Cat 2 on)	Susp	94401010101824	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium Sulfate 2.1% (Readi-Cat 2)Oral Susp 250ml (Readi-cat2)	Susp	94401010101826	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Barium Sulfate 2.1% (Maxibar) Oral Susp 210% (Maxibar Oral suspension 210%)	Susp	94401010101883	No	0	No	Yes	Yes	No	N/A	No	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 (7.3GM) (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 (8.7GM) (Qvar)	Aero Sol	44400010103428	No	0	No	Yes	No	No	N/A	No	Yes	
	Belladonna and Opium Suppository												
	Belladonna and opium 15A supp (B & O)	Supp	49109902155210	No	2	Yes	Yes	Yes	No	N/A	No	Yes	
	Belladonna and opium 16A supp (B&O)	Supp	49109902155220	No	2	Yes	Yes	Yes	No	N/A	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>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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) Formulary Restrictions: ****Pill line or clinic Use only****	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	Yes
	Benzocaine Mouth/Throat Paste 20 % Benzocaine Mouth/Throat Paste 20 % (Orabase-B) 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.**	Paste	88350010004420	No	0	No	Yes	No	No	N/A	No	Yes
	Benzoin Compound tincture Benzoin Compound Tincture 60 ML (Benzoin Compound) Formulary Restrictions: **Clinic use only, not to be issued to inmate**	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	Yes
	Benzonatate Capsule Benzonatate 200 MG CAP (Tessalon) Benzonatate 100 MG CAP (Tessalon) Benzonatate 100 MG CAP UD (Tessalon) Formulary Restrictions: **maximum length of therapy 5 days** **MLP Requires Cosign**	Cap Cap Cap	43102010000110 43102010000105 43102010000105	No No No	0 0 0	Yes Yes Yes	No No No	No No No	No No No	N/A N/A N/A	No No Yes	Yes Yes Yes
	Benztropine Injection Benztropine 1MG/ML, 2ML inj (Cogentin) 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**	Sol	73100010102005	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes
	Benztropine Tablet Benztropine 0.5 MG Tab (Cogentin) Benztropine 1 MG Tab (Cogentin) Benztropine 1 MG Tab UD (Cogentin) Benztropine 2 MG Tab (Cogentin) Benztropine 2 MG Tab UD (Cogentin) Benztropine 0.5 MG Tab UD (Cogentin)	Tab Tab Tab Tab Tab Tab	73100010100305 73100010100310 73100010100310 73100010100315 73100010100315 73100010100305	No No No No No No	0 0 0 0 0 0	Yes Yes Yes Yes Yes Yes	No No No No No No	Yes Yes Yes Yes Yes Yes	No No No No No No	N/A N/A N/A N/A N/A N/A	No No Yes No Yes Yes	Yes Yes Yes Yes Yes Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Dose Unit	Fmlly
	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**													
	Betamethasone Dip 0.05% Cream													
	Betamethasone Dip 15GM 0.05% crea (Diprosone)	Cm	90550020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip 45GM 0.05% crea (Diprosone)	Cm	90550020003705	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip 0.05% Ointment													
	Betamethasone Dip 15GM 0.05% oint (Diprosone)	Oint	90550020004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betamethasone Dip 45GM 0.05% oint (Diprosone)	Oint	90550020004205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol 0.25% Opth Suspension													
	Betaxolol HCl Opth 0.25%, 5 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCl Opth 0.25%, 10 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol 0.5% Opth Solution													
	Betaxolol HCl Opth 0.5%, 5 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Betaxolol HCl Opth 0.5 % 15 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Bethanechol Chloride Tablet													
	Bethanechol 25 MG TAB (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	No	N/A	No	Yes	
	Bethanechol 50 MG TAB (Urecholine)	Tab	54300010100340	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 UD (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bethanechol 5 MG TAB (Urecholine)	Tab	54300010100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Bevacizumab Injection													
	Bevacizumab 25 MG/ML inj (Avastin)	Sol	21335020002030	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	**Medical Referral Center (MRC) Use Only**													
	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	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
	Bisacodyl E.C. Tablet													
	Bisacodyl E.C. 5 MG TAB UD (Dulcolax)	Tab DR	46200010000610	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Bisacodyl E.C. 5 MG TAB (Dulcolax)	Tab DR	46200010000610	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Bisacodyl Suppository												
	Bisacodyl 10 MG supp (Dulcolax)	Supp	46200010005205	No	0	No	No	No	No	No	N/A	No	Yes
	Bismuth Subsal Suspension 524 MG/30ML												
	Bismuth Subsal 262MG/15ML (236 ML) susp (Pepto-Bismol)	Susp	47300010001805	No	0	No	Yes	No	No	No	N/A	No	Yes
	Bismuth Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)	Susp	47300010001805	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.**												
	Bismuth Subsal Tablet												
	Bismuth Subsal 262 MG TAB (Pepto-Bismol)	Tab Chew	47300010000507	No	0	No	No	No	No	No	N/A	No	Yes
	Bismuth Subsalicylate 262 MG Tab UD (Pepto bis)	Tab	47300010000307	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.**												
	Bleomycin sulfate Injection												
	Bleomycin sulfate 30 Units inj (Blenoxane)	Sol Recon	21200010102115	No	0	No	No	Yes	No	No	N/A	No	Yes
	Bleomycin Sulfate 15 Units inj (Blenoxane)	Sol Recon	21200010102105	No	0	No	No	Yes	No	No	N/A	No	Yes
	Brimonidine 0.15% Ophth Solution												
	Brimonidine ophth ( 5ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	No	N/A	No	Yes
	Brimonidine ophth (15ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	No	N/A	No	Yes
	Brimonidine ophth (10ML) 0.15% soln (Alphagan P)	Sol	86602020102007	No	0	No	Yes	No	No	No	N/A	No	Yes
	Brimonidine Tartrate 0.1% soln												
	Brimonidine Tartrate Ophth 0.1 % Sol (10ML) (Alphagan)	Sol	86602020102005	No	0	No	Yes	No	No	No	N/A	No	Yes
	Brimonidine Tartrate Ophth 0.1% Sol (5ml) (Alphagan P)	Sol	86602020102005	No	0	No	Yes	No	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)	Sol	86602020102010	No	0	No	No	No	No	No	N/A	No	Yes
	Bromocriptine Tab/Cap												
	Bromocriptine Mesylate 5 MG CAP (Parlodel)	Cap	73200020100105	No	0	No	No	No	No	No	N/A	No	Yes
	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 (repack)	Tab	73200020100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Bupivacaine HCl 0.25% Injection												
	Bupivacaine HCl 0.25% ML Inj (Marcaine)	Sol	69100010102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Marcaine PF Injection Soln 0.25 % (Marcaine)	Sol	69100010102007	No	0	No	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active Dose	Unit	Fmlry
	Bupivacaine HCl 0.5% Injection														
	Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	No	0	No	Yes	Yes	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	N/A	No	Yes			
	Bupivacaine HCl (PF) Injection Soln 0.75 %	Sol	69100010102018	No	0	No	No	Yes	No	N/A	No	Yes			
	Bupivacaine-Epinephrine 0.25% Injection														
	Bupivacaine-Epinephrine Inj Soln 0.25 % (Bupivacaine-Epinephrine)	Sol	69991002102010	No	0	No	No	Yes	No	N/A	No	Yes			
	Bupivacaine-Epinephrine(PF) Inj 0.25-1:200000%	Sol	69991002102012	No	0	No	No	Yes	No	N/A	No	Yes			
	Bupivacaine-Epinephrine 0.5% Injection														
	Bupivacaine-Epinephrine Inj Soln 0.5 % (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 0.75% Injection														
	Bupivacaine-Epinephrine Inj Soln 0.75 % (Bupivacaine-Epinephrine)	Sol	69991002102020	No	0	No	No	Yes	No	N/A	No	Yes			
	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**														
	buPROPion 20mg/ml Susp(Compound) 30 ml														
	buPROPion HCl 20mg/ml Susp (Compound)30 ml			No	0	Yes	Yes	Yes	No	N/A	No	Yes			
	Advisories:														
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**														
	Suspension formulation to be utilized for inmates with suspected abuse/diversion of tablet formulations.**														
	Non-Formulary Use Criteria:														
	****2. Must have failed therapy on at least two other formulary agents OR****														
	****3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and/or ADHD****														
	****4. Bupropion will not be approved for smoking cessation therapy****														
	****5. ADHD USE: Failure of non-pharmacologic/education & Counseling/ Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.****														
	****6. ADHD USE: Failure of ALL Formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum of six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.														
	a. desipramine/imipramine														
	b. nortriptyline														
	c. venlafaxine****														
	****7. ADHD USE: Submitted documentation must include/show the following:														
	a. copy of full psychiatric and psychological behavioral function evaluations														
	b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)														
	c. doses of formulary medications have been maximized														
	d. six week minimum trial of medication occurred at maximum dose														
	e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum of six week trial														
	f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline														
	g. history of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc)****														
	Formulary Restrictions:														
	*****NOT APPROVED FOR SMOKING CESSATION THERAPY*****														

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non Schd.</u>	<u>DEA Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	<b>**MLP Requires Cosign**</b>												
buPROPion	Tablet												
	buPROPion HCl 100 MG Tab (Wellbutrin)	Tab	58300040100310	No	0	Yes	No	Yes	Yes	N/A	No	Yes	
	buPROPion HCl 75 MG Tab (Wellbutrin)	Tab	58300040100305	No	0	Yes	No	Yes	Yes	N/A	No	Yes	
	buPROPion HCl 100 MG Tab UD (Wellbutrin)	Tab	58300040100310	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes	
	buPROPion HCl 75 MG Tab UD (Wellbutrin)	Tab	58300040100305	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes	
	Advisories:												
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**												
	Suspension formulation to be utilized for inmates with suspected abuse/diversion of tablet formulations.**												
	Non-Formulary Use Criteria:												
	**1. Restricted to bipolar depression and/or ADHD and (one of the following)**												
	**2. Must have failed therapy on at least two other formulary agents OR**												
	**3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and /or ADHD**												
	**4. Bupropion will not be approved for smoking cessation therapy**												
	**5. ADHD USE: Failure of non-pharmacologic/education & Counseling/ Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.**												
	**6. ADHD USE: Failure of ALL Formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.												
	a. desipramine/imipramine												
	b. nortriptyline												
	c. venlafaxine**												
	**7. ADHD USE: Submitted documentation must include/show the following:												
	a. copy of full psychiatric and psychological behavioral function evaluations												
	b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)												
	c. doses of formulary medications have been maximized												
	d. six week minimum trial of medication occurred at maximized dose												
	e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial												
	f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline												
	g. history of drug abuse including type of drug (e.g. stimulants, opiates, benzodiazepines, etc)**												
	Formulary Restrictions:												
	*****NOT APPROVED FOR SMOKING CESSATION THERAPY****												
	*Crush and Administer in Water***												
	<b>**MLP Requires Cosign**</b>												
busPIRone	Tablet												
	busPIRone 15 MG UD (Buspar)	Tab	57200005100330	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 30 MG TAB (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	No	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 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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Busulfan Intravenous solution 6 mg/ml Busulfan Intravenous Solution 6 MG/ML (Busulfex Intravenous Soln)	Sol	21100010002020	No	0	No	No	Yes	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	N/A	No	Yes	
	Butorphanol Injection Butorphanol 2 MG/ML inj (Stadol) Butorphanol 1 MG/ML inj (Stadol) Formulary Restrictions: ****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**	Sol Sol	65200020102010 65200020102005	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) Formulary Restrictions: ***Clinic Use Only***	Gel	92200003004020	No	0	No	Yes	No	No	N/A	No	Yes	
	Calamine Lotion Calamine Lotion 120 ML (Calamine) Calamine External Lotion 177 ML 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.**	Lotion Lotion	90971010004100 90971010004100	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No No	Yes Yes	
	Calci-Chew Cherry Tab Calcium Carb (Calci-Chew) Cherry 1250 MG Tab (Calci-Chew)	Tab Chew	79100007000515	No	0	No	No	No	No	N/A	No	Yes	
	Calcipotriene Cream 0.005% Calcipotriene Cream 0.005% 60 gm (Dovonex) Calcipotriene Cream 0.005% ( 120 gm) (Dovonex) Calcipotriene Cream 0.005% 30 gm (Dovonex) Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**	Cm Cm Cm	90250025003710 90250025003710 90250025003710	No No No	0 0 0	Yes Yes Yes	Yes Yes Yes	No No No	No No No	N/A N/A N/A	No No No	Yes Yes Yes	
	Calcipotriene oint 0.005% Calcipotriene Ointment 0.005% 60 gm (Dovonex) Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**	Oint	90250025004210	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Calcipotriene soln 0.005% Calcipotriene Soln 0.005% 60ml (Dovonex)	Sol	90250025002020	No	0	Yes	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 Sched.</u>	<u>Cosign</u>	<u>M/LP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Formulary Restrictions: ****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS"**** **MLP Requires Cosign**												
	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 (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 0.5 MCG Cap (Rocaltrol)	Cap	30905030000110	No	0	No	No	No	No	N/A	No	Yes	
	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 UD	Cap	30905030000110	No	0	No	No	No	No	N/A	Yes	Yes	
	Calcium Acetate Tablet/Capsule Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	No	Yes	
	Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	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 Acetate 667 MG Cap UD (Re-Pack) (PhosLo)	Cap	52800020100120	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	
	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 Chewable Antacid 600 MG Tab (FP Fast Dissolve Antacid)	Tab Chew	48300010000515	No	0	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate Chew Tab 500MG (Tums)	Tab Chew	48300010000510	No	0	No	No	No	No	N/A	No	Yes	
	Calcium Carbonate Chew Tab 750MG (Tums EX)	Tab Chew	48300010000520	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 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	
	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. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**												
	Calcium Carbonate Capsule Calcium Carbonate 1250 MG Caps (Calcil-Mix (Calcium Elem 500MG))	Cap	79100007000120	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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 Tablet												
	Calcium Carbonate 600 MG Tab (Caltrate)	Tab	79100007000350	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Carbonate 1250 MG Tab	Tab	79100007000345	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Carbonate Oral Tablet 600 MG	Tab	79100007000325	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 BOP National Formulary Part I.**												
	Calcium Carbonate/Vit D 250-125 MG-UNIT tab												
	Calcium Carbonate/Vit D 250/125 MG-UNIT Tab (oyster shell calcium)	Tab	79109902640320	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 BOP National Formulary Part I.**												
	Calcium Carbonate/Vit D Tablet												
	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 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 600MG/200IU Tab (Caltrate with D)	Tab	79109902100389	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Tab	79109902630368	No	0	No	No	No	No	No	N/A	Yes	Yes
	Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)	Tab	79109902630368	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	79109902630350	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 BOP National Formulary Part I.**												
	Calcium Carbonate/Vit D3 500-400 MG-UNIT Tab												
	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
	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 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. Refer to the Formulary OTC Prescribing criteria matrix contained within BOP National Formulary Part I.**												
	Calcium CHLoride Inj												
	Calcium CHLoride 1GM/10ML Inj (AMER)	Sol	79100010002010	No	0	No	Yes	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
<b>**Medical Referral Center (MRC) Use Only**</b>													
<b>Calcium Citrate Tablet</b>													
	Calcium Citrate 950 MG Tab (Calcium Citrate)	Tab	79100015000310	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000302	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 BOP National Formulary Part I.**													
<b>Calcium Citrate/VIT D</b>													
	Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Citrate-VitD)	Tab	79109902660330	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)	Tab	79109902660318	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Citrate/Vit D 315MG/250 Unit Tab	Tab	79109902660333	No	0	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	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.**													
<b>calcium GLUConate Injection</b>													
	Calcium GLUConate 10% Inj	Sol	79100030002010	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Calcium GLUConate 0.465 Meq/ml IV Soln (Calcium Gluconate)	Sol	79100030002010	No	0	No	No	Yes	No	No	N/A	No	Yes
<b>Calcium Lactate Tab</b>													
	Calcium Lactate 650 MG Tab (Calcium Lactate)	Tab	79100040000325	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 BOP National Formulary Part I.**													
<b>Calcium Polycarbophil 625 mg Tablet</b>													
	Calcium Polycarbophil 625 MG Tab (Fiber-con)	Tab	46300020100310	No	0	No	No	No	No	No	N/A	No	Yes
	Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)	Tab	46300020100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Calcium Polycarbophil (OTC) 625 MG 60 Count (Fiberlax)	Tab	46300020100310	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 BOP National Formulary Part I.**													
<b>Capecitabine Tablet</b>													
	Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	No	N/A	No	Yes
	Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	No	N/A	No	Yes
	Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	Captopril Tablet												
	Captopril 12.5 MG Tab (Capoten)	Tab	36100010000305	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 25 MG Tab (Capoten)	Tab	36100010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 25 MG Tab UD (Capoten)	Tab	36100010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab (Capoten)	Tab	36100010000315	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab UD (Capoten)	Tab	36100010000315	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 100 MG Tab (Capoten)	Tab	36100010000320	No	0	No	No	No	No	No	N/A	No	Yes
	Captopril 12.5 MG Tab UD (Capoten)	Tab	36100010000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	carBAMazepine ER 12 Hour Tablet												
	carBAMazepine ER 12 Hour 400 MG Tab (Tegretol-XR)	Tab ER 12	72600020007440	No	0	No	No	No	No	No	N/A	No	Yes
	carBAMazepine ER 12 Hour 100 MG Tab (Tegretol-XR)	Tab ER 12	72600020007410	No	0	No	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	No	N/A	No	Yes
	carBAMazepine ER 12 Hour 200 MG Cap	Cap ER 12	72600020006920	No	0	No	No	No	No	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."***												
	carBAMazepine Suspension 100 MG/5ML												
	carBAMazepine SUSP 100MG/5ML, 450 ML (Tegretol)	Susp	72600020001810	No	0	No	Yes	No	No	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."***												
	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: ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS ( E.G. BIPOLAR)** "Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."***												
	carBAMazepine XR 12 Hour Capsule												
	carBAMazepine ER 12 Hour 300 MG Cap (Carbatrol)	Cap ER 12	72600020006930	No	0	No	No	No	No	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."***												
	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

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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.**												
	Carbidopa/Levodopa Tablet												
	Carbidopa/Levodopa 10/100 MG Tab (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carbidopa/Levodopa 25/100 MG Tab (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carbidopa/Levodopa 25/250 MG Tab (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	***Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1.***												
	Carbidopa/Levodopa Tablet CR												
	Carbidopa/Levodopa CR 25/100 Tab (Sinemet CR)	Tab ER	73209902100410	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa CR 50/200 MG Tab (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	No	N/A	No	Yes
	Carbidopa/Levodopa CR 50-200 MG Tab UD (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	***Refer to Restless Leg Syndrome Algorithm found in BOP National Formulary, Part 1.***												
	CARBOplatin Inj												
	CARBOplatin 150 MG Inj (Paraplatin)	Sol Recon	21100015002120	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	CARBOplatin 50 MG Inj (Paraplatin Inj)	Sol Recon	21100015002110	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	CARBOplatin 450 MG/45ML inj Soln (Paraplatin)	Sol	21100015002040	No	0	No	No	Yes	No	No	N/A	No	Yes
	Carmustine Inj												
	Carmustine 100 MG Inj (BiCNU)	Sol Recon	21102010002105	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Carvedilol Tablet												
	Carvedilol 3.125 MG Tab (Coreg)	Tab	33300007000305	No	0	No	No	No	No	No	N/A	No	Yes
	Carvedilol 6.25 MG Tab (Coreg)	Tab	33300007000310	No	0	No	No	No	No	No	N/A	No	Yes
	Carvedilol 12.5 MG Tab (Coreg)	Tab	33300007000320	No	0	No	No	No	No	No	N/A	No	Yes
	Carvedilol 25 MG Tab (Coreg)	Tab	33300007000330	No	0	No	No	No	No	No	N/A	No	Yes
	Carvedilol 12.5 MG Tab UD (Coreg)	Tab	33300007000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carvedilol 25 MG Tab UD (Coreg)	Tab	33300007000330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carvedilol 6.25 MG Tab UD (Coreg)	Tab	33300007000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Carvedilol 3.125 MG Tab UD (Coreg)	Tab	33300007000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Cascara Aromatic Extract												
	Cascara Sagrada Aromatic Extract 120 ML SOL (Cascara Aromatic Extract)	Fluid Extract	46200020001405	No	0	No	No	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>Non</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
Castor Oil	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	unit dose													
	Castor Oil 60 ML UD (Castor Oil)	Oil	46200030001795	No	0	No	Yes	No	No	N/A	Yes	Yes		
ceFAZolin in Dextrose	ceFAZolin In Dextrose 1G/50ML Premix Inj (Ancef)	Sol	02100015112010	No	0	No	Yes	Yes	No	N/A	Yes	Yes		
ceFAZolin in Dextrose dds	ceFAZolin and Dextrose DDS 1 GRAM	Sol Recon	02100015132120	No	0	No	Yes	Yes	No	N/A	Yes	Yes		
	CeFAZolin In Dextrose 2 GM IV Solution	Sol Recon	02100015132130	No	0	No	No	Yes	No	N/A	No	Yes		
ceFAZolin Inj	ceFAZolin 1 Gram Advantage Inj (Ancef)	Sol Recon	02100015102117	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 1 GM Inj (Ancef)	Sol Recon	02100015102115	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		
Cefixime Tablet	Cefixime Oral Tablet 400 MG (Suprax)	Tab	02300060000315	No	0	No	No	No	No	N/A	No	Yes		
Ceftazidime in D5W Injection	Ceftazidime 2 GM/50ML Inj (Premix) (Fortaz)	Sol	02300080112020	No	0	No	Yes	Yes	No	N/A	No	Yes		
Ceftazidime Injection	Ceftazidime 1 GM Inj (Tazicef Inj)	Sol Recon	02300080002110	No	0	No	Yes	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 2 GM Inj (Fortaz 2 GM)	Sol Recon	02300080002115	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Ceftazidime 2 GM ADV (Fortaz 2 gm adv)	Sol Recon	02300080002115	No	0	No	No	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 Intravenous Solution 1 GM (Tazicef)	Sol Recon	02300080002112	No	0	No	No	Yes	No	N/A	No	Yes		
cefTRIAxone Inj	cefTRIAxone 1 GM Inj (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		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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												
	Cephalexin 250 MG Cap UD (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	Yes	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 250 MG Cap (Keflex)	Cap	02100020000105	No	0	No	No	No	No	N/A	No	Yes	
	Cetuximab Inj												
	Cetuximab 2MG/ML (Erbix)	Sol	21353025002020	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	
	Chloral Hydrate CAP												
	Chloral Hydrate 500 MG Cap	Cap	60200020000115	No	4	Yes	No	Yes	No	N/A	No	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO EEG STUDIES****												
	**Medical Referral Center (MRC) Use Only**												
	**MLP Requires Cosign**												
	Chloral Hydrate Syrup 500 MG/5ML												
	Chloral Hydrate 500 MG/5ML, 5ML (Noctec)	Syrup	60200020001210	No	4	Yes	No	Yes	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO EEG STUDIES****												
	**Medical Referral Center (MRC) Use Only**												
	**MLP Requires Cosign**												
	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 Oral Soln 0.12% (Non-Alcohol) (Peridex)	Sol	88150020102012	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****DENTAL USE ONLY** Alcohol free only*****												

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Chlorhexidine Gluconate Soln External 4%												
	Chlorhexidine Gluconate Solution 4% (118 ML) (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Chlorhexidine Gluconate Solution 4 % ( 237 ml)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Chlorhexidine Gluconate Ext Liquid 4 % 473 ml (Betasept)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Formulary Restrictions: **for pre-op use only** **Medical Referral Center (MRC) Use Only**												
	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 90 MG Tab (Sensipar)	Tab	30905225100340	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 UD (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO THERAPY INITIATION, <a href="http://www.pgm.va.gov/PBM/criteria.htm">http://www.pgm.va.gov/PBM/criteria.htm</a> ****												
	Formulary Restrictions: **RESTRICTED TO DIALYSIS Patients ONLY**												
	Ciprofloxacin Tablet												
	Ciprofloxacin 250 MG Tab UD (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Ciprofloxacin 250 MG Tab (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	N/A	No	Yes	
	Ciprofloxacin 500 MG Tab UD (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Ciprofloxacin 500 MG Tab (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	No	Yes	
	Ciprofloxacin 750 MG Tab UD (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Ciprofloxacin 750 MG Tab (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	No	Yes	
	Ciprofloxacin HCl 100 MG Tab (cipro)	Tab	05000020100305	No	0	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ****Do Not Use for MRSA**** **MLP Requires Cosign**												
	Ciprofloxacin Injection												
	Ciprofloxacin 10 MG/ML 200 MG Inj (Cipro IV)	Sol	05000020002024	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Ciprofloxacin 10 MG/ML 400 MG Inj (Cipro IV)	Sol	05000020002026	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	Formulary Restrictions: ****Do Not Use for MRSA**** **MLP Requires Cosign**												
	Ciprofloxacin IV Premix												
	Ciprofloxacin IV Premix 200MG/100ML Inj (Cipro IV)	Sol	05000020112024	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	Ciprofloxacin IV 400 MG Inj (Cipro)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)	Sol	05000020112028	No	0	Yes	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>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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) **MLP Requires Cosign**	Oint	86101023104210	No	0	Yes	Yes	No	No	N/A	No	No	Yes	
	Ciprofloxacin Ophth Solution 0.3% Ciprofloxacin HCl Ophth Soln 0.3% (5ML) (Ciloxan Ophth Solution) Ciprofloxacin HCl Ophth Soln 0.3% (2.5ML) (Ciloxan) Ciprofloxacin HCl Ophth Soln 0.3 % (10 ML) Formulary Restrictions: **restricted to pseudomonas infections of the eye** **MLP Requires Cosign**	Sol Sol Sol	86101023102010 86101023102010 86101023102010	No No No	0 0 0	Yes Yes Yes	Yes Yes Yes	No No No	No No No	N/A N/A N/A	No No No	No No No	Yes Yes Yes	
	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	N/A	No	No	Yes	
	Cisatracurium Besylate Inj 2 mg/ml Cisatracurium Besylate IV Soln 10 MG/5ML **Medical Referral Center (MRC) Use Only**	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	No	Yes	
	CISplatin Injection CISplatin Intravenous Solution 100 MG/100ML (Platinol) CISplatin Intravenous Solution 200 MG/200ML (Platinol)	Sol Sol	21100020002025 21100020002030	No No	0 0	No No	No No	Yes Yes	No No	N/A N/A	No No	No No	Yes Yes	
	Citalopram Oral Solution Citalopram 10MG/5ML Oral solution (Celexa) 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**** **MLP Requires Cosign**	Sol	58160020102020	No	0	Yes	No	No	No	N/A	No	No	Yes	
	Citalopram Tablet Citalopram 20 MG Tab (Celexa) Citalopram 40 MG Tab (Celexa) Citalopram 40 MG Tab UD (Celexa) Citalopram 10 MG Tab (Celexa) Citalopram 10 MG Tab UD (Celexa) Citalopram 20 MG Tab UD (Celexa) 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**** **MLP Requires Cosign**	Tab Tab Tab Tab Tab Tab	58160020100320 58160020100340 58160020100340 58160020100310 58160020100310 58160020100320	No No No No No No	0 0 0 0 0 0	Yes Yes Yes Yes Yes Yes	No No No No No No	No No No No No No	No No No No No No	N/A N/A N/A N/A N/A N/A	No No Yes No Yes Yes	No No Yes No Yes Yes	Yes Yes Yes Yes Yes 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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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 UD (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	Yes	Yes	
	Clarithromycin 250 MG Tab (Biaxin)	Tab	03500010000310	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	
	Clarithromycin 500 MG Tab (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****SECOND LINE THERAPY FOR MOST INDICATIONS****												
	**MLP Requires Cosign**												
	Clindamycin HCl Capsule												
	Clindamycin 150 MG Cap (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	No	Yes	
	Clindamycin 150 MG Cap UD (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	Yes	Yes	
	Clindamycin 300 MG Cap (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	No	Yes	
	Clindamycin 300 MG Cap UD (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories:												
	****PILL LINE ONLY FOR when used for MRSA****												
	Clindamycin Inj												
	Clindamycin 900MG/6ML Inj (Cleocin)	Sol	16220020302033	No	0	No	No	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	
	Advisories:												
	****PILL LINE ONLY FOR when used for MRSA****												
	Clindamycin Phosphate in D5W												
	Clindamycin Premix 900MG/50ML in D5 Inj (Cleocin Phosphate)	Sol	16220020312040	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories:												
	****PILL LINE ONLY FOR when used for MRSA****												
	Clindamycin Premix												
	Clindamycin Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Clindamycin Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories:												
	****PILL LINE ONLY FOR when used for MRSA****												
	Clobetasol Propionate Cream 0.05%												
	Clobetasol Prop Cream 0.05% (30 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Cream 0.05% (45 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Cream 0.05% (15 GM) (Temovate)	Cm	90550025103705	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Clobetasol Prop Cream 0.05% (60 GM) (Temovate)	Cm	90550025103705	No	0	Yes	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
Advisories: ****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks**** **MLP Requires Cosign**													
Clobetasol Propionate Ointment 0.05%													
	Clobetasol Prop Ointment 0.05 % (30 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
	Clobetasol Prop Ointment 0.05 % (15 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
	Clobetasol Prop Ointment 0.05 % (45 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
	Clobetasol Prop Ointment 0.05 % (60 GM) (Temovate)	Oint	90550025104205	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Advisories: ****Not recommended for application to face or groin, Maximum recommended duration is 2 weeks, use pulse therapy if >2 weeks**** **MLP Requires Cosign**													
clonazepam Tablet													
	clonazepam 0.5 MG Tab (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	clonazepam 0.5 MG Tab UD (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	clonazepam 1 MG Tab (Klonopin)	Tab	72100010000310	No	6	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	clonazepam 1 MG Tab UD (Klonopin)	Tab	72100010000310	No	6	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	clonazepam 2 MG Tab UD (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	clonazepam 0.25 mg Tab (1/2 tab) (Klonopin)	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	clonazepam 2 MG Tab (Klonopin)	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	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**													
Formulary Restrictions:													
**Formulary for 30 days only. Is this order for less than 31 days?**													
**MLP Requires Cosign**													
Clopidogrel Tablet													
	Clopidogrel Bisulfate 75 MG Tab UD (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
	Clopidogrel Bisulfate 75 MG Tab (Plavix)	Tab	85158020100320	No	0	Yes	No	No	No	N/A	No	Yes	Yes
	Clopidogrel Bisulfate 300 MG Tab (Loading Dose) (Plavix)	Tab	85158020100340	No	0	Yes	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlry
	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)**																		
	Formulary Restrictions:																		
	****Non-Formulary Approval required after 30 days****																		
	**MLP Requires Cosign**																		
	Clotrimazole Cream 1%																		
	Clotrimazole Cream 1% USP 15 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes							
	Clotrimazole Cream 1% 30 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes							
	Clotrimazole Cream 1% 45 GM (Lotrimin)	Cm	90154020003705	No	0	No	Yes	No	No	N/A	No	Yes							
	Advisories:																		
	****30 Day Formulary Restriction**																		
	**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.**																		
	Clotrimazole Solution 1%																		
	Clotrimazole Solution 1% 30 ML (Lotrimin)	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes							
	Clotrimazole Solution 1% 10 ML	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	Yes							
	Advisories:																		
	****30 day formulary Restriction**																		
	**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.**																		
	Clotrimazole Troche																		
	Clotrimazole Troche 10 MG (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	No	Yes							
	Clotrimazole Troche 10 MG UD (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	Yes	Yes							
	Clotrimazole Vaginal 1%																		
	Clotrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal)	Cm	55104020003705	No	0	No	Yes	No	No	N/A	No	Yes							
	Clotrimazole Vaginal Inserts																		
	Clotrimazole Vaginal Tablet 100 MG	Tab	55104020000305	No	0	No	No	No	No	N/A	No	Yes							
	CloZAPine Tablet																		
	CloZAPine 100 MG Tab (Clozaril 100 MG)	Tab	59152020000330	No	0	Yes	No	Yes	No	N/A	No	Yes							
	CloZAPine 25 MG Tab UD (Clozaril 25 MG)	Tab	59152020000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes							
	CloZAPine 25 MG Tab (ClozarilL)	Tab	59152020000320	No	0	Yes	No	Yes	No	N/A	No	Yes							
	CloZAPine 50 MG Tab (Clozaril)	Tab	59152020000325	No	0	Yes	No	Yes	No	N/A	No	Yes							
	CloZAPine 200 MG Tab (Clozaril)	Tab	59152020000340	No	0	Yes	No	Yes	No	N/A	No	Yes							
	CloZAPine 100 MG Tab UD (Clozaril)	Tab	59152020000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes							
	CloZAPine 200 MG Tab UD	Tab	59152020000340	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	Req. Crush.	Loc.	Active	Unit Dose	Fmly
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **PSYCHIATRIST USE ONLY** ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS** **INITIATE AT MEDICAL REFERRAL CENTER ONLY***** **Medical Referral Center (MRC) Initiation Only** **MLP Requires Cosign**													
	Coal Tar Cream 2%													
	Coal Tar Cream 2 % (107 GM) (Elta Tar)	Cm	90520010003717	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****													
	Coal Tar External Ointment 2 % (MG217)													
	Coal Tar Extract External Ointment 10 % (MG217)	Oint	90520010004240	No	0	No	Yes	No	No	N/A	No	Yes		
	Coal Tar External Ointment 2 % (MG217) (MG217 Medicated Tar External Ointment)	Oint	90520010004240	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****													
	Coal Tar External Shampoo 3 % ( MG217)													
	Coal Tar External Shampoo 3 % ( MG217)	Shampoo	90520010004530	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****													
	Coal Tar Fragrance Free shampoo													
	Coal Tar Fragrance Free 2.9%,Shampoo (DHS Tar Shampoo)	Shampoo	90520010004505	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****													
	Coal Tar Lotion 5 %													
	Coal Tar Lotion 5 % (MG217 Medicated Tar)	Lotion	90520010004105	No	0	No	Yes	No	No	N/A	No	Yes		
	Coal Tar Shampoo 0.5 %													
	Coal Tar Shampoo 0.5%, 120 ML (DHS Tar Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes		
	Coal Tar Shampoo 0.5%, 251 ML (Therapeutic External Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes		
	Coal Tar Shampoo 0.5 % , 235 ml (Tera-Gel Tar External shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	N/A	No	Yes		
	Coal tar Gel External Shampoo 0.5 % 473 ml (QC Therapeutic Gel External Shampoo 0.5 %)	Shampoo	90520010004505	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>Non</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>	
	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****																			
	Coal Tar Shampoo 1%																			
	Coal Tar Shampoo 1%, 180 ML (PC-TAR)	Shampoo	90520010004500	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****																			
	Coal Tar Shampoo 15% ( MG217)																			
	Coal Tar External Shampoo 15% w/fragrance(MG217) (MG217 Medicated Tar External Shampoo 15 %)	Shampoo	90520010004500	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****																			
	Coal Tar Shampoo 4.5% (0.5% equiv)																			
	Coal Tar Shampoo 4.5 % (0.5% equiv), 180 ML (Polytar Shampoo)	Shampoo	90529903114500	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.** Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****																			
	Coal Tar Topical Solution																			
	Coal Tar Solution 5%, 473 ML	Sol	96400020002000	No	0	No	Yes	No	No	N/A	No	Yes								
	Formulary Restrictions: ****RESTRICTED TO SEBORRHEA AND PSORIASIS****																			
	Colchicine Tablet																			
	Colchicine Tablet 0.6 MG (Colchicine)	Tab	68000020000310	No	0	No	No	No	No	N/A	No	Yes								
	Colchicine Tablet 0.6 MG UD (Colchicine)	Tab	68000020000310	No	0	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	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Colestipol Powder												
	Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	No	0	No	No	No	No	No	N/A	No	Yes
	Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	No	0	No	No	No	No	No	N/A	No	Yes
	Colestipol Tablet												
	Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	No	0	No	No	No	No	No	N/A	No	Yes
	Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Collagenase Ointment												
	Collagenase Ointment 250 Units/GM (30GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	No	N/A	No	Yes
	Collagenase Ointment 250 Units/GM (15GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	No	N/A	No	Yes
	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	No	N/A	No	Yes
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- RGP Lens Cleaner/Conditioning Solution												
	Contact- Boston Conditioning Solution (Boston Conditioning Solution)	Sol	86903000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Contact- Boston Simplus Multi Action Soln 105 ml	Sol	86903000002000	No	0	No	Yes	No	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	No	N/A	No	Yes
	Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)	Sol	86903000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- Soft Lens Hydrogen Peroxide Clean Soln												
	Contact- Clear Care Solution (Clear Care soln)	Sol	86902000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- Soft Lens Multi-Purpose Soln												
	Contact- Opti-Free Replenish Solution 300 ml (Opti-Free Replenish)	Sol	86902000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Contact- SM Multi-Purpose Soln 355 ml	Sol	86902000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Contact -Opti-Free RepleniSH Solution 118 ml	Sol	86902000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- Soft Rewetting Solution												
	Contact- Opti-Free Express Rewetting Sol, 10 ML (Opti-Free Rewetting Drops)	Sol	86902000002000	No	0	No	Yes	No	No	No	N/A	No	Yes
	Contact- B & L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu)	Sol	86902000002000	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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 Opth Soln 4% Cromolyn OPTH 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	No	Yes	
	Cyanocobalamin inj Cyanocobalamin 1000 MCG/ML Inj (Vitamin B-12 Injection)	Sol	82100010002015	No	0	No	No	Yes	No	N/A	No	Yes	
	Cyanocobalamin Tablet Cyanocobalamin 100 MCG Tab (Vitamin B-12)	Tab	82100010000315	No	0	No	No	No	No	N/A	No	Yes	
	Cyanocobalamin (Vit B-12)1000 MCG Tab (Vitamin B-12)	Tab	82100010000330	No	0	No	No	No	No	N/A	No	Yes	
	Cyanocobalamin 500 MCG Tab	Tab	82100010000325	No	0	No	No	No	No	N/A	No	Yes	
	Cyanocobalamin 500 MCG Tab UD	Tab	82100010000325	No	0	No	No	No	No	N/A	Yes	Yes	
	Cyanocobalamin 250 MCG Tab (vitamin B-12)	Tab	82100010000320	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	
	Cyclopentolate HCl Opth 1% Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)	Sol	86350020102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl)	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 Opth 2% (5ML) Sol (Cyclogyl)	Sol	86350020102015	No	0	No	Yes	No	No	N/A	No	Yes	
	Cyclophosphamide Tablet Cyclophosphamide 25 MG Tab (Cytosan)	Tab	21101020000305	No	0	No	No	No	No	N/A	No	Yes	
	Cyclophosphamide 50 MG Tab (Cytosan)	Tab	21101020000310	No	0	No	No	No	No	N/A	No	Yes	
	Cyclophosphamide 25 MG Tab UD (Cytosan)	Tab	21101020000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Cyclophosphamide 50 MG Tab UD (Cytosan)	Tab	21101020000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	Cyclophosphamide inj Cyclophosphamide Injection Soln 1 GM (Cytosan)	Sol Recon	21101020002125	No	0	No	No	Yes	No	N/A	No	Yes	
	Cyclophosphamide Injection Soln 500 MG (Cytosan)	Sol Recon	21101020002120	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>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	cycloSPORINE (Neoral) Capsule													
	cycloSPORINE Modified (Neoral) 25 MG Cap (Neoral)	Cap	99402020300120	No	0	No	No	No	No	No	N/A	No	Yes	
	cycloSPORINE Modified (Neoral) 100 MG CAP (NEORAL 100MG)	Cap	99402020300150	No	0	No	No	No	No	No	N/A	No	Yes	
	cycloSPORINE Modified(Gengraf/Neoral)Cap 25MG UD (Gengraf)	Cap	99402020300120	No	0	No	No	No	No	No	N/A	Yes	Yes	
	cycloSPORINE Modified(Gengraf/Neoral)Cap100MG UD (Gengraf)	Cap	99402020300150	No	0	No	No	No	No	No	N/A	Yes	Yes	
	cycloSPORINE Modified (Neoral) 50 MG Capsule (Neoral)	Cap	99402020300130	No	0	No	No	No	No	No	N/A	Yes	Yes	
	cycloSPORINE (Sandimmune) Capsule													
	cycloSPORINE (Sandimmune) 100 MG Cap UD (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	No	N/A	Yes	Yes	
	cycloSPORINE (Sandimmune) 25 MG Cap UD (Sandimmune)	Cap	99402020000110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	cycloSPORINE 25 MG Cap (gen Sandimmune) (Sandimmune)	Cap	99402020000110	No	0	No	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	No	N/A	No	Yes	
	cycloSPORINE IV Solution													
	cycloSPORINE 50 MG/ML IV Sol (Sandimmune)	Sol	99402020002005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	cycloSPORINE oral soln 100 mg/ml													
	cycloSPORINE (Sandimmune) 100 MG/ML (Sandimmune Oral Solution)	Sol	99402020002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Cytarabine Injection													
	Cytarabine Inj 20MG/ML (Cytosar)	Sol	21300010002010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Cytarabine Inj 1 GM (Cytosar)	Sol Recon	21300010002115	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Cytarabine Inj 100 MG (CYTOSAR-U)	Sol Recon	21300010002105	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Cytarabine Inj 2 GM (ARA-C)	Sol Recon	21300010002120	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Dacarbazine Injection													
	Dacarbazine 200 MG Inj (DTIC-Dome)	Sol Recon	21700020002110	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	DACTINomycin Injection													
	DACTINomycin 0.5 MG INJ (Cosmegen)	Sol Recon	21200020002105	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Dalteparin Injection													
	Dalteparin Sod 2500 UNIT/0.2ML Subcutaneous Soln (Fragmin)	Sol	83101010102020	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Dalteparin Sod 5000 UNIT/0.2ML Subcutaneous Soln (Fragmin)	Sol	83101010102040	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Dalteparin Sod 10000 UNIT/ML Subcutaneous Soln (Fragmin)	Sol	83101010102015	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Dalteparin Sod 15000 UNIT/0.6ML Subcut Soln (Fragmin)	Sol	83101010102056	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Danazol Capsule													
	Danazol 100 MG Cap (Danocrine)	Cap	23100005000110	No	0	No	No	No	No	No	N/A	No	Yes	
	Danazol 200 MG Cap (Danocrine)	Cap	23100005000115	No	0	No	No	No	No	No	N/A	No	Yes	
	Danazol 50 MG Cap (Danocrine)	Cap	23100005000105	No	0	No	No	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>Non Sched.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
<b>Dapsone Tablet</b>																
	Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	No	No	N/A	No	Yes		Yes
	Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	No	0	No	No	No	No	No	No	N/A	No	Yes		Yes
	Dapsone 25 MG Tab UD	Tab	16300010000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes		Yes
	Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	No	No	N/A	Yes	Yes		Yes
<b>Darbepoetin Alfa-(Albumin Free)</b>																
	Darbepoetin Alfa (Albumin Free) 300 MCG/ML (Aranesp (Albumin Free))	Sol	82401015112060	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln)	Sol	82401015112064	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)	Sol	82401015112050	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)	Sol	82401015112010	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)	Sol	82401015112040	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)	Sol	82401015112020	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)	Sol	82401015112030	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 500 MCG/ML (Aranesp)	Sol	82401015112075	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 150 MCG/0.75ML (Aranesp)	Sol	82401015112046	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)	Sol	82401015112054	No	0	No	No	No	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)	Sol	82401015112034	No	0	No	No	Yes	Yes	No	No	N/A	No	Yes		Yes
	Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)	Sol	82401015112024	No	0	No	No	Yes	Yes	No	No	N/A	No	Yes		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:**

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;



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Req. Crush.	Loc.	Active	Unit Dose	Fmlly
	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:**													
	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													
	Darunavir Ethanolate (DRV) 400 MG Tab (Prezista)	Tab	12104520100330	No	0	No	No	No	No	No	N/A	No	Yes	
	Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)	Tab	12104520100340	No	0	No	No	No	No	No	N/A	No	Yes	
	Darunavir Ethanolate (DRV) 600 MG Tab UD (Prezista)	Tab	12104520100340	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Darunavir Ethanolate (DRV) 400 MG Tab UD (Prezista)	Tab	12104520100330	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)	Tab	12104520100350	No	0	No	No	No	No	No	N/A	No	Yes	
	Darunavir Ethanolate (DRV) 800 MG Tab UD	Tab	12104520100350	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories:													
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
DAUNOrubicin	HCL Inj													
	DAUNOrubicin 5MG/ML (Cerubidine)	Injectable	21200030102210	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	DAUNOrubicin HCL 20 MG INJ (Cerubidine)	Sol Recon	21200030102105	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
Deferoxamine	Mesylate Inj													
	Deferoxamine Mesylate 500 MG Inj (Desferal)	Sol Recon	93000020102110	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)	Sol Recon	93000020102130	No	0	No	No	Yes	No	No	N/A	No	Yes	
Demeclocycline	HCl Tablet													
	Demeclocycline HCL 150 MG Tab (Declomycin)	Tab	04000010100305	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Demeclocycline HCL 300 MG Tab (Declomycin)	Tab	04000010100310	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Demeclocycline HCL 150 MG Tab UD (Declomycin)	Tab	04000010100305	No	0	No	No	No	No	No	N/A	Yes	Yes	
Depo Estradiol	Cypionate Inj													
	Estradiol Cypionate 5MG/ML Inj (Depo) (Depo -Estradiol)	Oil	24000035101710	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
Desflurane	Inhalation Soln													
	Desflurane Inhalation Soln (240 ML) (Suprane)	Sol	70200007002000	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmily</u>
Desipramine Tablet													
	Desipramine 10 MG Tab (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	No	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	
	Desipramine 25 MG Tab (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 50 MG Tab (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Desipramine 75 MG Tab (Norpramin)	Tab	58200030100320	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 UD (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 50 MG Tab UD (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Desipramine 75 MG Tab UD (Norpramin)	Tab	58200030100320	No	0	Yes	No	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**													
Desmopressin Acetate Injection													
	Desmopressin Acetate 4MCG/ML Inj	Sol	30201010102030	No	0	No	No	Yes	No	N/A	No	Yes	
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 0.2 Mg Tab (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	No	Yes	
	Desmopressin Acetate 0.1 MG Tab (DDAVP)	Tab	30201010100310	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	
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% 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	

<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. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
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		
	Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT 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**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED**** **MLP Requires Cosign**													
Dexamethasone Oral Elixir 0.5 MG/5ML	Dexamethasone Oral Elixir 0.5MG/5ML, 273ML (Decadron Elixir)	Elixir	22100020001005	No	0	Yes	Yes	No	No	N/A	No	Yes		
	**MLP Requires Cosign**													
Dexamethasone Oral Solution 0.5 MG/5ML	Dexamethasone Oral Solution 0.5 MG/5ML	Sol	22100020002005	No	0	No	No	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 0.75 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 2 MG Tab (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	No	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 2 MG Tab UD (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	Yes	Yes		
	Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	Yes	Yes		
	**MLP Requires Cosign**													
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		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
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 1.5 % Intraperitoneal Soln 346 MOSM/L	Dextrose 1.5 % Intraperitoneal Soln 346 MOSM/L (Delflex-LC)	Sol	99700000002029	No	0	No	No	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 2.5% Intraperitoneal Soln	Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)	Sol	99700000002000	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%/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%/Sod CHLoride 0.2% 1000 ML INJ	Sol	79993002202020	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 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% Inj	Dextrose 5% Inj 1000 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 250 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	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 50% Inj	Dextrose 50% Inj 1000 ML (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 50 ML PFS (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	
Diabetic Supply - Control Solution	Diabetic Supply - Control Solution (Diabetic Supply- Control Solution)			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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Diabetic Supply - Lancets			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 - Sharps Container			No	0	No	Yes	No	No	N/A	No	Yes	
	Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)			No	0	No	Yes	No	No	N/A	No	Yes	
	Diabetic Supply - Test Strips (Precision Xtra)	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)			No	0	No	Yes	No	No	N/A	No	Yes	
	Diabetic Supply - Test Strips (Various Brands)			No	0	No	Yes	No	No	N/A	No	Yes	
	Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)			No	0	No	Yes	No	No	N/A	No	Yes	
	Dialyte/1.5% Dextrose	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes	
	Dianeal2/1.5% Dex Intraperitoneal Sol 346 MOSM/L (Dianeal PD)			No	0	No	No	Yes	No	N/A	No	Yes	
	Dialyte/2.5% Dextrose	Sol	99700000002042	No	0	No	No	Yes	No	N/A	No	Yes	
	Dianeal2/2.5% Dex Intraperitoneal Sol 396 MOSM/L (Dianeal PD)			No	0	No	No	Yes	No	N/A	No	Yes	
	Dialyte/4.25% Dextrose	Sol	99700000002073	No	0	No	No	Yes	No	N/A	No	Yes	
	Dianeal2/4.25% Dex Intraperitoneal Sol 485MOSM/L (Dianeal PD-2/4.25%)			No	0	No	No	Yes	No	N/A	No	Yes	
	Diatrizoate Meglumine Urethral Solution 30 %	Sol	94402015102011	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Diatrizoate Meglumine Urethral Solution 30 % (Cystografin 30%)			No	0	No	Yes	Yes	No	N/A	No	Yes	
	Diatrizoate SOD and Meglumine Inj	Sol	94402015302035	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Diatrizoate Sod AND Meglumine 10% / 66% Inj (Hypaque-76)			No	0	No	No	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	
	Dibucaine External Ointment 1 %	Oint	90850045004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Dibucaine External Ointment 1 % ( 28.35gm)			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.**												
	Dibucaine Ointment 1%	Oint	89200017004210	No	0	No	Yes	No	No	N/A	No	Yes	
	Dibucaine Ointment (1oz) 28GM 1% (Nupercainal)			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.**												
	Diclofenac Sodium Opth Soln 0.1%	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Diclofenac Sodium Opth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)			No	0	No	Yes	No	No	N/A	No	Yes	
	Diclofenac Sodium Opth Soln 0.1 % (2.5 ML) (Voltaren)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Dicloxacillin Capsule	Cap	01300020100110	No	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 250 MG (Dynapen)			No	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 500 MG (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	N/A	No	Yes	
	Dicloxacillin Capsule 500 MG UD (Dynapen)	Cap	01300020100115	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	Fmlly
	Dicyclomine HCL Syrup 10mg/5ml												
	Dicyclomine HCL (480ML) 10MG/5ML Liquid (Bentyl)	Syrup	49103010102050	No	0	No	Yes	No	No	N/A	No	Yes	
	Dicyclomine Injection												
	Dicyclomine 10 MG/ML,2ML Inj (Bentyl Injection)	Sol	49103010102005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Dicyclomine Tablet/Capsule												
	Dicyclomine HCL 10 MG Cap (Bentyl)	Cap	49103010100105	No	0	No	No	No	No	N/A	No	Yes	
	Dicyclomine HCL 20 MG Tab (Bentyl)	Tab	49103010100305	No	0	No	No	No	No	N/A	No	Yes	
	Dicyclomine HCL 20 MG Tab UD (Bentyl)	Tab	49103010100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Dicyclomine HCL 10 MG Cap UD (Bentyl)	Cap	49103010100105	No	0	No	No	No	No	N/A	Yes	Yes	
	Didanosine (ddl) Capsule Delayed Release												
	Didanosine (ddl) Delayed Release 125 MG Cap (Videx EC)	Cap DR	12105015006520	No	0	No	No	No	No	N/A	No	Yes	
	Didanosine (ddl) Delayed Release 100 MG Cap (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	No	Yes	
	Didanosine (ddl) Delayed Release 200 MG Cap (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	No	Yes	
	Didanosine (ddl) Delayed Release 250 MG Cap (Videx EC)	Cap DR	12105015006535	No	0	No	No	No	No	N/A	No	Yes	
	Didanosine (ddl) Delayed Release 400 MG Cap (Videx EC)	Cap DR	12105015006550	No	0	No	No	No	No	N/A	No	Yes	
	Didanosine (ddl) Delayed Release 400 MG Cap UD (Videx EC)	Cap DR	12105015006550	No	0	No	No	No	No	N/A	Yes	Yes	
	Didanosine (ddl) Delayed Release 200 MG Cap UD (Videx EC)	Cap DR	12105015006528	No	0	No	No	No	No	N/A	Yes	Yes	
	Didanosine (ddl) Delayed Release 250 MG Cap UD (Videx)	Cap DR	12105015006535	No	0	No	No	No	No	N/A	Yes	Yes	
	Didanosine (ddl) Delayed Release 125 MG Cap UD (Videx EC)	Cap DR	12105015006520	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	***PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Digoxin Inj												
	Digoxin 0.25 MG/ML, 2M Inj (Lanoxin Injection)	Sol	31200010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories:												
	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Digoxin Tablet												
	Digoxin 0.125 MG Tab (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.25 MG Tab (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	No	Yes	
	Digoxin 0.25 MG Tab UD (Lanoxin)	Tab	31200010000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Digoxin 0.125 MG Tab UD (Lanoxin)	Tab	31200010000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories:												
	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Diltiazem ER 24 hour Capsule												
	Diltiazem ER 24 hour 120 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 120 MG Cap UD (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127020	No	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 180 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 240 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 300 MG Cap (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	No	Yes	
	Diltiazem ER 24 hour 300 MG Cap UD (Cardizem CD) (Cardizem CD)	Cap ER 24	34000010127050	No	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem 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	
	Diltiazem ER 24 hour 240 MG Cap UD (cardizem cd) (Cardizem CD)	Cap ER 24	34000010127040	No	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 180 MG Cap UD(Cardizem CD ) (Cardizem CD)	Cap ER 24	34000010127030	No	0	No	No	No	No	N/A	Yes	Yes	
	Diltiazem ER 24 hour 360 MG Cap (Cardizem (Cardizem CD)	Cap ER 24	34000010127060	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****												
	Diltiazem ER 24 hour Tablet												
	Diltiazem ER 24 hour 420 MG Tab (Cardizem LA) (Cardizem LA)	Tab ER 24	34000010127570	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING**												
	Diltiazem HCL ER Tiazac												
	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 UD (Tiazac) (Tiazac)	Cap ER 24	34000010117040	No	0	No	No	No	No	No	N/A	Yes	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 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 180 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117030	No	0	No	No	No	No	No	N/A	No	Yes
	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 300 MG Cap (Tiazac) (Tiazac)	Cap ER 24	34000010117050	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 120 MG Tab (Cardizem)	Tab	34000010100320	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 30 MG Tab (Cardizem)	Tab	34000010100305	No	0	No	No	No	No	No	N/A	No	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
	Advisories: ****CARDIZEM SR NOT APPROVED*****												
	Diltiazem Inj 5mg/ml												
	Diltiazem HCl Intravenous Solution 25 MG/5ML	Sol	34000010102025	No	0	No	No	Yes	No	No	N/A	No	Yes
	Diltiazem XR 24 hour Capsule												
	Diltiazem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)	Cap ER 24	34000010107040	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****CARDIZEM SR NOT APPROVED***ONCE A DAY DOSING****												
	Dimethylsulfoxide-RMSO												
	Dimethylsulfoxide-RMSO ML (Rimso-50)	Sol	56500010002010	No	0	No	No	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>Non</u>	<u>Sched.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Formulary Restrictions: ****MRC USE ONLY** ***Oncology Use Only**** **Medical Referral Center (MRC) Use Only**																	
	diphenhydrAMINE Capsule/Tablet																	
	diphenhydrAMINE 25 MG Cap (Benadryl)	Cap	41200030100105	No	0	No	No	No	Yes	No	N/A	No	Yes	No	N/A	No	Yes	
	diphenhydrAMINE 25 MG Cap UD (Benadryl)	Cap	41200030100105	No	0	No	No	No	Yes	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	diphenhydrAMINE 50 MG Cap (Benadryl)	Cap	41200030100110	No	0	No	No	No	Yes	No	N/A	No	Yes	No	N/A	No	Yes	
	diphenhydrAMINE 50 MG Cap UD (Benadryl)	Cap	41200030100110	No	0	No	No	No	Yes	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	diphenhydrAMINE 25 MG Tab (Benadryl)	Tab	41200030100305	No	0	No	No	No	Yes	No	N/A	No	Yes	No	N/A	No	Yes	
	diphenhydrAMINE 25 MG Tab UD (Benadryl)	Tab	41200030100305	No	0	No	No	No	Yes	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	diphenhydrAMINE 50 MG Tab	Tab	41200030100310	No	0	No	No	No	Yes	No	N/A	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. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl** **2. Excessive salivation with clozapine** **3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)** **4. Chronic pruritus-associated dialysis** **5. Non-formulary use approved via PILL LINE ONLY** **6. URTICARIA: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.** **7. URTICARIA: IgE levels and/or absolute eosinophil count in conditions where this is typically seen.** **8. URTICARIA: Documented failure (ensuring compliance) of steroid pulse therapy (i.e prednisone 30 mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use ( i.e. bipolar disorder)****																	
	**Medical Referral Center (MRC) Use Only**																	
	diphenhydrAMINE Injection																	
	diphenhydrAMINE 50 MG/ML 2 ML Inj (Benadryl Inj)	Sol	41200030102010	No	0	No	No	No	Yes	No	N/A	No	Yes	No	N/A	No	Yes	
	diphenhydrAMINE 50 MG/ML 1 ML Inj (Benadryl INJ)	Sol	41200030102010	No	0	No	No	No	Yes	No	N/A	Yes	No	N/A	No	Yes	Yes	
	diphenhydrAMINE 50 MG/ML 1 ML Vial (Benadryl Inj)	Sol	41200030102010	No	0	No	No	No	Yes	No	N/A	Yes	No	N/A	No	Yes	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	No	N/A	No	Yes	No	N/A	No	Yes	
	Dipyridamole 25 MG Tab UD (Persantine 25 MG)	Tab	85150030000310	No	0	No	No	No	No	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	Dipyridamole 50 MG Tab UD (Persantine 50 MG)	Tab	85150030000320	No	0	No	No	No	No	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	No	0	No	No	No	No	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	Dipyridamole 75 MG Tab UD (Persantine)	Tab	85150030000330	No	0	No	No	No	No	No	N/A	Yes	No	N/A	Yes	Yes	Yes	
	Dipyridamole 50 MG Tab (Persantine)	Tab	85150030000320	No	0	No	No	No	No	No	N/A	Yes	No	N/A	Yes	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
Disopyramide													
	Disopyramide 150 MG Cap UD (Norpace 150 MG)	Cap	35100010100110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Disopyramide 150 MG Cap (Norpace 150 MG)	Cap	35100010100110	No	0	No	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	No	N/A	No	Yes
	Disopyramide Phosphate CR 150 Cap (Norpace CR 150MG)	Cap ER 12	35100010106915	No	0	No	No	No	No	No	N/A	No	Yes
Distilled Water Oral Liquid													
	Distilled Water Oral Liquid	Liq	98402024000900	No	0	No	No	No	No	No	N/A	No	Yes
Advisories: ***For compounding purposes only***													
Divalproex ER 24 Hour Tablet													
	Divalproex ER 24 Hour Tab 500 MG (Depakote ER)	Tab ER 24	72500010107530	No	0	No	No	No	No	No	N/A	No	Yes
	Divalproex ER 24 Hour Tab 250 MG (Depakote ER)	Tab ER 24	72500010107520	No	0	No	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	No	N/A	Yes	Yes
	Divalproex ER 24 Hour Tab 250 MG UD (Depakote ER)	Tab ER 24	72500010107520	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.***													
DOBUTamine Inj													
	DOBUTamine 250 MG/20ML Inj (Dobutrex)	Sol	38000010102005	No	0	No	No	Yes	No	No	N/A	No	Yes
	DOBUTamine 12.5 MG/ML Inj (Dobutrex Inj)	Sol	38000010102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	DOBUTamine 500 MG/40ML Inj (Dobutrex)	Sol	38000010102005	No	0	No	No	Yes	No	No	N/A	No	Yes
Docetaxel Inj													
	Docetaxel 20 MG/0.5ML Inj (Taxotere Inj)	Concentrate	21500005001320	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Docetaxel IV Concentrate 20 MG/ML (Taxotere)	Concentrate	21500005001310	No	0	No	No	Yes	No	No	N/A	No	Yes
**Medical Referral Center (MRC) Use Only**													
Docusate Sodium Capsule													
	Docusate Sodium 100 MG Cap (Colace)	Cap	46500010300110	No	0	No	No	No	No	No	N/A	No	Yes
	Docusate Sodium 100 MG Cap UD (Colace)	Cap	46500010300110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Docusate Sodium 250 MG Cap (Colace)	Cap	46500010300120	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.**													
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	N/A	Yes	Yes
	Docusate Sodium Solution 50 MG/5 ML, 473 ML (Colace)	Liq	46500010300910	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	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.**													
	Docusate Sodium Syrup 60 MG/15ML													
	Docusate Sodium Oral Syrup 60 MG/15 ML (Colace Syrup)	Syrup	46500010301220	No	0	No	Yes	No	No	N/A	No	Yes		
	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**													
	DOPamine Inj													
	DOPamine 200 MG/5 ML	Sol	38000020102010	No	0	No	No	Yes	No	N/A	No	Yes		
	**Medical Referral Center (MRC) Use Only**													
	DOPamine Premix Injection													
	DOPamine in D5W 400 MG/250 ML	Sol	38000020112020	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 Ophth Soln (5ML) 2% / 0.5% (Cosopt Ophthlamic Solution)	Sol	86259902202020	No	0	No	Yes	No	No	N/A	No	Yes		
	Dorzolamide-Timolol Ophth Soln (10 ML) 2% / 0.5% (Cosopt 10 ml ophth)	Sol	86259902202020	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 UD (Cardura)	Tab	36202005100310	No	0	No	No	No	No	N/A	Yes	Yes		
	Doxazosin 2 MG Tab UD (Cardura)	Tab	36202005100320	No	0	No	No	No	No	N/A	Yes	Yes		
	Doxazosin 4 MG Tab UD (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	Yes	Yes		
	Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	No	0	No	No	No	No	N/A	No	Yes		
	Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	No	0	No	No	No	No	N/A	No	Yes		
	Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	No	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		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
<b>Doxepin Capsule</b>													
	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 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	
	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	
	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**												
<b>Doxepin Solution 10MG/ML</b>													
	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**												
<b>Doxercalciferol Capsule</b>													
	Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	No	0	No	No	No	No	N/A	No	Yes	
	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	
	Formulary Restrictions: ****ORAL ROUTE PREFERRED****												
<b>Doxercalciferol Injection</b>													
	Doxercalciferol 2 MCG/ML Inj (Hectorol inj)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	Yes	
	Formulary Restrictions: ****ORAL ROUTE PREFERRED****												
<b>DOXOrubicin Injection</b>													
	DOXOrubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	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	
	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	

<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>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Doxycycline Capsule/Tablet													
	Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Doxycycline Hyclate 50 MG Tab	Tab	04000020100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate 100 MG Tab (Vibratabs)	Tab	04000020100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Hyclate Oral Tablet 20 MG (Periostat)	Tab	04000020100302	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: ****PILL LINE ONLY when used in the treatment of MRSA****													
	Doxycycline Injection													
	Doxycycline Hyclate 100 MG Inj (VIBRAMYCIN INJECTION)	Sol Recon	04000020102105	No	0	No	Yes	Yes	No	N/A	No	No	Yes	
	Doxycycline Monohydrate Oral Capsule/Tablet													
	Doxycycline Monohydrate 100 MG Capsule	Cap	04000020000110	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Monohydrate 50 MG Cap	Cap	04000020000105	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Monohydrate 100 MG Tablet	Tab	04000020000310	No	0	No	No	No	No	No	N/A	No	Yes	
	Doxycycline Monohydrate 50 MG Tablet	Tab	04000020000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: ****PILL LINE ONLY when used in the treatment of MRSA****													
	Doxycycline Oral Solution													
	Doxycycline Oral Solution 25MG/5ML (Vibramycin Oral Solution)	Susp Recon	04000020001905	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories: ****PILL LINE ONLY when used in the treatment of MRSA****													
	Droperidol Inj													
	Droperidol Inj 2.5MG/ML (2ML) (Inapsine Injection)	Sol	57200030002005	No	0	No	Yes	Yes	No	N/A	No	No	Yes	
	Droperidol Inj 2.5MG/ML (Inapsine)	Sol	57200030002005	No	0	No	No	Yes	No	N/A	No	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	DuoDERM Hydroactive External													
	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	N/A	No	No	Yes	
	Echothiophate Iodide Ophth Soln 0.125%													
	Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthlamic)	Sol Recon	86502020102115	No	0	No	Yes	No	No	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Edrophonium Chloride Inj												
	Edrophonium Chloride Inj 10MG/ML,10ML (Tensilon Inj)	Sol	76000020102005	No	0	No	No	Yes	No	N/A	No	Yes	
	Efavirenz (EFV) Oral Cap												
	Efavirenz (EFV) 50 MG Cap (Sustiva)	Cap	12109030000110	No	0	No	No	No	No	N/A	No	Yes	
	Efavirenz (EFV) 200 MG Cap (Sustiva)	Cap	12109030000140	No	0	No	No	No	No	N/A	No	Yes	
	Efavirenz (EFV) 200 MG Cap UD (repack)	Cap	12109030000140	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Efavirenz (EFV) Oral Tab												
	Efavirenz (EFV) 600 MG Tab (Sustiva)	Tab	12109030000330	No	0	No	No	No	No	N/A	No	Yes	
	Efavirenz (EFV) 600 MG Tab UD (Sustiva)	Tab	12109030000330	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Efavirenz/Emtricitabine/Tenofovir Tablet												
	Efavirenz/Emtricitabine/Tenofovir (Atripla) 600-200-300mg (Atripla)	Tab	12109903300320	No	0	No	No	No	No	N/A	No	Yes	
	Efavirenz/Emtricitabine/Tenofovir 600-200-300MG TAB UD (Atripla)	Tab	12109903300320	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY*** **HIV MEDICATION DISTRIBUTION RESTRICTION**** 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****												
	Electrolyte Oral Solution Pediatric												
	Electrolyte Oral Solution Pediatric (Pediatric Electrolyte Oral Solution)	Sol	79991000002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Tablet												
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir 150-150-200-300MG (Stribild)	Tab	12109904300320	No	0	No	No	No	No	N/A	No	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Emtricitabine (FTC) Capsule												
	Emtricitabine (FTC) 200 MG Cap (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	No	Yes	
	Emtricitabine (FTC) 200 MG Cap UD (Emtriva)	Cap	12106030000120	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION**** Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****												
	Emtricitabine/Rilpivirine/Tenofovir 200-25-300MG Tab												
	Emtricitabine/Rilpivirine/Tenofovir 200-25-300MG Tab (Complera)	Tab	12109903400320	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Advisories: ***Not a preferred regimen for treatment-naive patients"													
	**PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	Emtricitabine/Tenofovir 200/300 Mg Tablet													
	Emtricitabine/Tenofovir(Truvada) 200/300 MG Tab (Truvada)	Tab	12109902300320	No	0	No	No	No	No	No	N/A	No	Yes	
	Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)	Tab	12109902300320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	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****													
	Enoxaparin Injection													
	Enoxaparin Injection 30 MG/0.3 ML (Lovenox)	Sol	83101020102012	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 40 MG/0.4 ML (Lovenox)	Sol	83101020102013	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 60 MG/0.6 ML (Lovenox)	Sol	83101020102014	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 80 MG/0.8 ML (Lovenox)	Sol	83101020102015	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 100 MG/1 ML (Lovenox)	Sol	83101020102016	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 120 MG/0.8 ML (Lovenox)	Sol	83101020102018	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 150 MG/1 ML (Lovenox)	Sol	83101020102020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Enoxaparin Injection 300 MG/3ML (Lovenox)	Sol	83101020102050	No	0	No	No	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 1mg/1ml													
	EPINEPHrine Amp 1 MG/ML, 1 ML (Adrenaline)	Sol	38900040002030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 1 MG/ML, 30 ML (Adrenalin Inj)	Sol	38900040002030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Formulary Restrictions: ***ACLS Use Only***													
	EPINEPHrine Auto-Injector 0.3 MG/0.3ML													
	EPINEPHrine Auto-Injector 0.3 MG/0.3 ML (EpiPen Injection Device)	Sol Auto-	3890004000D54 0	No	0	No	No	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 0.1 MG/ML (Cardiac)													
	EPINEPHrine Injection 0.1 MG/ML (EPINEPHrine Inj)	Sol	44202020202005	No	0	No	Yes	Yes	No	N/A	No	Yes		
	EPINEPHrine Injection 0.1 MG/ML, 10 ML (Epinephrine Prefilled Syringe)	Sol	44202020202005	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Formulary Restrictions: ***ACLS Use Only*** **Medical Referral Center (MRC) Use Only**													
	Epirubicin Solution													
	Epirubicin HCl Intravenous Solution Recons 50 MG (Ellence)	Sol Recon	21200042102140	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>Co-sign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active Dose Unit</u>	<u>Fmlly</u>
	Advisories: ***Vesicant* Cumulative Toxic Dose 550mg/meters squared** **Medical Referral Center (MRC) Use Only**											
	Epoetin Alfa Injection											
	Epoetin Alfa 10,000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002040	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 10,000 Units/ML, 2 ML Vial (Procrit)	Sol	82401020002040	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 2000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002010	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 3000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002015	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 4000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002020	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 20,000 Units/ML, 1 ML Inj (Procrit 20,000 Units)	Sol	82401020002050	No	0	No	No	Yes	No	N/A	No	Yes
	Epoetin Alfa 40,000 Units/ML, 1 ML Inj (Procrit)	Sol	82401020002060	No	0	No	No	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. 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 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 ESA treatment of hepatitis C treatment-related anemia:** 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****											

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	<b>**Medical Referral Center (MRC) Use Only**</b>												
	Ergocalciferol Capsule												
	Ergocalciferol (50,000 Units) 1.25MG Caps (Vitamin D)	Cap	77202030000110	No	0	No	No	No	No	No	N/A	No	Yes
	Ergocalciferol (50,000 Units) 1.25 MG Cap UD (Vitamin D)	Cap	77202030000110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Ergotamine Tartrate/Caffeine 2/100 Mg Supp												
	Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)	Supp	67991002105220	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions:												
	****Limited to dispensing 10 tablets per month****												
	Ergotamine Tartrates S.L. 2 Mg Tablet												
	Ergotamine Tartrate S.L. 2 MG TAB (Ergomar 2 MG S.L. Tablets)	Tab Sublingual	67000020100705	No	0	No	No	No	No	No	N/A	No	Yes
	Ergotamine/Caffeine 1/100 Mg Oral Tab												
	Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)	Tab	67991002100310	No	0	No	No	No	No	No	N/A	No	Yes
	Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)	Tab	67991002100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:												
	****Limited to dispensing 10 tablets per month****												
	Erlotinib Tablet												
	Erlotinib 25 MG Tab (Tarceva)	Tab	21534025000320	No	0	No	No	No	No	No	N/A	No	Yes
	Erlotinib 100 MG Tab (Tarceva)	Tab	21534025000340	No	0	No	No	No	No	No	N/A	No	Yes
	Erlotinib 150 MG Tab (Tarceva Tablet)	Tab	21534025000360	No	0	No	No	No	No	No	N/A	No	Yes
	Erlotinib 150 MG Tab UD (Tarceva)	Tab	21534025000360	No	0	No	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions:												
	***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	<b>**Medical Referral Center (MRC) Use Only**</b>												
	Ertapenem Injection												
	Ertapenem 1 GM Inj (Invanz)	Sol Recon	16150030102130	No	0	No	No	Yes	No	No	N/A	No	Yes
	Ertapenem Intravenous Soln 1 GM ADD-vantage (INVanZ)	Sol Recon	16150030102135	No	0	No	No	Yes	No	No	N/A	No	Yes
	<b>**Medical Referral Center (MRC) Use Only**</b>												
	Erythromycin (PCE) Delayed Release Tab												
	Erythromycin (PCE) Delayed Release 333 MG Tab	Tab DR	03100006000605	No	0	No	No	No	No	No	N/A	No	Yes
	Erythromycin (PCE ) Delayed Release 500 MG Tab	Tab DR	03100006000610	No	0	No	No	No	No	No	N/A	No	Yes
	Erythromycin BASE Tablet												
	Erythromycin BASE 250 MG Tab (Erythromycin)	Tab	03100005000305	No	0	No	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 500 MG Tab (Erythromycin)	Tab	03100005000310	No	0	No	No	No	No	No	N/A	No	Yes
	Erythromycin BASE 250 MG Tab UD	Tab	03100005000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Erythromycin Delayed Release Capsule												
	Erythromycin DELAYED REL 250 MG Cap	Cap DR	03100005006720	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Erythromycin Delayed Release Tablet													
	Erythromycin DELAYED REL 250 MG Tab (ERY-TAB)	Tab DR	03100005000605	No	0	No	No	No	No	No	N/A	No	Yes	
	Erythromycin Delayed REL 333 MG Tab (ERY-TAB)	Tab DR	03100005000610	No	0	No	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	No	N/A	No	Yes	
	Erythromycin DELAYED REL 250 MG Tab UD (ery-tab)	Tab DR	03100005000605	No	0	No	No	No	No	No	N/A	Yes	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	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	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	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	No	N/A	No	Yes	
	Erythromycin Ophthalmic Ointment 5MG/GM													
	Erythromycin Ophth Oint 3.5 GM 5mg/gm	Oint	86101025004210	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Erythromycin Ophth Oint 1 GM 5 MG/GM	Oint	86101025004210	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Esmolol Hydrochloride Inj													
	Esmolol HCL 10 MG/ML Inj (Brevibloc)	Sol	33200025102015	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Estradiol Cypionate Inj													
	Estradiol Cypionate 5MG/ML INJ (Depo-Estradiol)	Oil	24000035101710	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL ** **REFER TO PARAPHILIA TREATMENT GUIDELINES****													
	Estradiol Patch													
	Estradiol 0.05 MG/24HR Patch (Once-weekly) (Climara)	Patch Weekly	24000035008820	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)	Patch Biweekly	24000035008730	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Estradiol 0.025 MG/24H Patch (Once-weekly) (Climara)	Patch Weekly	24000035008810	No	0	No	Yes	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	No	N/A	No	Yes	
	Estradiol 0.05 MG/24HR Patch (Estraderm) (Estraderm Patch)	Patch Biweekly	24000035008720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Estradiol 0.1 MG/24HR Patch Bi-weekly(Estraderm) (Estraderm)	Patch Biweekly	24000035008750	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Estradiol 0.1 MG/24HR Patch Biweekly (Vivelle) (Vivelle Transdermal Patch Biweekly)	Patch Biweekly	24000035008750	No	0	No	No	No	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	No	N/A	No	Yes	
	Estradiol 0.1 MG/24HR Patch (Alora) BiWeekly (Alora Transdermal Patch Biweekly)	Patch Biweekly	24000035008750	No	0	No	Yes	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	No	N/A	No	Yes	
	Estradiol 0.025 MG/24HR Patch Biweekly (Vivelle) (Vivelle-Dot Transderm Patch Biweekly)	Patch Biweekly	24000035008705	No	0	No	No	No	No	No	N/A	No	Yes	
	Estradiol 0.0375 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot Transderm Patch Biweekly)	Patch Biweekly	24000035008710	No	0	No	No	No	No	No	N/A	No	Yes	
	Estradiol 0.075 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot patch)	Patch Biweekly	24000035008730	No	0	No	No	No	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	No	N/A	No	Yes	
	Estradiol 0.05 MG/24HR Patch (Alora ) Biweekly (Alora)	Patch Biweekly	24000035008720	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>Non Sched.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Dose Unit</u>	<u>Finly</u>
<b>Estradiol Tablet</b>														
	Estradiol 1 MG Tab (Estrace)	Tab	24000035000305	No	0	No	No	No	No	No	No	N/A	No	Yes
	Estradiol 2 MG Tab (Estrace)	Tab	24000035000310	No	0	No	No	No	No	No	No	N/A	No	Yes
	Estradiol 0.5 MG Tab (Estrace)	Tab	24000035000303	No	0	No	No	No	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****													
<b>Estradiol Valerate Inj</b>														
	Estradiol Valerate 20 MG/ML Inj (Delestrogen)	Oil	24000035201705	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Estradiol Valerate 10 MG/ML Inj (Delestrogen)	Oil	24000035201710	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Estradiol Valerate 40 MG/ML Inj (Delestrogen)	Oil	24000035201715	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Formulary Restrictions: ****UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****													
<b>Estrogens Conjugated Tablet</b>														
	Estrogens Conjugated 0.3 MG Tab (Premarin)	Tab	24000015000310	Yes	0	No	No	No	No	No	N/A	No	Yes	Yes
	Estrogens Conjugated 0.625 MG (Premarin)	Tab	24000015000320	Yes	0	No	No	No	No	No	N/A	No	Yes	Yes
	Estrogens Conjugated 0.625 MG Tab UD (Premarin)	Tab	24000015000320	Yes	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Estrogens Conjugated 0.9 MG Tab (Premarin)	Tab	24000015000325	Yes	0	No	No	No	No	No	N/A	No	Yes	Yes
	Estrogens Conjugated 1.25 MG Tab (Premarin)	Tab	24000015000330	Yes	0	No	No	No	No	No	N/A	No	Yes	Yes
	Estrogens Conjugated 1.25 MG Tab UD (Premarin)	Tab	24000015000330	Yes	0	No	No	No	No	No	N/A	Yes	Yes	Yes
	Estrogens Conjugated 0.45 MG Tab (Premarin)	Tab	24000015000315	Yes	0	No	No	No	No	No	N/A	No	Yes	Yes
	Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**													
	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****													
<b>Estrogens Esterified Tablet</b>														
	Estrogens Esterified 0.3 MG Tab (Menest)	Tab	24000030000305	No	0	No	No	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 0.625 MG Tab (Menest)	Tab	24000030000310	No	0	No	No	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 1.25 MG Tab (Menest)	Tab	24000030000315	No	0	No	No	No	No	No	No	N/A	No	Yes
	Estrogens Esterified 2.5 MG Tab (Menest)	Tab	24000030000320	No	0	No	No	No	No	No	No	N/A	No	Yes
	Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**													
	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****													

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Estropipate Tablet												
	Estropipate 1.5 MG Tab (Ogen)	Tab	24000055000310	No	0	No	No	No	No	No	N/A	No	Yes
	Estropipate 0.75 MG Tab (Ogen)	Tab	24000055000305	No	0	No	No	No	No	No	N/A	No	Yes
	Estropipate 3 MG Tab (Ogen)	Tab	24000055000315	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	
	Ethambutol HCL 400 MG Tab (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	No	Yes	
	Ethambutol HCL 400 MG Tab UD (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	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	
	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	
	Etidronate Disodium 400 MG Tab (Didronel)	Tab	30042040100310	No	0	No	No	No	No	N/A	No	Yes	
	Etoposide Inj												
	Etoposide (VePesid) 100MG/5ML Inj (VePesid Inj)	Sol	21500010002025	No	0	No	No	Yes	No	N/A	No	Yes	
	Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Sol	21500010002030	No	0	No	No	Yes	No	N/A	No	Yes	
	Etoposide Oral												
	Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	No	0	No	No	No	No	N/A	No	Yes	
	Etoposide 50 MG Cap UD	Cap	21500010000120	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	Fat Emulsion 10%												
	Fat Emulsion 10% 500 ML Inj (Liposyn III 10%)	Emul	80200010001610	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Fat Emulsion 250ML												
	Fat Emulsion 20% 250ML Inj (Intralipid)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Fat Emulsion20%												
	Fat Emulsion 20% 500 ML INJ (Liposyn III 20%)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes	
	fentaNYL Injection												
	fentaNYL Citrate 0.05 MG/ML, 2 ML Inj (Fentanyl Citrate Injection)	Sol	65100025102005	No	2	Yes	No	Yes	No	N/A	No	Yes	
	fentaNYL Citrate 0.05 MG/ML, 5 ML Inj (Fentanyl Citrate Injection)	Sol	65100025102005	No	2	Yes	No	Yes	No	N/A	No	Yes	
	fentaNYL Citrate 0.05 MG/ML, 2 ml Vials	Sol	65100025102005	No	2	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	**MLP Requires Cosign**												
	fentaNYL Patch												
	fentaNYL Patch 100 MCG/HR (Duragesic)	Patch 72 Hour	65100025008650	No	2	Yes	No	Yes	No	N/A	No	Yes	
	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 12 (12.5) MCG/HR (Duragesic)	Patch 72 Hour	65100025008610	No	2	Yes	No	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												
	Ferrous Gluconate 225 MG Tab (Iron)	Tab	82300020000380	No	0	No	No	No	No	N/A	No	Yes	
	Ferrous Gluconate 324 (5 GR) MG Tab (Ferrous Gluconate)	Tab	82300020000319	No	0	No	No	No	No	N/A	No	Yes	
	Ferrous Gluconate 324 MG Tab UD (Ferrous Gluconate)	Tab	82300020000319	No	0	No	No	No	No	N/A	Yes	Yes	
	Ferrous Gluconate 325 MG (5GR) Tab UD	Tab	82300020000320	No	0	No	No	No	No	N/A	Yes	Yes	
	Ferrous Gluconate 325 MG (5 GR) Tab	Tab	82300020000322	No	0	No	No	No	No	N/A	No	Yes	
	Ferrous Sulfate Elixir 220 MG/5ML												
	Ferrous SULFATE Elixir (480 ML) 220 MG/ 5 ML (Iron)	Elixir	82300010001010	No	0	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	*****Approved for use in NPO patients only*****												
	**Medical Referral Center (MRC) Use Only**												
	Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML												
	Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML	Liq	82300010000925	No	0	No	No	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)	Syrup	82300010001210	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Formulary Restrictions:												
	*****MRC Use Only**												
	*** Approved for use in NPO patients only*****												
	**Medical Referral Center (MRC) Use Only**												
	Filgrastim Injection												
	Filgrastim 300 MCG/ML Inj Vial (Neupogen)	Sol	82401520002010	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Filgrastim 480 MCG/1.6ML Inj Vial (Neupogen)	Sol	82401520002012	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Filgrastim 300 MCG/0.5ML SYR (Neupogen)	Sol	82401520002016	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Filgrastim 480MCG/0.8ML SYR (Neupogen)	Sol	82401520002018	No	0	Yes	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>Non</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmly</u>	
	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 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.**																
	Formulary Restrictions: ***Oncologist/Hematologist Use Only*** **Medical Referral Center (MRC) Use Only** **MLP Requires Cosign**																
	First-Mouthwash BLM Mouth/Throat Suspension First-Mouthwash BLM Mouth/Throat Suspension (First-Mouthwash)	Susp	88359905401820	No	0	No	Yes	No	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 400 MG INJ (Diflucan IV 400 MG) Fluconazole 200 MG INJ (Diflucan IV 200 MG)	Sol Sol	11407015012020 11407015012010	No No	0 0	No No	Yes Yes	Yes Yes	No No	N/A N/A	No No	Yes Yes					
	Non-Formulary Use Criteria: **1. Onychomycosis use: Does patient have a diabetic or 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?*** **2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.**																
	Formulary Restrictions: ****NOT APPROVED FOR ONYCHOMYCOSIS****																
	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. Onychomycosis use: Does patient have a diabetic or 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?*** **2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.**																
	Formulary Restrictions: ****NOT APPROVED FOR ONYCHOMYCOSIS****																

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non</u>	<u>DEA Schd.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	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. Onychomycosis use: Does patient have a diabetic or 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?**														
	**2. Note: Onychomycosis requests meeting criteria will be approved for terbinafine (Lamisil) 250 mg daily for 6 to 12 weeks.**														
	Formulary Restrictions:														
	****NOT APPROVED FOR ONYCHOMYCOSIS****														
	Fluconazole Tablet														
	Fluconazole 150 MG Tab (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	No	Yes			
	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 200 MG Tab (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	No	Yes			
	Fluconazole 200 MG Tab UD (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	Yes	Yes			
	Fluconazole 50 MG Tab (Diflucan)	Tab	11407015000310	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			
	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.**														
	**2. 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			
	Fludrocortisone Acetate Tablet														
	Fludrocortisone Acetate 0.1 MG Tab (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	No	Yes			
	Fludrocortisone Acetate 0.1 MG Tab UD (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	Yes	Yes			
	Flumazenil Inj														
	Flumazenil Intravenous Solution 1 MG/10ML (Romazicon)	Sol	93200040002030	No	0	No	No	Yes	No	N/A	No	Yes			
	Flumazenil Intravenous Solution 0.5 MG/5ML (Romazicon)	Sol	93200040002025	No	0	No	No	Yes	No	N/A	No	Yes			
	Flunisolide Nasal (Nasalide) 25 MCG/ACT														
	Flunisolide Nasal (Nasalide) 0.025%, 25ml SOL (Nasalide)	Sol	42200030002005	No	0	No	Yes	No	No	N/A	No	Yes			
	Flunisolide Nasal (Nasarel) 29 MCG/ACT														
	Flunisolide Nasal (Nasarel) 0.025%, 25ml NASA (Nasarel Nasal Soln)	Sol	42200030002060	No	0	No	Yes	No	No	N/A	No	Yes			
	Fluocinonide Cream 0.05%														
	Fluocinonide 0.05%, 15g cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes			
	Fluocinonide 0.05%, 30g Cream (Lidex)	Cm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes			
	Fluocinonide 0.05%, 60g cream (Lidex)	Cm	90550060003705	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Fluocinonide Ointment 0.05%												
	Fluocinonide 0.05%, 60GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 15 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	
	Fluocinonide 0.05%, 30 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	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	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	N/A	No	Yes	
	Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Strip	86806010106110	No	0	No	No	No	No	N/A	Yes	Yes	
	Fluorescein/Benoxinate Ophth 0.25-0.4%												
	Fluorescein/Benoxinate Ophth 0.25% / 0.4% 5ML (Fluress)	Sol	86806010222010	No	0	No	Yes	No	No	N/A	No	Yes	
	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	N/A	No	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO CREAM FORMULATION ONLY****												
	Fluorometholone Ophth Ointment 0.1%												
	Fluorometholone Ophth 0.1%, 3.5GM Oint (FML SOP)	Oint	86300020004205	No	0	Yes	Yes	No	No	N/A	No	Yes	
	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	N/A	No	Yes	
	Fluorometholone Ophth 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Fluorometholone Ophth 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes	
	**MLP Requires Cosign**												
	Fluorometholone Ophth Susp 0.25%												
	Fluorometholone Ophth 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Fluorometholone Ophth 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	No	0	Yes	Yes	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 500 MG/10ML (Fluorouracil Injection)	Sol	21300030002020	No	0	No	No	Yes	No	N/A	No	Yes	
	Fluorouracil Intravenous Solution 1 GM/20ML	Sol	21300030002025	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active Dose Unit</u>	<u>Fmly</u>
	Advisories: ***Do Not Refrigerate***											
	Fluorouracil Cream 0.5%											
	Fluorouracil Cream 0.5%, 30GM (Carac 0.5%)	Cm	90372030003705	No	0	No	Yes	No	No	N/A	No	Yes
	Fluorouracil Cream 1%											
	Fluorouracil Cream 1%, 30GM (Fluoroplex)	Cm	90372030003710	No	0	No	Yes	No	No	N/A	No	Yes
	Fluorouracil Cream 5%											
	Fluorouracil Cream 5% , 25GM (Efudex Cream)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes
	Fluorouracil External Cream 5 % (40gm) (Efudex Cream 5%)	Cm	90372030003730	No	0	No	Yes	No	No	N/A	No	Yes
	Fluorouracil Solution 2%											
	Fluorouracil 2%, 10ML Soln (Efudex 2% Solution)	Sol	90372030002020	No	0	No	Yes	Yes	No	N/A	No	Yes
	Fluorouracil Solution 5%											
	Fluorouracil Solution 5%, 10 ML (Efudex 5% Solution)	Sol	90372030002050	No	0	No	Yes	No	No	N/A	No	Yes
	FLUoxetine Capsule											
	FLUoxetine 10 MG Cap (Prozac)	Cap	58160040000110	No	0	Yes	No	No	No	N/A	No	Yes
	FLUoxetine 20 MG Cap (Prozac)	Cap	58160040000120	No	0	Yes	No	No	No	N/A	No	Yes
	FLUoxetine 20 MG Cap UD (Prozac)	Cap	58160040000120	No	0	Yes	No	No	No	N/A	Yes	Yes
	FLUoxetine 10 MG Cap UD (Prozac)	Cap	58160040000110	No	0	Yes	No	No	No	N/A	Yes	Yes
	FLUoxetine 40 MG Cap (Prozac)	Cap	58160040000140	No	0	Yes	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**** **MLP Requires Cosign**											
	FLUoxetine Solution 20 MG/5ML											
	FLUoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	Sol	58160040002020	No	0	Yes	Yes	No	No	N/A	No	Yes
	FLUoxetine 20 MG/5ML SOL, UD (Prozac)	Sol	58160040002020	No	0	Yes	Yes	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**** **MLP Requires Cosign**											
	FLUoxetine Tablet											
	FLUoxetine 20 MG Tab (Prozac)	Tab	58160040000320	No	0	Yes	No	No	No	N/A	No	Yes
	FLUoxetine 10 MG Tab (Prozac)	Tab	58160040000310	No	0	Yes	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**** **MLP Requires Cosign**											



<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Dose Unit</u>	<u>Fmly</u>
	FluPHENAZine Decanoate Injection FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Sol	59200025302005	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	FluPHENAZine HCl Oral Elixir 2.5 MG/5ML FluPHENAZine HCl Oral Elixir 2.5 MG/5ML (60ml) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Elixir	59200025101005	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	FluPHENAZine Injection FluPHENAZine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Sol	59200025102005	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	FluPHENAZine Oral Solution 5 MG/ML FluPHENAZine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Concentrate	59200025101320	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	FluPHENAZine Tablet FluPHENAZine 1 MG Tab (Prolixin) FluPHENAZine 1 MG Tab UD (Prolixin) FluPHENAZine 10 MG Tab (Prolixin) FluPHENAZine 10 MG Tab UD (Prolixin) FluPHENAZine 2.5 MG Tab (Prolixin) FluPHENAZine 2.5 MG Tab UD (Prolixin) FluPHENAZine 5 MG Tab (Prolixin) FluPHENAZine 5 MG Tab UD (Prolixin) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Tab Tab Tab Tab Tab Tab Tab Tab	59200025100305 59200025100305 59200025100320 59200025100320 59200025100310 59200025100310 59200025100315 59200025100315	No No No No No No No No	0 0 0 0 0 0 0 0	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	N/A N/A N/A N/A N/A N/A N/A N/A	No Yes No Yes No Yes No Yes	Yes Yes Yes Yes Yes Yes Yes Yes	
	Flutamide Capsule Flutamide 125 MG Cap UD (Eulexin) Flutamide 125 MG Cap (Eulexin) Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***	Cap Cap	21402440000110 21402440000110	No No	0 0	No No	No No	No No	No No	No No	N/A N/A	Yes No	Yes Yes

<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	Req. Crush.	Active Loc.	Unit Dose	Finly
	Folic Acid Injection												
	Folic Acid Injection 5 MG/ML,10ML (Folic Acid Injection)	Sol	82200010002005	No	0	No	No	Yes	No	N/A	No	Yes	
	Folic Acid Tablet												
	Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	No	0	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	N/A	Yes	Yes	
	Folic Acid Oral Tablet 400 MCG	Tab	82200010000305	No	0	No	No	No	No	N/A	No	Yes	
	Folic Acid Tablet Complex												
	Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	No	0	No	No	No	No	N/A	No	Yes	
	Fosamprenavir Calcium (FPV) 50 MG/ML Suspension												
	Fosamprenavir Calcium (FPV) 50 MG/ML Suspension (Lexiva)	Susp	12104525101820	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Fosamprenavir Calcium (FPV) Tablet												
	Fosamprenavir Calcium (FPV) 700 MG Tab (Lexiva)	Tab	12104525100330	No	0	No	No	No	No	N/A	No	Yes	
	Fosamprenavir Calcium (FPV) 700 MG Tab UD (Lexiva)	Tab	12104525100330	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Fosaprepitant Dimeglumine IV Soln 115 MG												
	Fosaprepitant Dimeglumine IV Soln 115 MG	Sol Recon	50280035102120	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	12200020102020	No	0	No	No	Yes	No	N/A	No	Yes	
	Foscarnet Sodium Inj 24 MG/ML, 500 MG (Foscavir)	Sol	12200020102020	No	0	No	No	Yes	No	N/A	No	Yes	
	Furosemide Injection												
	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	
	Furosemide Oral Soln 10 MG/ML												
	Furosemide Oral Soln 10 MG/ML (Furosemide Oral Soln)	Sol	37200030002050	No	0	No	No	No	No	N/A	No	Yes	
	Furosemide Tablet												
	Furosemide 20 MG Tab (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	No	Yes	
	Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	Yes	Yes	
	Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes	
	Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes	
	Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	No	Yes	
	Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	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>	<u>Non Sub.</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
Gabapentin Soln 250 MG/5ML	Gabapentin SOL 250MG/5ML, 470ML (Neurontin)	Sol	72600030002020	No	0	Yes	Yes	Yes	No	N/A	No	Yes		Yes
	Non-Formulary Use Criteria: **2. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid , carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.** Formulary Restrictions: *****For neuropathic pain only** ***Not approved for seizures or bipolar disorder***** **MLP Requires Cosign**													
Gabapentin Tablet/Capsule	Gabapentin 100 MG CAP (Neurontin)	Cap	72600030000110	No	0	Yes	No	Yes	Yes	N/A	No	Yes		Yes
	Gabapentin 100 MG CAP UD (Neurontin)	Cap	72600030000110	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes		Yes
	Gabapentin 300 MG CAP (Neurontin)	Cap	72600030000130	No	0	Yes	No	Yes	Yes	N/A	No	Yes		Yes
	Gabapentin 300 MG CAP UD (Neurontin)	Cap	72600030000130	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes		Yes
	Gabapentin 400 MG CAP (Neurontin)	Cap	72600030000140	No	0	Yes	No	Yes	Yes	N/A	No	Yes		Yes
	Gabapentin 400 MG CAP UD (Neurontin)	Cap	72600030000140	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes		Yes
	Gabapentin 600 MG Tab (Neurontin)	Tab	72600030000330	No	0	Yes	No	Yes	Yes	N/A	No	Yes		Yes
	Gabapentin 800 MG TAB (Neurontin)	Tab	72600030000340	No	0	Yes	No	Yes	Yes	N/A	No	Yes		Yes
	Gabapentin 600 MG Tab UD (Neurontin)	Tab	72600030000330	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes		Yes
	Gabapentin 800 MG TAB UD (Neurontin)	Tab	72600030000340	No	0	Yes	No	Yes	Yes	N/A	Yes	Yes		Yes
	Non-Formulary Use Criteria: **2. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid , carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.** Formulary Restrictions: *****For neuropathic pain only** ***Not approved for seizures or bipolar disorder***** **MLP Requires Cosign**													
Gadopentetate Dimeglumine 496.01 MG/ML soln	Gadopentetate Dimeglumine 496MG/ML,20M INJ (Magnevist)	Sol	94500030102047	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Ganciclovir (Ophth) Implant 4.5 MG	Ganciclovir (Ophth) Implant Implant 4.5 MG (Vitrasert)	Implant	86103007002320	No	0	No	No	No	No	N/A	No	Yes		Yes
Ganciclovir Capsule	Ganciclovir 500 MG Cap (Cytovene)	Cap	12200030000140	No	0	No	No	No	No	N/A	No	Yes		Yes
Ganciclovir IV Solution	Ganciclovir 500 MG INJ (Cytovene IV)	Sol Recon	12200030102110	No	0	No	No	Yes	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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		
	Gemcitabine Inj Gemcitabine 1 Gram Inj (Gemzar Inj) **Medical Referral Center (MRC) Use Only**	Sol Recon	21300034102140	No	0	No	No	Yes	No	N/A	No	Yes		
	Gemfibrozil Tablet Gemfibrozil 600 MG TAB (Lopid)	Tab	39200030000310	No	0	No	No	No	No	N/A	No	Yes		
	Gemfibrozil 600 MG TAB UD (Lopid)	Tab	39200030000310	No	0	No	No	No	No	N/A	Yes	Yes		
	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 Premix Inj 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,2ML INJ (Garamycin Injection)	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes		
	Gentamicin Sulfate 40 MG/ML, 20 ML Inj	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 10 MG TAB (Glucotrol)	Tab	27200030000310	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 UD (Glucotrol)	Tab	27200030000310	No	0	No	No	No	No	N/A	Yes	Yes		
	GlucaGen Injection Solution Reconstituted 1 MG GlucaGen Injection Solution Reconstituted 1 MG	Sol Recon	27300010152110	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 Gel 40% GM - Glucose 15 (Glucose 15)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes		
	Glucose Gel 40% GM - Insta-Glucose 31 (Insta-Glucose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	Yes		
	Glucose Gel 40 % GM Glucose 45 (Glucose)	Gel	27300030004020	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Glucose Oral Tablet													
	Glucose 4 GM Tab (Glucose Tablets)	Tab Chew	27300030000515	No	0	No	Yes	No	No	N/A	No	Yes		
	glyBURIDE Tablet													
	glyBURIDE 1.25 MG TAB (Glyburide)	Tab	27200040000305	No	0	No	No	No	No	N/A	No	Yes		
	glyBURIDE 2.5 MG Tab (Micronase)	Tab	27200040000310	No	0	No	No	No	No	N/A	No	Yes		
	glyBURIDE 5 MG Tab (Micronase)	Tab	27200040000315	No	0	No	No	No	No	N/A	No	Yes		
	glyBURIDE 2.5 MG TAB UD (Micronase)	Tab	27200040000310	No	0	No	No	No	No	N/A	Yes	Yes		
	glyBURIDE 5 MG Tab UD (Micronase)	Tab	27200040000315	No	0	No	No	No	No	N/A	Yes	Yes		
	Glycerin Adult Suppository													
	Glycerin (Adult) Rectal Suppository 2.1 GM	Supp	46600010005250	No	0	No	Yes	No	No	N/A	No	Yes		
	Glycerin (Adult) Rectal Suppository 2 GM	Supp	46600010005215	No	0	No	No	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 2MG Tab (Robinul)	Tab	49102030000315	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 inj													
	Glycopyrrolate 0.2MG/ML, 1ML Inj (Robinul)	Sol	49102030002010	No	0	No	No	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		
	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		
	Gold Sodium Thiomalate													
	Gold Sodium Thiomalate 50 MG/ML,1 ML Inj (Aurolate Inj)	Sol	66200030002015	No	0	No	No	Yes	No	N/A	No	Yes		
	Granisetron HCl Oral Solution 2 MG/10ML													
	Granisetron HCl Oral Solution 2 MG/10ML (Kytril)	Sol	50250035102060	No	0	No	No	No	No	N/A	No	Yes		
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**													
	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 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**													

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
<b>Granisetron Tablet</b>													
	Granisetron HCl 1 MG TAB (Kytiril)	Tab	50250035100310	No	0	No	No	No	No	No	N/A	No	Yes
	Granisetron HCl 1 MG TAB UD (Kytiril)	Tab	50250035100310	No	0	No	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**													
<b>Haloperidol Decanoate Injection</b>													
	Haloperidol Decanoate 100 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Haloperidol Decanoate 50 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302010	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**													
<b>Haloperidol Lactate Injection</b>													
	Haloperidol Lactate INJ 5MG/ML, 1ML (Haldol Injection)	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	
	Haloperidol Lactate INJ 5MG/ML (Haldol)	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**													
<b>Haloperidol Lactate Oral Concentrate</b>													
	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**													
<b>Haloperidol Tablet</b>													
	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 10 MG Tab (Haldol)	Tab	59100010100325	No	0	Yes	No	Yes	No	N/A	No	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 20 MG Tab (Haldol)	Tab	59100010100330	No	0	Yes	No	Yes	No	N/A	No	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	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlly
	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 Ointment 0.25-3-14-71.9 %													
	Hemorrhoidal 30 GM Ointment (Prompt Rectal Ointment)	Oint	89994004604220	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.**													
	Hemorrhoidal Rectal Ointment 79.3-3 %													
	Hemorrhoidal Rectal Ointment 57GM	Oint	89400000004200	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.**													
	Hemorrhoidal Suppository 0.25%													
	Hemorrhoidal Suppository (Anu-Med Rectal Suppository)	Supp	89994002455210	No	0	No	Yes	No	No	N/A	Yes	Yes		
	Heparin Sodium Inj													
	Heparin Sodium 1,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)	Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes		
	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 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 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, Inj (Heparin Sodium Inj)	Sol	83100020202025	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 10,000 Units/ML , 0.5 ML Inj	Sol	83100020202035	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 Lock Flush													
	Heparin Lock Flush 10 UNIT/ML 5 ML Inj Syringe (Monject Prefill Advanced Hep Lock)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	Yes		
	Heparin Sodium Lock Flush 100 UNIT/ML (30 ML) (Hep LOCK)	Sol	83100020302030	No	0	No	No	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 Lock Flush 100 UNIT/ML(5 ML in 12 MLSyr)	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 10 UNIT/ML 10 ml inj (Hep Flush-)	Sol	83100020302020	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 (3 ML 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 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 (10 ml in 12ml) (Monoject Prefill Adv)	Sol	83100020302030	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
Hepatitis A (Vaqta) Vaccine	Hepatitis A (Vaqta) IM Suspension 50 UNIT/ML (Vaqta)	Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	Yes	
Hepatitis A Virus Vaccine	Hepatitis A Virus Vaccine 1440ELU/1ML INJ (Havrix)	Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	Yes	
Hepatitis B Immune Globulin	Hepatitis B Immune Globulin 50MG/ML Inj(HepaGam) (HepaGam B Inejction solution)	Sol	19100010002050	No	0	No	No	Yes	No	N/A	No	Yes	
	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 Vaccine-Recomb	Hepatitis B Vaccine-Recomb 20 MCG/ML,1 ML Inj (Engerix-B)	Susp	17100010201830	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	
	Engerix-B Injection Suspension 10 MCG/0.5ML (Engerix-B)	Susp	17100010201827	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	
Hetastarch	Hetastarch 6%, 500 ML Inj (Hespan)	Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	Yes	
Homatropine Ophth Soln 2%	Homatropine Ophth 2%, 5 ML SOL (Isopto Homatropine)	Sol	86350030102005	No	0	No	Yes	No	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	
Hyaluronidase 150 UNIT/ML inj	Hyaluronidase 150 UNIT/ML inj (Hydase Injection)	Sol	99350040302010	No	0	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	N/A	No	Yes	
	hydrALAZINE 100 MG TAB (Apresoline)	Tab	36400010100320	No	0	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 25 MG Tab UD (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	Yes	Yes	
	hydrALAZINE 25 MG Tab (Apresoline)	Tab	36400010100310	No	0	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 50 MG Tab (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	No	Yes	
	hydrALAZINE 50 MG Tab UD (Apresoline)	Tab	36400010100315	No	0	No	No	No	No	N/A	Yes	Yes	
	hydrALAZINE 10 MG Tab UD (Apresoline)	Tab	36400010100305	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>	<u>Non Sub.</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	Hydrochlorothiazide Tablet/Capsule													
	Hydrochlorothiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	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	
	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	
	Hydrocortisone Cream 1%													
	Hydrocortisone Cream 1%, 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	No	No	No	No	N/A	Yes	Yes	
	Hydrocortisone Cream 1%, ( 454 GM)	Cm	90550075003720	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.**													
	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 SUPP 25 MG (Hemril-HC Suppository)	Supp	89100010105230	No	0	No	Yes	No	No	No	N/A	No	Yes	
	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 Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	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.**													
	Hydrocortisone Rectal Cream 2.5%													
	Hydrocortisone Rectal Cream 2.5 %, 28.4GM (Proctosol-HC Rectal Cream W/Applicator)	Cm	89100010003720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Hydrocortisone Rectal Cream 2.5 % 20gm	Cm	89100010003720	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****restricted to Hemorrhoid treatment****													
	Hydrocortisone Sod Succinate Inj													
	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 50 MG/ML, 2ML 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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Finly</u>
	Hydrocortisone Tablet												
	Hydrocortisone 10 MG Tab (Cortef)	Tab	22100025000305	No	0	No	No	No	No	No	N/A	No	Yes
	Hydrocortisone 5 MG Tab (Cortef)	Tab	22100025000303	No	0	No	No	No	No	No	N/A	No	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
	Hydrocortisone 10 MG Tab UD (Cortef)	Tab	22100025000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Hydrogen Peroxide 3%												
	Hydrogen Peroxide 3%, 480 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydrogen Peroxide 3%, 120 ML (Hydrogen Peroxide 3%)	Sol	92000020002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Hydroxychloroquine Tablet												
	Hydroxychloroquine 200 MG TAB (Plaquenil 200 MG)	Tab	13000020100305	No	0	No	No	No	No	No	N/A	No	Yes
	Hydroxychloroquine 200 MG TAB UD (Plaquenil)	Tab	13000020100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****OPHTHALMIC EXAMS REQUIRED ( REFER TO DRUG REFERENCE)****												
	HydroxyUREA Capsule												
	HydroxyUREA 500 MG Cap (Hydrea)	Cap	21700030000105	No	0	No	No	No	No	No	N/A	No	Yes
	HydroxyUREA 500 MG Cap UD (Hydrea)	Cap	21700030000105	No	0	No	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	No	N/A	No	Yes
	hydrOXYzine HCL 50 MG/ML, 2 ML Inj (Vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	No	N/A	No	Yes
	hydrOXYzine HCL 50 MG/ML, 1 ML Inj (vistaril)	Sol	57200040102010	No	0	No	No	Yes	No	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	Yes	No	N/A	No	Yes
	hydrOXYzine HCL 25 MG Tab UD (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	No	N/A	Yes	Yes
	hydrOXYzine HCL 25 MG Tab (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	No	N/A	No	Yes
	hydrOXYzine HCL 50 MG Tab (Atarax)	Tab	57200040100315	No	0	No	No	Yes	Yes	No	N/A	No	Yes
	hydrOXYzine HCL 50 MG Tab UD (Atarax)	Tab	57200040100315	No	0	No	No	Yes	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. Patient taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and Trihexyphenidyl.** **2. Excessive salivation with clozapine** **3. Chronic idiopathic urticaria (consider other formulary H2 blockers such as doxepin)** **4. Chronic pruritus-associated dialysis** **5. Non-formulary use approved via PILL LINE ONLY** **6. URTICARIA: Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.** **7. 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.	Non	Schd.	DEA	Cosign	M/LP	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Unit Dose	Fmly
	**8. URTICARIA: Documented failure (ensuring compliance) of steroid pulse therapy (i.e prednisone 30 mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use ( i.e. bipolar disorder)****																
	**Medical Referral Center (MRC) Use Only**																
Ibuprofen Suspension 100 MG/5ML	Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)	Susp	66100020001820	No	0	No	No	Yes	No	No	N/A	No	Yes	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																
Ibuprofen Tablet	Ibuprofen 200 MG Tab (OTC) (Motrin)	Tab	66100020000305	No	0	No	No	No	No	No	N/A	No	Yes	No	Yes		Yes
	Ibuprofen 200 MG Tab UD (Motrin)	Tab	66100020000305	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Ibuprofen 400 MG Tab UD (Motrin)	Tab	66100020000320	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Ibuprofen 400 MG Tab (Motrin)	Tab	66100020000320	No	0	No	No	No	No	No	N/A	No	Yes	No	Yes		Yes
	Ibuprofen 600 MG Tab UD (Motrin)	Tab	66100020000330	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Ibuprofen 600 MG Tab (Motrin)	Tab	66100020000330	No	0	No	No	No	No	No	N/A	No	Yes	No	Yes		Yes
	Ibuprofen 800 MG Tab UD (Motrin)	Tab	66100020000340	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Ibuprofen 800 MG Tab (Motrin)	Tab	66100020000340	No	0	No	No	No	No	No	N/A	No	Yes	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**																
Ifosfamide Inj	Ifosfamide 50 MG/ML (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes		Yes	
	Ifosfamide 1 GM Inj (Ifex)	Sol Recon	21101025002110	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes		Yes	
	Advisories: ****ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS****																
Imatinib Mesylate Tablet	Imatinib Mesylate 400 MG Tab (Gleevec)	Tab	21534035100340	No	0	No	No	No	No	No	N/A	No	Yes	No	Yes		Yes
	Imatinib Mesylate 100 MG Tab (Gleevec)	Tab	21534035100320	No	0	No	No	No	No	No	N/A	No	Yes	No	Yes		Yes
	Imatinib Mesylate 100 MG Tab UD (Gleevec)	Tab	21534035100320	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Imatinib Mesylate 400 MG Tab UD (Gleevec)	Tab	21534035100340	No	0	No	No	No	No	No	N/A	Yes	Yes	No	Yes		Yes
	Formulary Restrictions: ***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	No	Yes		Yes	
	Imipramine 25 MG Tab (Tofranil)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes		Yes	
	Imipramine 25 MG Tab UD (Tofranil 25 MG)	Tab	58200050100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes		Yes	
	Imipramine 50 MG Tab (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes		Yes	
	Imipramine 50 MG Tab UD (Tofranil)	Tab	58200050100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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**													
	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 (Human) IM Inj 300 MCG (RhoGAM (Human) Intramuscular Injectable 300 MCG)	Injectable	19100050002220	No	0	No	No	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, Human Immune Globulin (Gamunex) IV Soln 10 GM/100ML10% (Gamunex Intravenous Solution 10 GM/100ML)	Sol	19100020102072	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 (Gamunex) IV Soln 5 GM/50ML (Gamunex)	Sol	19100020102068	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	No	No	No	No	N/A	No	Yes		
	Indinavir Sulfate (IDV) 400 MG Cap (Crixivan)	Cap	12104530200140	No	0	No	No	No	No	N/A	No	Yes		
	Indinavir Sulfate (IDV) 400 MG Cap UD (Crixivan)	Cap	12104530200140	No	0	No	No	No	No	N/A	Yes	Yes		
	Indinavir Sulfate (IDV) 200 MG Cap UD (Crixivan)	Cap	12104530200120	No	0	No	No	No	No	N/A	Yes	Yes		
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	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 (Indocin)	Susp	66100030001805	No	0	No	Yes	No	No	N/A	No	Yes		
	Influenza A (H1N1) Monoval Vac IM Susp Influenza A (H1N1) Monoval Vac IM Suspension	Susp	17100020601800	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza A (H1N1) Monoval Vac Nasal Liquid Influenza A (H1N1) Monoval Vac Nasal Liquid	Liq	17100020640900	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Influenza Virus vaccine (Afluria) IM Suspension Influenza Virus (Afluria) IM Suspension (afluria)	Susp	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza Virus Vaccine (Fluarix) Influenza Virus Vaccine Split IM Inj (Fluarix)	Injectable	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza Virus Vaccine (Flucelvax) IM Injection Influenza Virus Vaccine (Flucelvax) IM Injection (Flucelvax)	Susp	17100020801800	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza Virus Vaccine (Flulaval) IM Injectable Influenza Virus Vaccine (Flulaval) IM Injectable (Fluval)	Injectable	17100020202200	No	0	No	No	Yes	No	N/A	No	Yes		
	Influenza Virus Vaccine (Fluzone) Influenza Virus Vaccine (Fluzone) IM Injec (Fluzone IM)	Injectable	17100020202200	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		
	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 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 (HumuLIN) N Subcut Susp 100 UNIT/ML (HumuLIN N)	Susp	27104020001805	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****													
	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		
	Insulin (HumuLIN) R Inj Solution 100 UNIT/ML (HumuLIN R)	Sol	27104010002005	No	0	No	No	Yes	No	N/A	No	Yes		
	Insulin(HumuLIN R U-500 Conc) Soln 500 UNIT/ML (HumuLIN R Concentrate)	Sol	27104010002015	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****													
	Insulin Regular Pump Infusion Soln Insulin Regular Pump Infusion Soln (HumuLIN pump infusion soln)	Sol	27104010002005	No	0	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	N/A	No	Yes		
	Iodine Strong Oral Solution 5 % 473ml	Sol	79350032002020	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	lohexol Intravenous Solution													
	lohexol 2.4G/10ML Inj (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	N/A	No	Yes		
	lohexol 300 MG/ML ML (Omnipaque)	Sol	94402042002030	No	0	No	Yes	Yes	No	N/A	No	Yes		
	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 Intravenous Soln 51% (100ml) Optiray (Optiray)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	Yes		
	loversol Intravenous Soln 64%													
	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 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 Intravenous Soln 74 % optiray 350 (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 Inhaler HFA													
	lpratropium HFA 12.9 GM MDI (Atrovent HFA)	Aero Sol	44100030123420	No	0	No	Yes	No	No	N/A	No	Yes		
	lpratropium Nasal Spray													
	lpratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	Yes		
	lpratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Sol	42300040102020	No	0	No	Yes	No	No	N/A	No	Yes		
	lpratropium/Albuterol Neb Sol 2.5-0.5MG/3ML													
	lpratropium/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 Solution 100 MG/5ML (Captosar)	Sol	21550040102030	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 2													
	Eye Irrigating Solution 120 ML Sol (Dacriose Ophth Soln)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes		
	Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Isoflurane Inhalation Solution												
	Isoflurane (100ML) ML (Forane)	Sol	70200030002000	No	0	No	No	No	No	No	N/A	No	Yes
	Isoflurane (250ML) ML	Sol	70200030002000	No	0	No	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	No	N/A	No	Yes
	Advisories:												
	****May be written for 270 day order for TB preventive therapy****												
	Isoniazid Tablet												
	Isoniazid 100 MG Tab (INH)	Tab	09000060000305	No	0	No	No	Yes	No	No	N/A	No	Yes
	Isoniazid 300 MG Tab (INH)	Tab	09000060000310	No	0	No	No	Yes	No	No	N/A	No	Yes
	Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	No	0	No	No	Yes	No	No	N/A	Yes	Yes
	Advisories:												
	****May be written for 270 day order for TB preventive therapy****												
	Isoproterenol HCL Inj												
	Isoproterenol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Isoproterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Isosorbide Dinitrate ER Tablet												
	Isosorbide Dinitrate ER 40 MG Tab (Isordil-ER)	Tab ER	32100020000405	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate Sublingual Tablet												
	Isosorbide Dinitrate Sublingual Tab 2.5 MG (Isordil)	Tab Sublingual	32100020000705	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate Sublingual Tab 5 MG	Tab Sublingual	32100020000710	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate Tablet												
	Isosorbide Dinitrate 40 MG Tab (Isordil Titradose)	Tab	32100020000325	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	32100020000310	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate 10 MG Tab UD (Isordil)	Tab	32100020000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Isosorbide Dinitrate 20 MG Tab UD (Isordil)	Tab	32100020000315	No	0	No	No	No	No	No	N/A	Yes	Yes
	Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	32100020000315	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	32100020000320	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Dinitrate 5 MG Tab UD (Isordil)	Tab	32100020000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	32100020000305	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate ER 24 hour Tablet												
	Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007540	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur)	Tab ER 24	32100025007520	No	0	No	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24	32100025007530	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate ER 30 Mg 24 hour Tab (Imdur)	Tab ER 24	32100025007520	No	0	No	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	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	No	N/A	Yes	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>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Isosorbide Mononitrate Tablet												
	Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	No	N/A	No	Yes
	Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)	Tab	32100025000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)	Tab	32100025000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Itraconazole Capsule												
	Itraconazole 100 MG CAP UD (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Itraconazole 100 MG CAP (Sporanox)	Cap	11407035000120	No	0	No	No	No	No	No	N/A	No	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.**												
	**2. 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	No	No	No	No	N/A	No	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.**												
	**2. 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	No	No	No	N/A	No	Yes
	Formulary Restrictions:												
	**Is this for use At Ashland , Ky ?**												
	Ketamine Hydrochloride Inj												
	Ketamine Hydrochloride Inj 50 MG/ML,10ML (Kataral)	Sol	70400020102010	No	3	Yes	No	Yes	No	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	No	N/A	No	Yes
	Ketorolac Injection 30 MG/ML												
	Ketorolac Tromethamine Inj soln 30 MG/ML,1 ML (Toradol 30 MG Inj)	Sol	66100037102030	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Ketorolac Tromethamine Injection Soln 60 MG/2ML (Toradol)	Sol	66100037102034	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Ketorolac Tromethamine IM Soln 60 MG/2ML (Toradol)	Sol	66100037102071	No	0	Yes	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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) Advisories: **Limited to 5 consecutive days of therapy** Formulary Restrictions: ****LIMITED to 10 DAYS ONLY per year**** **MLP Requires Cosign**	Sol	66100037102015	No	0	Yes	No	Yes	No	N/A	No	Yes	
	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 Tablet Labetalol HCL 100 MG Tab UD (Trandate) Labetalol HCL 100 MG Tab (Trandate) Labetalol HCL 200 MG Tab (Trandate) Labetalol HCL 200 MG Tab UD (Trandate) Labetalol HCL 300 MG Tab (Trandate) Labetalol HCL 300 MG Tab UD (Trandate)	Tab Tab Tab Tab Tab Tab	33300010100305 33300010100305 33300010100310 33300010100310 33300010100315 33300010100315	No No No No No No	0 0 0 0 0 0	No No No No No No	No No No No No No	No No No No No No	No No No No No No	N/A N/A N/A N/A N/A N/A	Yes No No Yes No Yes	Yes Yes Yes Yes Yes Yes	
	Lactated Ringer's and 5% Dextr Lactated Ringer's and 5% Dextr 1000 ML (Lactated Ringer's and 5% Dextrose)	Sol	79993002302020	No	0	No	Yes	Yes	No	N/A	No	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	
	Lactulose Soln 10 GM/15 ML Lactulose (473 ML) 10 GM/15 ML Soln (Enulose) Lactulose 10 GM/15 ML UD (Lactulose)	Sol Sol	52400020002010 52400020002010	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	No Yes	Yes Yes	
	Lactulose Soln 10 GM/15 ML (Enulose) Lactulose 20 GM/30 ML UD (Enulose) Lactulose (946 ML) 10 GM/15 ML Soln (Enulose) Lactulose (236 ML) 10 GM/15 ML Soln Lactulose Soln (473 ML) 10 GM/15 ML Lactulose Soln (1892 ML) 10 GM/15ML (Enulose)	Sol Sol Sol Sol Sol	46600020002010 46600020002010 46600020002010 46600020002010 46600020002010	No No No No No	0 0 0 0 0	No No No No No	Yes Yes No No Yes	No No No No No	No No No No No	N/A N/A N/A N/A N/A	Yes No No No No	Yes Yes Yes Yes Yes	
	lamiVUDine (3TC) oral tab lamiVUDine (3TC) 150 MG Tab (Epivir (3TC)) lamiVUDine (3TC) 300 MG Tab (Epivir) lamiVUDine (3TC) 150 MG Tab UD (Epivir)	Tab Tab Tab	12106060000320 12106060000330 12106060000320	No No No	0 0 0	No No No	No No No	No No No	No No No	N/A N/A N/A	No No Yes	Yes Yes Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	DEA Sched.	Cosign	MLP	Bulk	Only	Pill Ln	Crush. Req.	Loc.	Active	Unit Dose	Fmily	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****																
	Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****																
	lamiVUDine (3TC) Solution 10 MG/ML																
	lamiVUDine (3TC) 10 MG/ML Soln, 240ML (EpiVir Solution)	Sol	12106060002020	No	0	No	No	Yes	No	No	N/A	No	Yes				
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****																
	Formulary Restrictions: ****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****																
	lamiVUDine-Zidovudine 150-300 Mg Tablet																
	lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)	Tab	12109902500320	No	0	No	No	No	No	No	N/A	No	Yes				
	lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)	Tab	12109902500320	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****																
	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****																
	lamoTRlrgine Tablet																
	lamoTRlrgine 100 MG Tab (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	No	N/A	No	Yes				
	lamoTRlrgine 150 MG TAB (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	No	N/A	No	Yes				
	lamoTRlrgine 200 MG TAB (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	No	N/A	No	Yes				
	lamoTRlrgine 25 MG TAB (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	No	N/A	No	Yes				
	lamoTRlrgine 25 MG Tab UD (Lamictal)	Tab	72600040000310	No	0	No	No	No	No	No	N/A	Yes	Yes				
	lamoTRlrgine 150 MG Tab UD (Lamictal)	Tab	72600040000335	No	0	No	No	No	No	No	N/A	Yes	Yes				
	lamoTRlrgine 100 MG Tab UD (Lamictal)	Tab	72600040000330	No	0	No	No	No	No	No	N/A	Yes	Yes				
	lamoTRlrgine 200 MG Tab UD (Lamictal)	Tab	72600040000340	No	0	No	No	No	No	No	N/A	Yes	Yes				
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS ( E.G. BIPOLAR)****																
	Lanthanum Carbonate Tablet																
	Lanthanum Carbonate 500 MG Tab (Fosrenol)	Tab Chew	52800045200540	No	0	No	No	No	No	No	N/A	No	Yes				
	Lanthanum Carbonate 750 MG Tab (Fosrenol)	Tab Chew	52800045200550	No	0	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	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>MLP</u>	<u>Bulk</u>	<u>Pill In Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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	N/A	No	Yes		
	Advisories: *****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****													
	Formulary Restrictions: ****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY****													
	Leucovorin Calcium Inj													
	Leucovorin Calcium 100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	No	0	No	No	Yes	No	N/A	No	Yes		
	Leucovorin Calcium 50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	No	0	No	No	Yes	No	N/A	No	Yes		
	Leucovorin Calcium 350 MG Inj	Sol Recon	21755040102160	No	0	No	No	Yes	No	N/A	No	Yes		
	Leucovorin Calcium Tablet													
	Leucovorin Calcium 10 MG Tab (Wellcovorin)	Tab	21755040100325	No	0	No	No	No	No	N/A	No	Yes		
	Leucovorin Calcium 25 MG Tab (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	No	Yes		
	Leucovorin Calcium 5 MG Tab (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	No	Yes		
	Leucovorin Calcium 25 MG Tab UD (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	Yes	Yes		
	Leucovorin Calcium 5 MG Tab UD (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	Yes	Yes		
	Leuprolide Acetate 3 month Intramuscularly													
	Leuprolide Acetate 22.5 MG Depot Inj (Lupron Depot)	Kit	21405010156430	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Leuprolide acetate 11.25 MG Depot Inj (Lupron Depot 3 month)	Kit	21405010156420	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Advisories: ***Female 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 4 month Intramuscularly													
	Leuprolide acetate 30 MG Depot Inj (Lupron Depot 4 MONTH)	Kit	21405010206430	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Advisories: ***Female 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 45 MG Depot (4 Months) IM Kit													
	Leuprolide Acetate 45 MG Depot IM Kit (Lupron Depot)	Kit	21405010256450	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories: ***Female 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****													

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>	
	Leuprolide Acetate Intramuscularly (30 day)																			
	Leuprolide Acetate 3.75 MG Depot Inj (Lupron Depot)	Kit	21405010106405	No	0	No	Yes	Yes	No	N/A	No	Yes							Yes	
	Leuprolide Acetate 7.5 MG Depot Inj (Lupron Depot)	Kit	21405010106410	No	0	No	Yes	Yes	No	N/A	No	Yes							Yes	
	Advisories: ***Female 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 day)																			
	Leuprolide Acetate Subcutaneous Kit 7.5 MG (Eligard Subcutaneous Kit 7.5 MG)	Kit	21405010106415	No	0	No	No	Yes	No	N/A	No	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 Subcutaneous Kit 22.5 MG (Eligard Subcutaneous Kit 22.5 MG)	Kit	21405010156432	No	0	No	No	Yes	No	N/A	No	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 Subcutaneous Kit 30 MG (Eligard)	Kit	21405010206435	No	0	No	No	Yes	No	N/A	No	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 Subcutaneous Kit 45 MG (Eligard)	Kit	21405010256445	No	0	No	No	Yes	No	N/A	No	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 (Keppra solution)	Sol	72600043002020	No	0	No	No	No	No	N/A	No	Yes							Yes	

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	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS ( E.G. BIPOLAR)****												
	levETIRAcetam Tablet												
	levETIRAcetam 250 MG Tab (Keppra)	Tab	72600043000320	No	0	No	No	No	No	No	N/A	No	Yes
	levETIRAcetam 500 MG Tab (Keppra)	Tab	72600043000330	No	0	No	No	No	No	No	N/A	No	Yes
	levETIRAcetam 750 MG Tab (Keppra)	Tab	72600043000340	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 1000 MG Tab (Keppra)	Tab	72600043000350	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
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN : NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS ( E.G. BIPOLAR)****												
	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 UD (Levaquin)	Tab	05000034000320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Levofloxacin 250 MG Tab (Levaquin)	Tab	05000034000320	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 500 MG Tab (Levaquin)	Tab	05000034000330	No	0	Yes	No	No	No	No	N/A	No	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*** **MLP Requires Cosign**												
	Levofloxacin/Dextrose Premix												
	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
	Levofloxacin in D5W Intravenous Soln 250 MG/50ML (Levaquin)	Sol	05000034112024	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Advisories: ***DO NOT USE FOR MRSA*** **MLP Requires Cosign**												
	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	No	N/A	No	Yes

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	Levonorgestrel Tablet												
	Levonorgestrel 7/7/7 Tab (Tri-Levlen) (Tri-Levlen - 28)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	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	Yes	
	LoSeasonique Oral Tablet 0.1-0.02 & 0.01 MG (Loseasonique)	Tab	25993002300315	No	0	No	No	No	No	N/A	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	Yes	
	Levonorgestrel/ethinyl estr Tab												
	Levonorgestrel/Ethinyl estr 0.15/0.03(Levlen)Tab (Levlen 28)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	
	Levonorgestrel/Ethinyl 0.1-20 MG-MCG Tab(Sronyx) (Sronyx)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes	
	Levonorgestrel/Ethinyl Estrad Tablet												
	Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab(Alesse) (Alesse-28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	
	Levonorgestrel/Ethinyl est (Aviane) 0.1/0.02Tab (LevLite 28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	
	Levonorgestrel/Ethinyl est0.1-20MG-MCG(Orsythia) (Orsythia Oral Tablet)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium inj												
	LevoTHYROXINE Sodium 100MCG/ML INJ (Synthroid Injection)	Sol Recon	28100010102110	No	0	No	No	Yes	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 40 MCG/ML	Sol Recon	28100010102105	No	0	No	No	Yes	No	N/A	No	Yes	
	LevoTHYROXINE Sodium Tablet												
	LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	No	Yes	
	LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 175 MCG Tab UD (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 200 MCG Tab UD (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 112 MCG Tab UD (Levoxyl)	Tab	28100010100322	No	0	No	No	No	No	N/A	Yes	Yes	
	LevoTHYROXINE Sodium 137 MCG Tab UD (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes	

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	Lidocaine 1% Injection													
	Lidocaine HCl 1% Inj 30 ML (Xylocaine)	Sol	69100040102010	No	0	No	Yes	Yes	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 10 MG/ML	Sol	69100040102010	No	0	No	No	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 1% Inj 20 ML (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl - Methylparaben Free Inj													
	Lidocaine HCl-MPF 0.5 % Inj ML (Xylocaine MPF)	Sol	69100040102006	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 1%, Inj 2 ML (Xylocaine-MPF)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 1%, Inj 5 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 2%, Inj 5 ML (Xylocaine-MPF)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl-MPF 4%, Inj 5 ML (Xylocaine-MPF 4%)	Sol	69100040102025	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 1% MPF 2 ML Inj (xylocaine MPF injection)	Sol	69100040102011	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Lidocaine HCl 1% MPF 5ml Inj (SDV) (Xylocaine MPF)	Sol	69100040102011	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 2% Injection													
	Lidocaine HCl 2% (20 ML) 20 MG/ML Inj	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 2% (2 ML) 20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCL 2 % Soln 10 ml (Xylocaine 2%)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Formulary Restrictions:													
	***Clinic Use Only***													
	Lidocaine HCL 2% Injection (Cardiac)													
	Lidocaine HCl 2% 5ML 20 MG/ML Inj (cardiac)	Sol	35200020102030	No	0	No	No	Yes	No	N/A	No	Yes		
	Lidocaine HCl 20MG/ML,5ML PFS (Xylocaine Cardiac 100 MG PFS)	Sol	35200020102030	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		

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	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	No	No	No	N/A	No	Yes	
	Lidocaine HCl/Epinephrine 1% Inj Lidocaine HCl w Epinephrine 1%, 20 ML Inj	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	
	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%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCl w Epinephrine 1% 30 ML INJ 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% MDV (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine HCl w Epinephrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine) Formulary Restrictions: ***Clinic Use Only***	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine Jelly 2% 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 Jelly 2%, 20 ML Uro-Jet	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Lidocaine Jelly 2%, 10 ML Uro-jet (Uro-Jet)	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Lidocaine Jelly 2 %, 5 ml Uro-jet Advisories: **For use in Urology Procedures**	Gel	90850060104005	No	0	No	No	Yes	No	N/A	No	Yes	
	Lidocaine Ointment 5% Lidocaine HCl Ointment 5% (35.4 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	
	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 25 MCG Tab (Cytomel)	Tab	28100020100310	No	0	No	No	No	No	N/A	No	Yes	
	Liothyronine Sodium 5 MCG Tab (Cytomel)	Tab	28100020100305	No	0	No	No	No	No	N/A	No	Yes	
	Liothyronine Sodium 50 MCG Tab (Cytomel)	Tab	28100020100315	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 UD (Re-Pack)	Tab	28100020100315	No	0	No	No	No	No	N/A	Yes	Yes	



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Liposyn II ( 250 ml and 500 ML)													
	Liposyn II 500 ML 20% Inj (Liposyn) (Liposyn)	Emul	80200010001620	No	0	No	No	Yes	No	N/A	No	Yes	
	Liposyn II Intravenous Emulsion 20 % 250 ml (Lipsoyn)	Emul	80200010001620	No	0	No	No	Yes	No	N/A	No	Yes	
Liposyn III													
	Liposyn III IV Emulsion 10-2.5-1.2 %	Emul	80200010001610	No	0	No	No	No	No	N/A	No	Yes	
Lisinopril Tablet													
	Lisinopril 10 MG Tab UD (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	Yes	Yes	
	Lisinopril 20 MG Tab UD (Prinivil)	Tab	36100030000315	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 40 MG Tab (Prinivil)	Tab	36100030000330	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 5 MG Tab (Prinivil)	Tab	36100030000305	No	0	No	No	No	No	N/A	No	Yes	
	Lisinopril 10 MG Tab (Prinivil)	Tab	36100030000310	No	0	No	No	No	No	N/A	No	Yes	
	Lisinopril 40 MG Tab UD (Prinivil)	Tab	36100030000330	No	0	No	No	No	No	N/A	Yes	Yes	
	Lisinopril 2.5 MG Tab UD (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	Yes	Yes	
	Lisinopril 2.5 MG Tab (Prinivil)	Tab	36100030000303	No	0	No	No	No	No	N/A	No	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	
Lithium Carbonate Capsule													
	Lithium Carbonate 150 MG Cap	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate 300 MG Cap (Eskalith)	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate 600 MG Cap (Lithium Carbonate)	Cap	59500010100110	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate 300 MG Cap UD	Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Lithium Carbonate 150 MG Cap UD	Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	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 SR 300 MG Tab (Lithobid)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate ER 300 MG Tab (Eskalith CR)	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate ER 450 MG Tab (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Lithium Carbonate ER 300 MG Tab UD	Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)	Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)	Tab ER	59500010100405	No	0	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	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 UD (Lithium Carbonate)	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Lithium Carbonate 300 MG Tab	Tab	59500010100305	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Advisories: ***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** **MLP Requires Cosign**												
Lithium	Citrate Oral Syrup 8 MEQ/5ML												
	Lithium Citrate (60mg/ml)= 8MEQ/5ML, 473ML SOLN (Lithium Citrate)	Sol	59500010202010	No	0	Yes	Yes	Yes	No	N/A	No	Yes	
	Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD (Lithium Citrate Syrup)	Sol	59500010202010	No	0	Yes	Yes	Yes	No	N/A	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	
	Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	No	Yes	
	Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	No	Yes	
	Lomustine 10 MG Cap UD (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	N/A	Yes	Yes	
	Lomustine 40 MG Cap UD (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	N/A	Yes	Yes	
	Lomustine 100 MG Cap UD (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
Lopamidol	Soln Inj												
	Lopamidol Soln 61% Inj (Isovue-300)	Sol	94402047002062	No	0	No	Yes	Yes	No	N/A	No	Yes	
Loperamide	Capsule												
	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	
	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.**												
Lopinavir-Ritonavir	100-25 MG Tab												
	Lopinavir-Ritonavir 100-25 MG Tab (Kaletra)	Tab	12109902550310	No	0	No	No	No	No	N/A	No	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****												
Lopinavir-Ritonavir	200-50 Mg Tablet												
	Lopinavir-Ritonavir 200-50 MG Tab (Kaletra)	Tab	12109902550320	No	0	No	No	No	No	N/A	No	Yes	
	Lopinavir-Ritonavir 200-50 MG Tab UD (Kaletra)	Tab	12109902550320	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	Req. Crush.	Active Loc.	Unit Dose	Fmily
	Advisories: ****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****												
Lopinavir/Ritonavir Solution 400-100 MG/5ML	Lopinavir/Ritonavir Soln 80/20MG/ML, 160 ML (Kaletra Soln)	Sol	12109902552020	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY** HIV MEDICATION DISTRIBUTION RESTRICTION****												
LORazepam Inj	LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes
	LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002010	No	4	Yes	Yes	Yes	Yes	No	N/A	No	Yes
	LORazepam 2 MG/ML Carpuject (1ml) (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	Yes	No	N/A	No	Yes
	LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	Yes	No	N/A	No	Yes
	Advisories: ****REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE , AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****												
	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 0.5 MG Tab UD (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes
	LORazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes
	LORazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes
	LORazepam 1 MG Tab (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes
	LORazepam 0.25 MG Tab ( 1/2 tab) (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes
	LORazepam 0.5 MG Tab (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	Yes	N/A	No	Yes
	LORazepam 2 MG Tab (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Magnesium Hydroxide Susp												
	Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Magnesium Hydroxide (480ML) 400MG/5ML SUSP (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	
	Magnesium Hydroxide Susp 180 ML (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	
	Milk of Magnesia Susp (OTC) 400 MG/5ML 480 ML (MOM)	Susp	46100010101820	No	0	No	No	No	No	N/A	No	Yes	
	Magnesium Hydroxide 400 MG/5ML Susp ( 355ml) (Milk of Magnesia)	Susp	46100010101820	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.**												
	Magnesium Hydroxide Susp conc 800 MG/5ML												
	Magnesium Hydroxide Susp Concentrated (400ML) (Milk Of Magnesia)	Susp	46100010101840	No	0	No	Yes	No	No	N/A	No	Yes	
	Magnesium Hydroxide conc ( 10 ml ) (Milk of Magnesia)	Susp	46100010101840	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.**												
	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 (241.3 Mg) MG Tab (MagOx 400)	Tab	79400010360318	No	0	No	No	No	No	N/A	No	Yes	
	Magnesium Oxide 400 (240 Mg) MG Tab	Tab	79400010360317	No	0	No	No	No	No	N/A	No	Yes	
	Magnesium Oxide Tablet												
	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 Oxide 250 MG Tablet	Tab	48400020000305	No	0	No	No	No	No	N/A	No	Yes	
	Magnesium Sulfate												
	Magnesium Sulfate Inj Premix 40 MG/ML (50 MI) (Mag sulfate)	Sol	79400010402002	No	0	No	No	Yes	No	N/A	No	Yes	
	Magnesium Sulfate in D5W												
	Magnesium Sulfate/D5W Inj Premix 1% (1G/100ml)	Sol	79400010412020	No	0	No	No	Yes	No	N/A	No	Yes	
	Magnesium Sulfate Inj												
	Magnesium Sulfate 1GM/2ML Inj (mEq dosing) (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes	
	Magnesium Sulfate INJ												
	Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	Yes	
	Magnesium Sulfate 1GM/2ML INJ (GM dosing) (Magnesium Sulfate)	Sol	79400010402020	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>Non Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Dose Unit</u>	<u>Fmlly</u>
	Mannitol Inj Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	No	0	No	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)	Injectable	17109903102200	No	0	No	No	Yes	No	N/A	No	Yes		
	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 UD (Antivert)	Tab	50200050000305	No	0	No	No	No	No	N/A	Yes	Yes		
	Meclizine HCl 12.5 MG Tab (Antivert)	Tab	50200050000305	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		
	Meclizine HCl 25 MG Tab (Antivert)	Tab	50200050000310	No	0	No	No	No	No	N/A	No	Yes		
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	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****													
	medroxyPROGESTERone Tab medroxyPROGESTERone 10 MG Tab (Provera)	Tab	26000020200315	No	0	No	No	No	No	N/A	No	Yes		
	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		
	Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**													
	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		
	Non-Formulary Use Criteria: **1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.** **2. Confirmation of legitimate prescribing prior to incarceration.** **3. Psychiatric diagnostic evaluation and treatment plan.** **4. Consultation with BOP Chief Psychiatrist.**													
	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.	Sched.	DEA	Cosign	MLP	Bulk	Pill Ln Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlry
	medroxyPROGESTERone Injection 400mg/ml														
	medroxyPROGESTERone Injection IM Susp 400 MG/ML (Depo-Provera)	Susp	21404010101840	No	0	No	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****														
	Megestrol Acetate Suspension 40 MG/ML														
	Megestrol Acetate Oral Susp 40 MG/ML (Megace)	Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	No	Yes		
	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, 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 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 7.5 MG Tab (Mobic)	Tab	66100052000320	No	0	No	No	No	No	No	N/A	No	Yes		
	Meloxicam 15 MG Tab (Mobic)	Tab	66100052000330	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		
	Meloxicam 15 MG Tab UD (Mobic)	Tab	66100052000330	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 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		
	Mepivacaine HCl Injection 1%														
	Mepivacaine HCl Injection Solution 1 % (Polocaine)	Sol	69100050102005	No	0	No	No	Yes	No	No	N/A	No	Yes		
	Mercaptopurine Tablet														
	Mercaptopurine 50 MG Tab (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	No	N/A	No	Yes		
	Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	21300040000305	No	0	No	No	No	No	No	N/A	Yes	Yes		
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***														
	Meropenem IV														
	Meropenem IV 1GM (Merrem IV)	Sol Recon	16150050002140	No	0	No	No	Yes	No	No	N/A	No	Yes		
	Meropenem Intravenous Solution 500 MG (Merrem)	Sol Recon	16150050002120	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Mesalamine Enema												
	Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	52500030005105	No	0	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions: ****USE IN SULFASALAZINE FAILURE OR ALLERGY****												
	Mesalamine ER Caps 0.375GM												
	Mesalamine Capsule ER 24 Ho 0.375 GM (Apriso)	Cap ER 24	52500030007020	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine ER Capsule												
	Mesalamine 250 MG ER Cap (Pentasa)	Cap ER	52500030000210	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine 500 MG ER Cap (Pentasa)	Cap ER	52500030000220	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 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	
	Mesalamine Tablet (Delayed Release)												
	Mesalamine 400 MG Delayed Release Tab (Asacol)	Tab DR	52500030000620	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine 400 MG Delayed Release Tab UD (Asacol)	Tab DR	52500030000620	No	0	No	No	No	No	N/A	Yes	Yes	
	Mesalamine HD 800 MG Delayed Release Tab (Asacol HD)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	No	Yes	
	Mesalamine HD 800 MG Delayed Release Tab UD (Asacol HD)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	Yes	Yes	
	Mesna Inj												
	Mesna IV Sol 100 MG/ML (Mesnex)	Sol	21758050002010	No	0	No	No	Yes	No	N/A	No	Yes	
	Mesna Tablet												
	Mesna 400 MG Tab (Mesnex)	Tab	21758050000320	No	0	No	No	No	No	N/A	No	Yes	
	metFORMIN Solution 500 MG/5ML												
	metFORMIN Solution 500 MG/5ML (473ML) (Riomet)	Sol	27250050002020	No	0	No	Yes	No	No	N/A	No	Yes	
	metFORMIN Tablets												
	metFORMIN 500 MG Tab UD (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	Yes	Yes	
	metFORMIN 500 MG Tab (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	No	Yes	
	metFORMIN 850 MG Tab (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	No	Yes	
	metFORMIN 1000 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	No	Yes	
	metFORMIN 1000 MG Tab UD (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	Yes	Yes	
	metFORMIN 850 MG Tab UD (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	Yes	Yes	
	Methadone Concentrate												
	Methadone Concentrate 10 MG/ML (Intensol)	Concentrate	65100050101310	No	2	Yes	Yes	Yes	No	N/A	No	Yes	



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Sched.	DEA	Cosign	MLP	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Unit Dose	Unit	Fmlly	
	<b>Advisories:</b> ****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING** **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**** **Medical Referral Center (MRC) Initiation Only** **MLP Requires Cosign**																		
	<b>Methadone HCl Oral Solution 5 MG/5ML</b> Methadone HCl Oral Solution 5 MG/5ML	Sol	65100050102010	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes					
	<b>Advisories:</b> ****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING** **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**** **Medical Referral Center (MRC) Initiation Only** **MLP Requires Cosign**																		
	<b>Methadone Solution 10 MG/5 ML</b> Methadone HCl Solution 2 MG/ML, 500 ML (Methadone) Methadone HCl Solution 2 MG/ML (5 ML UD) Methadone HCl Solution 2 MG/ML (2.5 ML UD) Methadone HCl Solution 2 MG/ML (12.5 ML UD) Methadone HCl Solution 2 MG/ML (6 ML UD) Methadone HCl Solution 2 MG/ML (7.5 ML UD) Methadone HCl Solution 2 MG/ML (15 ML) Methadone HCl Solution 2 MG/ML (10 ML UD)	Sol	65100050102015	No	2	Yes	Yes	Yes	Yes	No	N/A	No	Yes						
	<b>Advisories:</b> ****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING** **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****																		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	**Medical Referral Center (MRC) Initiation Only**												
	**MLP Requires Cosign**												
Methadone Tablet													
	Methadone 10 MG Tab UD (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	Yes	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 40 MG Diskets (Methadose Disket)	Tab Soluble	65100050107320	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	Methadone 2.5 MG Tab ( 1/2 tablet) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
Advisories:													
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**													
**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****													
**Medical Referral Center (MRC) Initiation Only**													
**MLP Requires Cosign**													
Methadone Tablet (NYC-Detox)													
	Methadone 5 MG Tab ( NYC-Detox Use Only) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
Advisories:													
****REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING**													
**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****													
**MLP Requires Cosign**													
Methenamine Hippurate 1 GM Tablet													
	Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)	Tab	53000020200305	No	0	No	No	No	No	N/A	No	Yes	
	Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)	Tab	53000020200305	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>	<u>Non Sub.</u>	<u>Non Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmly</u>
	Methenamine Mandelate Tablet														
	Methenamine Mandelate 500 MG Tab (Mandelamine)	Tab	53000020100310	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methenamine Mandelate 1 GM Tab (Mandelamine)	Tab	53000020100320	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methimazole Tablet														
	Methimazole 10 MG Tab (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methimazole 5 MG Tab (Tapazole)	Tab	28300010000305	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methimazole 10 MG Tab UD (Tapazole)	Tab	28300010000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Methotrexate Sodium Inj														
	Methotrexate Sodium Inj Soln 25 MG/ML	Sol	21300050102030	No	0	No	No	No	Yes	No	No	N/A	No	Yes	
	Methotrexate Sodium Inj Soln 25 MG/ML 2ML	Sol	21300050102030	No	0	No	No	No	Yes	No	No	N/A	No	Yes	
	Advisories:														
	***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***														
	Methotrexate Sodium Tablet														
	Methotrexate Sodium 2.5 MG Tab (Methotrexate Sodium)	Tab	21300050100310	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
	Methotrexate Sodium 10 MG Tab	Tab	21300050100340	No	0	No	No	No	No	No	No	N/A	No	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	No	No	N/A	No	Yes	
	Methoxsalen Lotion														
	Methoxsalen Lotion1%, 30 ML (Oxsoralen Lotion)	Lotion	90871010004105	No	0	No	Yes	No	No	No	No	N/A	No	Yes	
	Methyldopa Tablet														
	Methyldopa 250 MG Tab (Aldomet)	Tab	36201030000310	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methyldopa 500 MG Tab (Aldomet)	Tab	36201030000315	No	0	No	No	No	No	No	No	N/A	No	Yes	
	Methyldopa 250 MG Tab UD (Aldomet)	Tab	36201030000310	No	0	No	No	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	No	No	N/A	No	Yes	
	Methylergonovine Maleate Inj														
	Methylergonovine Maleate 200 MCG/ML,1 ML Inj (Methylergonovine Maleate Inj)	Sol	29000020102005	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Methylergonovine Maleate Tablet														
	Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	No	0	No	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
MethylPREDNISolone	Acetate Injection												
	methylPREDNISolone Acetate 40 MG/ML,1 ML Inj (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	Yes	
	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 80 MG/ML,1 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	Yes	
MethylPREDNISolone	Sod Succinate Inj												
	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/ML,8 ML Inj (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 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 125 MG/ML,4 ML Inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	Yes	
	methylPREDNISolone SOD Succ 500 MG (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	No	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 16 MG Tab (Medrol)	Tab	22100030000320	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 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	22100030006405	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**												
Metoclopramide HCl	Soln 10 MG/10ML												
	Metoclopramide HCl Soln 10 MG/10 ML(Cup) (Reglan)	Sol	52300020102013	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**												
Metoclopramide	Tablet												
	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	
	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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Advisories:												
	***limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**												
	Non-Formulary Use Criteria:												
	**1. Restricted to 12 weeks of therapy for all formulations**												
	**2. If NFR approved, after 12 weeks, get periodic AIMS testing**												
	Metolazone Tablet												
	Metolazone 10 MG Tab (Zaroxolyn)	Tab	37600060000315	No	0	No	No	No	No	No	N/A	No	Yes
	Metolazone 2.5 MG Tab (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	No	N/A	No	Yes
	Metolazone 2.5 MG Tab UD (Zaroxolyn)	Tab	37600060000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Metolazone 5 MG Tab (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	No	N/A	No	Yes
	Metolazone 5 MG Tab UD (Zaroxolyn)	Tab	37600060000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Metolazone 10 MG Tab UD (Zaroxolyn)	Tab	37600060000315	No	0	No	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	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	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	No	N/A	No	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	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	No	N/A	Yes	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	No	N/A	Yes	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	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	No	N/A	No	Yes
	Advisories:												
	***Approved for use in Congestive Heart Failure only***												
	Metoprolol Tartrate Tablet												
	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
	Metoprolol Tartrate 50 MG Tab UD (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Metoprolol Tartrate 50 MG Tab (Lopressor)	Tab	33200030100310	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 12.5 MG Tab ( 1/2 tablet) (Lopressor)	Tab	33200030100305	No	0	No	No	No	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

<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>MLP</u>	<u>Bulk</u>	<u>Pill In Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmily</u>
	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 %	Cm	90060040003720	No	0	No	Yes	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	Injection												
	metroNIDAZOLE 500 MG Inj (Flagyl IV)	Sol	16000035112020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	metroNIDAZOLE/Sodium Chloride PRE-MIX 500MG IV (Flagyl)	Sol	16000035112020	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories: ****INJECTION LIMITED TO PATIENTS THAT ARE NPO****												
metroNIDAZOLE	Tablet												
	metroNIDAZOLE 250 MG Tab (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	No	Yes	
	metroNIDAZOLE 250 MG Tab UD (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	N/A	Yes	Yes	
	metroNIDAZOLE 500 MG Tab UD (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	Yes	Yes	
	metroNIDAZOLE 500 MG Tab (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	N/A	No	Yes	
metroNIDAZOLE	Vaginal Gel 0.75%												
	metroNIDAZOLE Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)	Gel	55100035004020	No	0	No	Yes	No	No	N/A	No	Yes	
Mexiletine HCL	Capsule												
	Mexiletine HCL 150 MG Cap (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	No	Yes	
	Mexiletine HCL 150 MG Cap UD (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	N/A	Yes	Yes	
	Mexiletine HCL 200 MG Cap (Mexetil)	Cap	35200025100110	No	0	No	No	No	No	N/A	No	Yes	
	Mexiletine HCL 250 MG Cap (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	N/A	No	Yes	
	Mexiletine HCL 200 MG Cap UD (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****												
Miconazole	Cream 2%												
	Miconazole Nitrate Cream 2%, 28.4 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	
	Miconazole Nitrate Cream 2%, 15 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	N/A	No	Yes	
	Miconazole Nitrate Cream 2% 42.5 GM	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: ****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.**												

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Miconazole Powder													
	Miconazole Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	9780000003200	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.**													
	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		
	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		
	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		
	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 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 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		
	Formulary Restrictions:													
	****FOR ANESTHESIA/SURGERY USE ONLY****													
	**Medical Referral Center (MRC) Use Only**													
	**MLP Requires Cosign**													
	Minoxidil Tablet													
	Minoxidil 10 MG Tab (Loniten)	Tab	36400020000310	No	0	No	No	No	No	N/A	No	Yes		
	Minoxidil 2.5 MG Tab (Loniten)	Tab	36400020000305	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		
	Minoxidil 2.5 MG Tab UD	Tab	36400020000305	No	0	No	No	No	No	N/A	Yes	Yes		
	Mirtazapine Tablet													
	Mirtazapine 30 MG Tab (Remeron)	Tab	58030050000330	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Mirtazapine 15 MG Tab UD (Remeron)	Tab	58030050000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Mirtazapine 15 MG Tab (Remeron)	Tab	58030050000315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Mirtazapine 30 MG Tab UD (Remeron)	Tab	58030050000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Mirtazapine 45 MG Tab UD (Remeron)	Tab	58030050000345	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Mirtazapine 45 MG Tab (Remeron)	Tab	58030050000345	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Mirtazapine 7.5 MG Tab (Remeron)	Tab	58030050000308	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Mirtazapine 7.5 MG Tab UD (Remeron)	Tab	58030050000308	No	0	Yes	No	Yes	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Finly</u>
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	Misoprostol Tablet												
	Misoprostol 100 MCG Tab UD (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Misoprostol 100 MCG Tab (Cytotec)	Tab	49250030000310	No	0	No	No	No	No	No	N/A	No	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 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
	Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	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
	**Medical Referral Center (MRC) Use Only**												
	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
	Mometasone Furoate 220 MCG/Inh												
	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 ( 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 (120 doses) (Asmanex 120 Metered 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												
	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
	Morphine Concentrated Sulfate Solution 20 MG/ML												
	Morphine Sulfate Concentrated Oral Soln 20MG/ML	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 90 MG Capsule (AVINza)	Cap ER 24	65100055207040	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 30 MG Capsule (AVINza)	Cap ER 24	65100055207020	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
	Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Cap ER 24	65100055207025	No	2	Yes	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</u>	<u>MLP</u>	<u>Bulk Only</u>	<u>Pill Ln Crush.</u>	<u>Req. Loc.</u>	<u>Active</u>	<u>Dose Unit</u>	<u>Fmlry</u>
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	N/A	No	Yes	
**MLP Requires Cosign**													
Morphine Sulfate ER 12 Hour Tablet	Morphine SR/ER 12 Hour 100 MG Tab	Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine SR/ER 12 Hour 200 MG Tab	Tab ER	65100055100480	No	2	Yes	No	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**													
Morphine Sulfate Injection	Morphine Sulfate 10 MG/ML, 1 ML Tbx (Morphine Sulfate Inj)	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate 15 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate 2 MG/ML, 1 ML Inj (Morphine Sulfate Injection)	Sol	65100055102005	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate 4 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)	Sol	65100055102010	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Inj)	Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Inj 8 MG/ML, 1ML Tbx (Morphine Sulfate Injection)	Sol	65100055102025	No	2	Yes	No	Yes	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	N/A	No	Yes	
	Morphine Sulfate 10 MG/ML, 1 ML Vial	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate 1 MG/ML (2ml) inj	Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine 1 MG/ML PF Inj (2ml) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Inj Soln 5 MG/ML 1 ML vial	Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Injection Solution 10 MG/ML	Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Inj 8 MG/ML, 1ML Syringe	Sol	65100055102025	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate 15 MG/ML, SDV Inj	Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate Inj Soln 1 MG/ML (10ML) (Astramorph)	Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate (PF) Inj 10 MG/ML carpujet (Morphine carpujet)	Sol	65100055102060	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate (PF) Inj 4 MG/ML Carpuject (Morphine Carpuject)	Sol	65100055102058	No	2	Yes	No	Yes	No	N/A	No	Yes	
	Morphine Sulfate (PF) 2 MG/ML Inj	Sol	65100055102057	No	2	Yes	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>Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmly</u>		
	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) 5 MG/ML, 30 ML Inj (Morphine Sulfate Injection PCA)	Sol	65100055102015	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes						
	Morphine Sulfate (PCA) 1 MG/ML	Sol	65100055102004	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes						
	Morphine Sulfate (PCA) 5 MG/1 ML	Sol	65100055102017	No	2	Yes	No	Yes	No	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**																			
	Morphine Sulfate Injection MDV																			
	Morphine Sulfate 15 MG/ML MDV Inj (Morphine Sulfate Injection)	Sol	65100055102040	No	2	Yes	No	Yes	No	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**																			
	Morphine Sulfate IR Tablet																			
	Morphine Sulfate IR 15 MG Tab (MSIR)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes							
	Morphine Sulfate IR 15 MG Tab UD (Morphine)	Tab	65100055100310	No	2	Yes	No	Yes	Yes	Yes	N/A	Yes	Yes							
	Morphine Sulfate IR 30 MG Tab	Tab	65100055100315	No	2	Yes	No	Yes	Yes	Yes	N/A	No	Yes							
	Morphine Sulfate IR 30 MG Tab UD	Tab	65100055100315	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 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						
	**MLP Requires Cosign**																			
	Morphine Sulfate Solution 10 MG/5ML																			
	Morphine Sulfate Oral Soln 10 MG/5ML (5 ML Cup) (Morphine)	Sol	65100055102065	No	2	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes							
	Morphine Sulfate Oral Solution 10 MG/5 ML 500ml	Sol	65100055102065	No	2	Yes	No	Yes	No	Yes	No	N/A	No	Yes						
	Morphine Sulfate Oral Soln 10 MG/5 ML (2.5ML UD)	Sol	65100055102065	No	2	Yes	Yes	Yes	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.	Loc.	Active	Unit Dose	Fmlly	
	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 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	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 SR 12 Hour Tablet														
	Morphine SR/ER 12 Hour 30 MG Tab UD (MS Contin)	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine SR/ER 12 Hour 15 MG Tab	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine SR/ER 12 Hour 15 MG Tab UD (Oramorph)	Tab ER	65100055100415	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine SR/ER 12 Hour 30 MG Tab	Tab ER	65100055100432	No	2	Yes	No	Yes	No	N/A	No	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			
	Morphine SR/ER 12 Hour 60 MG Tab UD (Oramorph)	Tab ER	65100055100445	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)	Tab ER	65100055100460	No	2	Yes	No	Yes	No	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 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 SR 24 Hour Capsule (Kadian)														
	Morphine Sulfate SR 24 Hour 100 MG Cap (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 30 MG Cap (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 60 MG Cap (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 20 MG Cap (Kadian)	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 10 MG Cap (Kadian)	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 80 MG Cap (Kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 50 MG Cap (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	No	Yes			
	Morphine Sulfate SR 24 Hour 20 MG Cap UD	Cap ER 24	65100055107020	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 30 MG Cap UD (Kadian)	Cap ER 24	65100055107030	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 50 MG Cap UD (Kadian)	Cap ER 24	65100055107040	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 60 MG Cap UD (Kadian)	Cap ER 24	65100055107045	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 80 MG Cap UD (kadian)	Cap ER 24	65100055107050	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 100 MG Cap UD (Kadian)	Cap ER 24	65100055107060	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 10 MG Cap UD	Cap ER 24	65100055107010	No	2	Yes	No	Yes	No	N/A	Yes	Yes			
	Morphine Sulfate SR 24 Hour 40 MG Cap (Kadian)	Cap ER 24	65100055107035	No	2	Yes	No	Yes	No	N/A	No	Yes			

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	Schd.	DEA	Cosign	MLP	Bulk	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly	
	<p>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**</p>																			
	Moxifloxacin HCL Ophth Solution 0.5%																			
	Moxifloxacin HCL 0.5% Ophth Soln (Vigamox)	Sol	86101038102020	No	0	Yes	Yes	No	No	No	No	N/A	No	Yes						
	<p>Formulary Restrictions:  ****Physician Use Only***  ***Do Not Use for MRSA****  **MLP Requires Cosign**</p>																			
	Multi Vitamin Conc IV																			
	Multi Vitamin Conc IV 2 X 5ML, VL Inj (MVI-12, 2 X 5 ML Injection)	Injectable	78200000002200	No	0	No	No	Yes	No	No	Yes	No	N/A	No	Yes					
	M.V.I. Pediatric Intravenous Injectable	Injectable	78200000002200	No	0	No	No	Yes	No	No	Yes	No	N/A	No	Yes					
	Multivitamin Chewable Tablet																			
	Multivitamin Chewable Tab (Flinstone) (Flintstone Complete Chewable Multivitamin Tab)			No	0	No	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.**  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**</p>																			
	Multivitamin Liquid (Thera Plus)																			
	Multivitamin Liquid (Thera-Plus) 120 ML (Thera Plus Liquid)	Liq	78200000000900	No	0	No	Yes	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.**  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**</p>																			
	Multivitamin W/Minerals Tablet chewable																			
	Multivitamin W/ Zinc (ADEKS) TAB (ADEKS)	Tab Chew	78310000000500	No	0	No	No	No	No	No	No	N/A	No	Yes						
	Multivitamin/w minerals Oral Tablet Chewable (Centrum Oral Tablet Chewable)	Tab Chew	78310000000500	No	0	No	No	No	No	No	No	N/A	No	Yes						

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	Non	DEA Sched.	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.**															
	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**															
	Mycophenolate Mofetil 250 MG Capsule															
	Mycophenolate Mofetil 250 MG Cap (CellCept)	Cap	99403030100120	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Mycophenolate Mofetil 500 MG Tablet															
	Mycophenolate Mofetil 500 MG Tab (CellCept)	Tab	99403030100330	No	0	No	No	No	No	No	No	N/A	No	Yes	Yes	
	Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Nadolol Tab															
	Nadolol 20 MG Tab (Corgard)	Tab	33100010000303	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Nadolol 40 MG Tab (Corgard)	Tab	33100010000305	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	No	No	N/A	No	Yes		
	Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Nadolol 40 MG Tab UD ( repack) (Corgard)	Tab	33100010000305	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Nadolol 40 MG Tab UD	Tab	33100010000305	No	0	No	No	No	No	No	No	N/A	Yes	Yes		
	Nafcillin Sodium Injection															
	Nafcillin Sodium 1 GM Inj (Nafcillin)	Sol Recon	01300040102105	No	0	No	No	No	Yes	No	No	N/A	No	Yes		
	Nafcillin Sodium 10 GM Inj (Nafcillin)	Sol Recon	01300040102125	No	0	No	No	No	Yes	No	No	N/A	No	Yes		
	Nafcillin Sodium ADVantage 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	No	Yes	No	No	N/A	No	Yes		
	Nafcillin Sodium 2 GM Inj (Nafcillin)	Sol Recon	01300040102118	No	0	No	No	No	Yes	No	No	N/A	No	Yes		
	Nafcillin Sodium Premix															
	Nafcillin Sodium in Dextrose 2G/100ML			No	0	No	No	Yes	No	No	No	N/A	No	Yes		
	Nalbuphine Hydrochloride Injection															
	Nalbuphine Hydrochloride 10 MG/ML,1ML Inj (Nubain)	Sol	65200030102005	No	0	Yes	No	Yes	No	No	No	N/A	No	Yes		
	Nalbuphine Hydrochloride 20 MG/ML,1ML INJ (Nubain)	Sol	65200030102010	No	0	Yes	No	Yes	No	No	No	N/A	No	Yes		
	Advisories: ****LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY**** **MLP Requires Cosign**															
	Naloxone Hydrochloride Inj															
	Naloxone Hydrochloride 400 MCG/ML,1 ML Inj (Narcan)	Sol	93400020102010	No	0	No	No	Yes	No	No	No	N/A	No	Yes		
	Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)	Sol	93400020102015	No	0	No	No	Yes	No	No	No	N/A	No	Yes		
	Naloxone Hydrochloride 0.4 MG/ML (10 ml) MDV	Sol	93400020102010	No	0	No	No	Yes	No	No	No	N/A	No	Yes		
	Naloxone HCl Auto-injector 0.4 MG/0.4ML (Evzio)	Sol Auto-	9340002010D53	No	0	No	Yes	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
<b>Naphazoline/Pheniramine Ophth Soln 0.025-0.3%</b>														
	Naphazoline/Pheniramine(15ML) 0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes		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		Yes
	Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)	Sol	86409902142010	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**													
<b>Naproxen E.C. Tablet</b>														
	Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	No	0	No	No	No	No	N/A	No	Yes		Yes
	Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	No	0	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**													
<b>Naproxen Suspension 125 MG/5ML</b>														
	Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	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. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**													
<b>Naproxen Tablet</b>														
	Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	No	Yes		Yes
	Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	No	Yes		Yes
	Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	No	Yes		Yes
	Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	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 the BOP National Formulary, Part I.**													
<b>Nelfinavir Mesylate (NFV) Tablet</b>														
	Nelfinavir Mesylate (NFV) 250 MG Tab (Viracept)	Tab	12104545200320	No	0	No	No	No	No	N/A	No	Yes		Yes
	Nelfinavir Mesylate (NFV) 625 MG Tab (Viracept)	Tab	12104545200340	No	0	No	No	No	No	N/A	No	Yes		Yes
	Nelfinavir Mesylate (NFV) 625 MG Tab UD (Viracept)	Tab	12104545200340	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Nelfinavir Mesylate (NFV) 250 MG Tab UD (Viracept)	Tab	12104545200320	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
<b>Nelfinavir(NFV) Oral Powder</b>														
	Nelfinavir Mesylate (NFV) Powder 50 MG/1 GM (Viracept Powder)	Pwdr	12104545202920	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Neomy/Poly B/ Bacit/HC Ointment Neomy/Poly B/ Bacit/HC 15G OINT (Cortisporin Oint)	Oint	90109904104220	No	0	No	Yes	No	No	N/A	No	Yes	
	Neomy/Polymi/Bacit/HC Opth Oint Neomy/Polymi/Bacit/HC Opth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	No	0	No	Yes	No	No	N/A	No	Yes	
	Neomycin Sulfate Oral Solution 25 MG/ML Neomycin Sulfate Oral Solution 25 MG/ML (Neo-Fradin)	Sol	07000040102010	No	0	No	No	No	No	N/A	No	Yes	
	Neomycin Sulfate Tablet Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	No	Yes	
	Neomycin Sulfate 500 MG Tab UD (Neomycin)	Tab	07000040100305	No	0	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	N/A	Yes	Yes	
	Formulary Restrictions: ***Clinic Use only***												
	Neomycin/Poly B/Bacitracin Opth oint Neomycin/Poly B/Bacitracin Opth Oint 3.5 GM (Neo/Poly B/Bacit Opth Ointment)	Oint	86109903104220	No	0	No	Yes	No	No	N/A	No	Yes	
	Neomycin/Poly B/Dexameth Opth Oint Neomycin/Poly B/Dexameth Opth Oint 3.5 GM GM (Maxitrol)	Oint	86309903324210	No	0	No	Yes	No	No	N/A	No	Yes	
	Neomycin/Poly B/Dexameth Opth Susp Neomycin/Poly B/Dexameth Opth Susp 5 ML (Maxitrol Opth Susp)	Susp	86309903321810	No	0	No	Yes	No	No	N/A	No	Yes	
	Neomycin/Poly B/Gramicidin Opth Soln Neomycin/Poly B/Gramicidin Opth Soln 10 ml (Neosporin Ophthalmic Solution)	Sol	86109903202000	No	0	No	Yes	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	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	N/A	No	Yes	
	Neomycin/Poly B/Hydrocort Opth Susp Neomycin/Poly B/Hydrocort Opth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	No	0	Yes	Yes	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	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Neostigmine Bromide Tablet												
	Neostigmine Bromide 15 MG Tab (Prostigmin)	Tab	76000040100305	No	0	No	No	No	No	No	N/A	No	Yes
	Neostigmine Methylsulfate Inj												
	Neostigmine Methylsulfate 1:1000 1MG/ML Inj (Neostigmine)	Sol	76000040202020	No	0	No	No	Yes	No	No	N/A	No	Yes
	Neostigmine Methylsulfate 0.5MG/ML,1ML Inj (Prostigmin 1:2000)	Sol	76000040202015	No	0	No	No	Yes	No	No	N/A	No	Yes
	Nevirapine (NVP) Suspension 50 MG/5ML												
	Nevirapine (NVP) Suspension 50 MG / 5 ML (Viramune)	Susp	12109050001820	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Nevirapine (NVP) Tablet												
	Nevirapine (NVP) 200 MG Tab (Viramune)	Tab	12109050000320	No	0	No	No	No	No	No	N/A	No	Yes
	Nevirapine (NVP) 200 MG Tab UD (Viramune)	Tab	12109050000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Niacin ER Tablet												
	Niacin ER 500 MG Tab (Niaspan)	Tab ER	39450050000450	Yes	0	No	No	No	No	No	N/A	No	Yes
	Niacin ER 750 MG Tab (Niaspan)	Tab ER	39450050000460	Yes	0	No	No	No	No	No	N/A	No	Yes
	Niacin ER 1000 MG Tab (Niaspan)	Tab ER	39450050000470	Yes	0	No	No	No	No	No	N/A	No	Yes
	Niacin ER 500 MG Tab UD (Niaspan)	Tab ER	39450050000450	Yes	0	No	No	No	No	No	N/A	Yes	Yes
	Niacin ER 1000 MG Tab UD (Niaspan)	Tab ER	39450050000470	Yes	0	No	No	No	No	No	N/A	Yes	Yes
	Niacin ER 750 MG Tab UD (Niaspan)	Tab ER	39450050000460	Yes	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: **Should only be used for those patients intolerant to or failing statin therapy. Can be considered as a second agent to add onto a statin for secondary prevention only (although benefit has not been substantiated).*** Formulary Restrictions: ****NON-SUBSTITUTABLE-USE NIASPAN ONLY*****												
	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 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 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 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 Capsule												
	Nitrofurantoin Macrocrystal 50 MG Cap (Macrochantin)	Cap	53000050100115	No	0	No	No	No	No	No	N/A	No	Yes
	Nitrofurantoin Macrocrystal 100 MG Cap (Macrochantin)	Cap	53000050100120	No	0	No	No	No	No	No	N/A	No	Yes
	Nitrofurantoin Macrocrystal 100 MG Cap UD (Macrochantin)	Cap	53000050100120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrochantin)	Cap	53000050100115	No	0	No	No	No	No	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Nitrofurantoin Monohydrate Cap (Macrobid)												
	Nitrofurantoin Mono 100 MG Cap (Macrobid) (Macrobid)	Cap	53000050150120	No	0	No	No	No	No	No	N/A	No	Yes
	Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)	Cap	53000050150120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nitrofurantoin Suspension 25 MG/5ML												
	Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)	Susp	53000050001810	No	0	No	Yes	No	No	No	N/A	No	Yes
	Nitroglycerin Intravenous												
	Nitroglycerin IV 5 MG/ML, 10 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	No	N/A	No	Yes
	Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)	Sol	32100030002020	No	0	No	No	Yes	No	No	N/A	No	Yes
	Nitroglycerin Ointment 2%												
	Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)	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 % 60 GM (Nitropaste)	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
	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 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	No	N/A	No	Yes
	Nitroglycerin SR 9 MG Cap (Nitro-BID)	Cap ER	32100030000220	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 UD (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	No	N/A	Yes	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 0.6 MG Tab (Nitrostat)	Tab Sublingual	32100030000720	No	0	No	Yes	No	No	No	N/A	No	Yes
	Nitroglycerin SL 0.4 MG Tab (Nitrostat)	Tab Sublingual	32100030000715	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
	Advisories: ****PROTECT FROM LIGHT** **CHECK METABOLITES****												
	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

<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. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>	
	Norethindrone (Nor-Q.D.) Tablets														
	Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)	Tab	25100010000305	No	0	No	No	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	No	No	No	No	N/A	No	Yes		
	Norethindrone/Ethinyl estra + Fe 1/20 Tab														
	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		
	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														
	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 1/0.035 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(Necon) (Necon 1/35 28)	Tab	25990002500320	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Norethindrone/Ethinyl estra 1/0.05 MG (Ovcon-50 Oral Tablet 50-1 MCG-MG)	Tab	25990002500330	No	0	No	No	No	No	No	N/A	No	Yes		
	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														
	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		
	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/Mestranol Tablet														
	Norethindrone/Mestranol 1MG/0.05MG Tab (Necon) (Necon 1/50 - 28)	Tab	25990002700310	No	0	No	Yes	No	No	No	N/A	No	Yes		
	Norethindrone/Mestranol 1MG/0.05MG Tab (Norinyl) (Norinyl)	Tab	25990002700310	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 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		
	Nortriptyline HCl 50 MG Cap (Pamelor)	Cap	58200060100115	No	0	Yes	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>Non</u>	<u>Schd.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>	
	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 (Pamelor Solution)	Sol	58200060102005	No	0	Yes	Yes	Yes	No	N/A	No	Yes								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 Oral) Liquid (Jevity)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes								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 its non-formulary use requires 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 > 60 days.** **MLP Requires Cosign**																			
	Nutritional Supplement -Fiber 1.5 cal Oral Liq Nutri Sup (Jevity 1.5 Cal) Oral Liquid (Jevity 1.5 Cal)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes								Yes
	Nutri Sup (Isosource) 1.5 Cal Oral Liquid (Isosource)	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes								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 its non-formulary use requires 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 > 60 days.** **MLP Requires Cosign**																			
	Nutritional Supplement -Standard 1.0 Cal/MI Liq Nutri Sup (Boost) Liquid	Liq	81200000000900	No	0	Yes	Yes	Yes	No	N/A	No	Yes								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 its non-formulary use requires 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 > 60 days.** **MLP Requires Cosign**																			

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Nystatin Cream 100,000 Unit/GM													
	Nystatin Cream 100,000 Unit/GM ( 30 GM) (Mycostatin Cream)	Cm	90150080003710	No	0	No	Yes	No	No	N/A	No	Yes		
	Nystatin Cream 100,000 Unit/GM (15 GM) (Mycostatin)	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		
	Nystatin Powder 100000 UNIT/GM													
	Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)	Pwdr	90150080002900	No	0	No	Yes	No	No	N/A	No	Yes		
	Nystatin Powder 100,000 Unit/GM 30 GM (Mycostatin)	Pwdr	90150080002950	No	0	No	Yes	No	No	N/A	No	Yes		
	Nystatin Susp 100,000 UNIT/ML													
	Nystatin Susp 100,000 UNIT/ML (480ML) (Mycostatin)	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes		
	Nystatin Susp 100,000 UNIT/ML UD (5ml) (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	No	0	No	No	No	No	N/A	Yes	Yes		
	Nystatin Susp 100,000 UNIT/ML (60 ml)	Susp	88100010001805	No	0	No	No	No	No	N/A	No	Yes		
	Nystatin Tablet													
	Nystatin 500,000 Unit Tab (Mycostatin)	Tab	11000060000305	No	0	No	No	No	No	N/A	No	Yes		
	Nystatin Vaginal Tablet													
	Nystatin Vaginal Tablet 100,000 Unit (Mycostatin)	Tab	55100050000310	No	0	No	No	No	No	N/A	No	Yes		
	Octreotide Acetate Injection													
	Octreotide Acetate Inj 50 MCG/ML (Sandostatin)	Sol	30170070102005	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate Inj 100 MCG/ML (Sandostatin)	Sol	30170070102010	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate Inj 200 MCG/ML,5ML (Sandostatin)	Sol	30170070102015	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate Inj 1000 MCG/ML	Sol	30170070102030	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate Inj 500 MCG/ML (Sandostatin)	Sol	30170070102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate LAR Depot Injection													
	Octreotide Acetate LAR Depot 20 MG/5ML Inj (Sandostatin LAR DEPOT)	Kit	30170070106420	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate LAR Depot 30 MG Inj (Sandostatin LAR)	Kit	30170070106430	No	0	No	No	Yes	No	N/A	No	Yes		
	Octreotide Acetate LAR Depot 10 MG Inj (Sandostatin)	Kit	30170070106410	No	0	No	No	Yes	No	N/A	No	Yes		
	OLANzapine IM													
	OLANzapine Intramuscular 10 MG Inj (Zyprexa)	Sol Recon	59157060002120	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**													
	OLANzapine Tablet													
	OLANzapine 5 MG Tab UD (Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	OLANzapine 5 MG Tab (Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	OLANzapine 7.5 MG Tab UD (Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	OLANzapine 7.5 MG Tab (Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	OLANzapine 10 MG Tab UD (Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	OLANzapine 10 MG Tab (Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	No	Yes		
	OLANzapine 2.5 MG Tab UD (Zyprexa)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	OLANzapine 2.5 MG Tab (ZyPREXA)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	No	Yes		
	OLANzapine 15 MG Tab (Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	N/A	No	Yes		

<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	Req. Crush.	Loc.	Active	Dose	Unit	Fmly
	OLANZapine 15 MG Tab UD (Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes	Yes	Yes
	OLANZapine 20 MG Tab UD (Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes	Yes	Yes
	OLANZapine 20 MG Tab (Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	No	N/A	No	Yes	Yes	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**														
	Omeprazole Capsule														
	Omeprazole 20 MG Cap (Prilosec)	Cap DR	49270060006520	No	0	Yes	No	No	No	No	N/A	No	Yes	Yes	Yes
	Omeprazole 10 MG Cap (Prilosec)	Cap DR	49270060006510	No	0	Yes	No	No	No	No	N/A	No	Yes	Yes	Yes
	Omeprazole 40 MG Cap (Prilosec)	Cap DR	49270060006530	No	0	Yes	No	No	No	No	N/A	No	Yes	Yes	Yes
	Omeprazole 20 MG Cap UD (Prilosec)	Cap DR	49270060006520	No	0	Yes	No	No	No	No	N/A	Yes	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 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. Documented Schatzki's Ring 7. Documented Barrett's Esophagus 8. Documented Esophageal Stricture **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.**** **MLP Requires Cosign**														
	Ondansetron Injection														
	Ondansetron HCl Injection Solution 40 MG/20ML (Zofran)	Sol	50250065052030	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes	Yes
	Ondansetron HCl Injection Solution 4 MG/2ML (Zofran)	Sol	50250065052024	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes	Yes
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**														
	Ondansetron Injection premix														
	Ondansetron 32 MG/50ML Inj (Zofran Inj)	Sol	50250065152007	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes	Yes
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**														
	Ondansetron Oral Solution 4 mg/5ml														
	Ondansetron Oral Sol 4MG/5ML (Zofran Oral Solution)	Sol	50250065052070	No	0	No	No	Yes	No	No	N/A	No	Yes	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**												
Ondansetron	Tablet												
	Ondansetron 4 MG Tab (Zofran)	Tab	50250065050310	No	0	No	No	No	No	No	N/A	No	Yes
	Ondansetron 4 MG Tab UD (Zofran)	Tab	50250065050310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Ondansetron 8 MG Tab (Zofran)	Tab	50250065050320	No	0	No	No	No	No	No	N/A	No	Yes
	Ondansetron 8 MG Tab UD (Zofran)	Tab	50250065050320	No	0	No	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**												
Oxaliplatin													
	Oxaliplatin 100 MG INJ (Eloxatin)	Sol Recon	21100028002130	No	0	No	No	Yes	No	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 (Trileptal)	Susp	72600046001820	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****												
OXcarbazepine	Tablet												
	OXcarbazepine 150 MG Tab (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	No	N/A	No	Yes
	OXcarbazepine 300 MG Tab (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	No	N/A	No	Yes
	OXcarbazepine 600 MG Tab (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	No	N/A	No	Yes
	OXcarbazepine 150 MG Tab UD (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	OXcarbazepine 600 MG Tab UD (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	No	N/A	Yes	Yes
	OXcarbazepine 300 MG Tab UD	Tab	72600046000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ****RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR)****												
Oxybutynin	Tablet												
	Oxybutynin 5 MG Tab (Ditropan)	Tab	54100045200330	No	0	No	No	Yes	Yes	Yes	N/A	No	Yes
	Oxybutynin 5 MG Tab UD (Ditropan)	Tab	54100045200330	No	0	No	No	Yes	Yes	Yes	N/A	Yes	Yes
oxyCODONE HCl	Capsule												
	oxyCODONE HCl 5 MG Cap	Cap	65100075100110	No	2	Yes	No	Yes	Yes	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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 Oral Sol 5 MG/5 ML												
	oxyCODONE HCl Oral Sol 1 MG/1 ML, 5 ML UD (Roxicodone)	Sol	65100075102005	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	
	OxyCODONE HCl Oral Solution 5 MG/5ML (5ml)	Sol	65100075102005	No	2	Yes	Yes	Yes	No	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 HCl Tablet												
	oxyCODONE HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	
	oxyCODONE HCl 30 MG Tab IR (Roxicodone tablet)	Tab	65100075100340	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE HCl 15 MG Tab	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE HCl 20 MG Tab IR	Tab	65100075100330	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE HCl 10 MG Tab IR (Roxicodone tablet)	Tab	65100075100320	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**												
oxy	CODONE/Acetaminophen 5MG/325 MG												
	oxyCODONE/Acetaminophen 5/325 MG Tab (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	
	oxyCODONE/Acetaminophen 5/325 MG Tab UD (Percocet)	Tab	65990002200310	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**												
oxy	CODONE/Acetaminophen 5MG/325 MG/5ML Sol												
	oxyCODONE/APAP 5/325 MG/5 ML Soln UD (Percocet)	Sol	65990002202005	No	2	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.	Unit Dose	Fmily
	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	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 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	
Palonosetron	Injection												
	Palonosetron 0.25MG/5ML Inj (Aloxi)	Sol	50250070102020	No	0	No	No	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**												
Pamidronate	Injection												
	Pamidronate Disodium 90 MG Inj (Aredia)	Sol Recon	30042060102140	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Pamidronate Disodium Intravenous Soln 90 MG/10ML (Aredia)	Sol	30042060102012	No	0	No	No	Yes	No	N/A	No	Yes	
	Advisories: ****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****												



<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non Sched.</u>	<u>DEA</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Pancrelipase Capsule													
	Pancrelipase 10000/37500/33200 (L/P/A) Units Cap (Pangestyme CN-10)	Cap DR	51990003206772	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase Delayed Rel Capsule													
	Pancrelipase 24000/76000/120000 (L/P/A) Unit Cap (Creon 24000)	Cap DR	51200024006760	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Units Cap (Creon 6000)	Cap DR	51200024006720	No	0	No	No	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	No	No	N/A	No	Yes
	Pancrelipase 10000/55000/34000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006730	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 5000/17000/27000 (L/P/A) Unit Cap (Zenpep)	Cap DR	51200024006715	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 15000/51000/82000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006748	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 21000/37000/61000 (L/P/A) Units Cap (Pancreaze)	Cap DR	51200024006754	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 4200/10000/17500 *(L/P/A) DR Caps (PANCREAZe)	Cap DR	51200024006710	No	0	No	No	No	No	No	No	N/A	No	Yes
	Pancrelipase 20000/68000/109000 (L/P/A) Unit Cap (Zenpep Oral Capsule Delayed Release 20000 UNIT)	Cap DR	51200024006752	No	0	No	No	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	No	No	N/A	Yes	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Caps UD (creon)	Cap DR	51200024006720	No	0	No	No	No	No	No	No	N/A	Yes	Yes
	Pancrelipase 10500/25000/43750 (L/P/A) Caps (Pancreaze Oral Capsule Delayed)	Cap DR	51200024006734	No	0	No	No	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	No	No	N/A	No	Yes
	Pancuronium Bromide Injection													
	Pancuronium Bromide 1 MG/ML, 10ML INJ (Pavulon)	Sol	74200040102005	No	0	No	No	No	Yes	No	No	N/A	No	Yes
	Pantoprazole Injection													
	Pantoprazole 40 MG Inj (Protonix)	Sol Recon	49270070102120	No	0	No	No	No	Yes	No	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**													
	Formulary Restrictions:													
	**Inpatient use only**													
	**Medical Referral Center (MRC) Use Only**													
	Pediatric Electrolyte Solution													
	Pediatric Electrolyte Solution	Sol	79991000002000	No	0	No	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 Only	Crush. Req.	Loc.	Active	Dose Unit	Fmlry
	PEG 3350-KCI-Na Bicarb-NaCl Oral Soln 420 GM														
	PEG 3350-KCI-Na Bicarb-NaCl Oral Soln 420 GM	Sol Recon	46992004302120	No	0	No	No	No	No	No	No	N/A	No	Yes	
	PEG/Electrolyte Solution														
	PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)	Sol Recon	46992005302130	No	0	No	Yes	No	No	No	No	N/A	No	Yes	
	PEG/Electrolyte Solution 4000 ML - Colyte (Colyte- Flavored)	Sol Recon	46992005302140	No	0	No	Yes	No	No	No	No	N/A	No	Yes	
	Pegfilgrastim Injection														
	Pegfilgrastim Subcutaneous Sol 6 MG/0.6ML (Neulasta)	Sol	82401570002020	No	0	Yes	No	Yes	No	No	No	N/A	No	Yes	
	Non-Formulary Use Criteria:														
	**1. Therapy is recommended by hematology/oncology specialist or consultant. The clinical encounter/consult needs to clearly indicate the rationale for the therapy. The date of the clinical encounter/consult should be referenced within the NFR or provided as an attachment.**														
	**2. Chemotherapy primary prophylaxis for "dose-dense" treatment regimens that have shortened intervals between chemotherapy doses. OR,**														
	**3. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia. OR,**														
	**4. Chemotherapy primary prophylaxis for patients older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer or other serious comorbidities. OR,**														
	**5. Chemotherapy secondary prophylaxis for patient with Hx of prior neutropenic complications. OR,**														
	**6. Treatment for hepatitis-treatment-induced neutropenia must be done in consultation with Central Office staff in accordance with the BOP Hepatitis C Clinical Practice Guidelines. Include interferon dose, dose adjustments, and the pre-treatment and most recent WBC and absolute neutrophil values.**														
	Formulary Restrictions:														
	***Oncologist/Hematologist Use Only***														
	**Medical Referral Center (MRC) Use Only**														
	**MLP Requires Cosign**														
	Peginterferon ALFA 2A Injection														
	Peginterferon ALFA 2A 180 MCG/1 ML Inj (Pegasys)	Sol	12353060052020	No	0	No	Yes	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2A 180 MCG/0.5 ML Inj (Pegasys)	Kit	12353060056440	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2A 180 MCG/0.5ML ( proClick) (Pegasys proclick)	Sol	12353060052040	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2A 135 MCG/0.5ML (ProClick) (Pegasys)	Sol	12353060052030	No	0	No	No	Yes	No	No	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****														
	Peginterferon ALFA 2B Injection														
	Peginterferon ALFA 2B 150 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106430	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B 80 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106416	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B 120 MCG/0.5 ML Inj (Peg-Intron)	Kit	12353060106424	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B 50 MCG/0.5 ML Inj	Kit	12353060106410	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B Redipen 50 MCG/0.5 ML (Peg-Intron Redipen Pak 4 Subcut Kit 50 MCG/0.5ML)	Kit	12353060106410	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B Redipen 120 MCG/0.5ML (Peg-Intron Redipen)	Kit	12353060106424	No	0	No	No	Yes	No	No	No	N/A	No	Yes	
	Peginterferon ALFA 2B Redipen 150 MCG/0.5ML (peg-intron redipen)	Kit	12353060106430	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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	No	N/A	No	Yes
	Penicillin G Benzathine Injection												
	Penicillin G Benzathine 1.2 MU/2ML Inj (Bicillin L-A)	Susp	01100020001815	No	0	No	No	Yes	No	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	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	No	N/A	No	Yes
	Penicillin G Potassium Injection												
	Penicillin G Potassium 5,000,000 Unit Inj (Pfizerpen 5 MU)	Sol Recon	01100010102125	No	0	No	No	Yes	No	No	N/A	No	Yes
	Penicillin G Potassium 1000000 unit/ml Inj Soln	Sol Recon	01100010102135	No	0	No	No	Yes	No	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	No	N/A	No	Yes
	Penicillin G Sodium Injection												
	Penicillin G Sodium 5,000,000 Unit/10ML INJ	Sol Recon	01100010202105	No	0	No	No	Yes	No	No	N/A	No	Yes
	Penicillin G Sodium 5,000,000 Unit Inj	Sol Recon	01100010202105	No	0	No	No	Yes	No	No	N/A	No	Yes
	Penicillin VK Suspension												
	Penicillin VK 250MG/5ML, 100 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	No	N/A	No	Yes
	Penicillin VK 250MG/5ML, 200 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	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	No	N/A	Yes	Yes
	Penicillin VK 250 MG Tab (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	No	N/A	No	Yes
	Penicillin VK 500 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	No	N/A	No	Yes
	Penicillin VK 500 MG Tab UD (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	No	N/A	Yes	Yes
	Pentamidine Isothionate Inhalation												
	Pentamidine Isothionate 300 MG/6ML Inh (Nebupent)	Sol Recon	16000045002170	No	0	No	Yes	Yes	No	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	No	N/A	No	Yes
	Permethrin Cream 5%												
	Permethrin 5%, 60 GM Cream (Elimite)	Cm	90900035003720	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmily</u>
	Formulary Restrictions: ****NOT APPROVED FOR PROPHYLAXIS****												
	Permethrin Lotion 1%												
	Permethrin 1%, 60 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	No	N/A	No	Yes
	Permethrin 1%, 120 ML Lotion (Nix)	Lotion	90900035004110	No	0	No	Yes	No	No	No	N/A	No	Yes
	Formulary Restrictions: ****NOT APPROVED FOR PROPHYLAXIS****												
	Perphenazine Tablet												
	Perphenazine 16 MG Tab (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Perphenazine 2 MG Tab (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Perphenazine 4 MG Tab UD (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	Perphenazine 4 MG Tab (Trilafon)	Tab	59200045000310	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Perphenazine 8 MG Tab UD (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	Perphenazine 8 MG Tab (Trilafon)	Tab	59200045000315	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	Perphenazine 16 MG Tab UD (Trilafon)	Tab	59200045000320	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	Perphenazine 2 MG Tab UD (Trilafon)	Tab	59200045000305	No	0	Yes	No	Yes	No	No	N/A	Yes	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
	Petrolatum, White, Gel												
	Petrolatum, White, Gel 28.4 GM (Petrolatum Gel)	Gel	98600065004000	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
	Petrolatum White Gel (454 gm) (Petrolatum White Gel)	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 ( 5 gm )	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
	Formulary Restrictions: ****Restricted to diabetics, dialysis, inpatients only****												
	Phenazopyridine Tablet												
	Phenazopyridine HCl 100 MG Tab (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	No	N/A	No	Yes
	Phenazopyridine HCl 200 MG Tab (Pyridium)	Tab	56300010100310	No	0	No	No	No	No	No	N/A	No	Yes
	Phenazopyridine HCl 100 MG Tab UD (Pyridium)	Tab	56300010100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Phenazopyridine HCl 200 MG Tab UD	Tab	56300010100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	PHENobarbital Elixir												
	PHENobarbital 4 MG/ML Elixir (PHENobarbital Elixir)	Elixir	60100060001010	No	4	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	Only	Pill Ln	Crush.	Req.	Loc.	Active	Dose	Unit	Fmly
<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 &gt; 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 100 MG Tab UD (PHENobarbital)	Tab	60100060000325	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 15 MG Tab UD (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 15 MG Tab (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 30 MG Tab UD (PHENobarbital)	Tab	60100060000315	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 32.4 MG Tab (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 32.4 MG Tab UD (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 30 MG Tab (old) (PHENobarbital)	Tab	60100060000317	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 60 MG Tab UD (PHENobarbital)	Tab	60100060000320	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 64.8 MG Tab (PHENobarbital)	Tab	60100060000322	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 16.2 MG Tab UD (PHENobarbital)	Tab	60100060000308	No	4	Yes	No	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	PHENobarbital 60 MG Tab	Tab	60100060000320	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 97.2 MG Tab	Tab	60100060000324	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 100 MG Tab	Tab	60100060000325	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 7.5 MG Tab ( 1/2 tablet) (PHENobarbital)	Tab	60100060000305	No	4	Yes	No	Yes	No	Yes	Yes	N/A	No	Yes					
	PHENobarbital 30 MG Tab	Tab	60100060000315	No	4	Yes	No	Yes	No	Yes	Yes	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 &gt; 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>																			
Phenoxybenzamine HCl Capsule																			
	Phenoxybenzamine HCl 10 MG Capsule (Dibenzyline)	Cap	36300010100105	No	0	No	No	No	No	No	No	No	No	No	N/A	No	No	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Phentolamine Mesylate Injection Phentolamine Mesylate 5 MG Inj (Regitine)	Sol Recon	36300020102105	No	0	No	No	Yes	No	N/A	No	Yes	
	Phenylephrine HCl Injection Phenylephrine 10MG/ML Inj, 1ML	Sol	38000095102010	No	0	No	No	Yes	No	N/A	No	Yes	
	Phenylephrine Ophth Solution 10% Phenylephrine Ophth Sol 10%, 5 ML (AK-Dilate 10% Ophth)	Sol	86400040102015	No	0	No	Yes	No	No	N/A	No	Yes	
	Phenylephrine Ophth Solution 2.5% Phenylephrine Ophth Sol 2.5%, 5 ML (Mydrin)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Phenylephrine Ophth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Phenylephrine Ophth Solution 2.5% (refrig) Phenylephrine Ophth Sol 2.5%, 2 ML UD (Neo-Synephrine)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	Yes	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 125 MG/5ML, 237ML (Dilantin-125 Liquid)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	No	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 Sodium ER (Dilantin) 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 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 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	
	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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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 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	
	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	
	Pilocarpine HCl Ophthalmic Solution 6% Pilocarpine HCl Ophth Sol 6%, 15 ML	Sol	86501030102040	No	0	No	Yes	No	No	N/A	No	Yes	
	Pindolol Tablet Pindolol 10 MG Tab (Visken)	Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes	
	Pindolol 5 MG Tab (Visken)	Tab	33100030000305	No	0	No	No	No	No	N/A	No	Yes	
	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 4 GM/0.5G Inj (Zosyn)	Sol Recon	01990002702140	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/Tazobactam 3GM/0.375 GM Advantage **Medical Referral Center (MRC) Use Only**	Sol Recon	01990002702130	No	0	No	No	Yes	No	N/A	No	Yes	
	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	

<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>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	**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 (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		
	Podophyllum Resin External Solution													
	Podophyllum Resin External Solution 25%, 15ml (Podocon)	Sol	90750020002025	No	0	No	No	Yes	No	N/A	No	Yes		
	Polyethyl Glycol-Polyvinyl Alc Ophth Soln 1-1 %													
	Hypotears (Peg-Polyvinyl) Ophth Soln 1-1% 30 ML (Hypo Tears)	Sol	86209902452020	No	0	No	No	No	No	N/A	No	Yes		
	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		
	Advisories:													
	****Caution - this is a concentrated electrolyte****													
	Potassium Chloride ER Capsule													
	Potassium Chloride 10 mEq ER Cap (Micro-K)	Cap ER	79700030000210	No	0	No	No	No	No	N/A	No	Yes		
	Potassium Chloride ER Tablet (Klor-Con)													
	Potassium Chloride 10 mEq ER Tab UD (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	Yes	Yes		
	Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	No	Yes		
	Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	No	Yes		
	Potassium Chloride ER Tab (K-Dur/Klor-con M)													
	Potassium Chloride 20 mEq ER Tab (K-Dur) (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	Yes		
	Potassium Chloride 20 mEq ER Tab UD (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	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		
	Potassium Chloride 10 mEq ER Tab (KlorCon M) (Klor-Con)	Tab ER	79700030100430	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>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 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	
	Potassium Chloride Inj ( pre made bag) Potassium Chloride/ 0.9% NACL 1000 ML 20 mEq Inj	Sol	79992002102020	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
	Potassium Chloride Injection ( concentrate) Potassium Chloride Inj 2 mEq/ML, 10ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	79700030002005	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 10 mEq/100ML	Sol	79700030002050	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 20 mEq/100ml	Sol	79700030002060	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 10 mEq/50ML	Sol	79700030002055	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 20 mEq/50ML	Sol	79700030002070	No	0	No	No	Yes	No	N/A	No	Yes	
	Potassium Chloride Inj 40 mEq/100ML	Sol	79700030002075	No	0	No	No	Yes	No	N/A	No	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	
	Potassium Chloride Oral Solution Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Liq	79700030000910	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD	Liq	79700030000910	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Potassium Chlor Oral Sol 10%, 473ML	Liq	79700030000910	No	0	No	Yes	No	No	N/A	No	Yes	
	Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution)	Liq	79700030000920	No	0	No	Yes	No	No	N/A	No	Yes	
	Potassium Chlor Oral Sol 20% (40mEq), 15ML UD	Liq	79700030000920	No	0	No	No	No	No	N/A	Yes	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 1080 MG ER Tab (10 MEQ) (Urocit-K)	Tab ER	56202010200440	No	0	No	No	No	No	N/A	No	Yes	
	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/Citric Acid Oral Solution Potassium Citrate/Citric Acid SOL 2 mEq/ML (Polycitra-K)	Sol	56202022002025	No	0	No	Yes	No	No	N/A	No	Yes	
	Pot Citrate/Citric Acid Oral Soln1100-334 MG/5ML (Cytra-K)	Sol	56202022002025	No	0	No	No	No	No	N/A	No	Yes	
	Potassium Iodide Oral Solution 1 GM/ML Potassium Iodide Oral Solution 1 GM/ML (SSKI)	Sol	79350010002020	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Potassium Phosphate IV												
	Potassium Phosphate 3 MM/ML 4.4 MEQ/ML INJ	Sol	79600010012005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Potassium Phosphate 4.4 MEQ/ml IV Soln (Potassium Phosphate)	Sol	79600010012005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Advisories: ****Caution - this is a concentrated electrolyte****												
	Povidone-Iodine External Ointment 10%												
	Povidone-Iodine External Oint 10% (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	No	N/A	No	Yes
	Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	No	N/A	Yes	Yes
	Povidone-Iodine External Solution 10%												
	Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10% ,118 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	No	N/A	No	Yes
	Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	No	N/A	No	Yes
	Povidone-Iodine Scrub 7.5%												
	Povidone-Iodine Scrub 7.5%, ML (Betadine Surgical Scrub)	Sol	92200040002010	No	0	No	Yes	No	No	No	N/A	No	Yes
	Povidone-Iodine Swab 10%												
	Povidone-Iodine Swab 10% (Betadine Swabsticks)	Swab	92200040009420	No	0	No	Yes	No	No	No	N/A	No	Yes
	Pravastatin Tablet												
	Pravastatin 10 MG Tab (Pravachol)	Tab	39400065100320	No	0	No	No	No	No	No	N/A	No	Yes
	Pravastatin 20 MG Tab (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	No	N/A	No	Yes
	Pravastatin 40 MG Tab (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	No	N/A	No	Yes
	Pravastatin 80 MG Tab (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	No	N/A	No	Yes
	Pravastatin 80 MG Tab UD (Pravachol)	Tab	39400065100360	No	0	No	No	No	No	No	N/A	Yes	Yes
	Pravastatin 10 MG Tab UD	Tab	39400065100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Pravastatin Sodium 20 MG Tab UD (Pravachol)	Tab	39400065100330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Pravastatin Sodium 40 MG Tab UD (Pravachol)	Tab	39400065100340	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ***Pravastatin preferred statin for patients taking protease inhibitors***												
	prednisoLONE Ace. ophth susp 0.12%												
	prednisoLONE Ace. Ophth Susp 0.12%, 5ml (Pred Mild)	Susp	86300050101809	No	0	Yes	Yes	No	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	No	N/A	No	Yes
	prednisoLONE Ace. Ophth Susp 1%, 10 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	prednisoLONE Ace. Ophth Susp 1%, 15 ml (Pred Forte)	Susp	86300050101815	No	0	Yes	Yes	No	No	No	N/A	No	Yes
	Pred Forte Ophthalmic Suspension 1 % (Pred Forte)	Susp	86300050101815	No	0	Yes	No	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 Sched.</u>	<u>Cosign</u>	<u>M/LP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
	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	
	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 Tab Dosepak #21 (Sterapred DS)	Tab	22100045006410	No	0	No	Yes	No	No	N/A	No	Yes	
	predniSONE 10 mg Dosepak (48) predniSONE 10 MG Tab Dosepak #48 (Sterapred DS)	Tab	22100045006410	No	0	No	Yes	No	No	N/A	No	Yes	
	predniSONE 5 mg Dosepack #21 predniSONE 5 MG Tab Dosepack #21 (Deltasone)	Tab	22100045006405	No	0	No	Yes	No	No	N/A	No	Yes	
	predniSONE 5 mg Dosepack #48 predniSONE 5 MG Tab Dosepack #48 (Deltasone)	Tab	22100045006405	No	0	No	Yes	No	No	N/A	No	Yes	
	predniSONE Solution 1 MG/ML predniSONE Solution 1 MG/ML, 5ML UD predniSONE Solution 1 MG/ML	Sol Sol	22100045002005 22100045002005	No No	0 0	No No	Yes Yes	No No	No No	N/A N/A	Yes No	Yes Yes	
	predniSONE Solution 5 MG/ML predniSONE Solution 5 MG/ML, 30ML (PredniSONE Intensol)	Concentrate	22100045001310	No	0	No	Yes	No	No	N/A	No	Yes	
	predniSONE Tablet predniSONE 1 MG Tab (Deltasone) predniSONE 1 MG Tab UD (Deltasone) predniSONE 10 MG Tab (Deltasone) predniSONE 2.5 MG Tab (Deltasone) predniSONE 2.5 MG Tab UD (Deltasone) predniSONE 20 MG Tab (Deltasone) predniSONE 20 MG Tab UD (Deltasone) predniSONE 5 MG Tab UD (Deltasone) predniSONE 5 MG Tab (Deltasone) predniSONE 50 MG Tab (Deltasone) predniSONE 50 MG Tab UD (Deltasone) predniSONE 10 MG Tab UD (Deltasone)	Tab Tab Tab Tab Tab Tab Tab Tab Tab Tab Tab Tab	22100045000305 22100045000305 22100045000320 22100045000310 22100045000310 22100045000325 22100045000325 22100045000315 22100045000315 22100045000335 22100045000335 22100045000320	No No No No No No No No No No No No	0 0 0 0 0 0 0 0 0 0 0 0	No No No No No No No No No No No No	No No No No No No No No No No No No	No No No No No No No No No No No No	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	No Yes No No Yes No Yes Yes Yes No Yes Yes	No Yes No No Yes No Yes Yes Yes No Yes Yes	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes 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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Prenatal Plus Iron Oral Tablet 29-1 MG												
	Prenatal Plus Iron Oral Tablet 29-1 MG	Tab	78512010000330	No	0	No	No	No	No	No	N/A	No	Yes
	Prenatal Vitamin Tablet												
	Prenatal Plus Tab (Prenatal Plus)	Tab	78512015000324	No	0	No	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	No	N/A	No	Yes
	Prenatal Oral Tablet 28-0.8 MG	Tab	78512015000328	No	0	No	No	No	No	No	N/A	No	Yes
	Prenatal Oral Tablet 27-0.8 MG	Tab	78512015000322	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
	**Formulary only if pregnancy indication exists.**												
	Prenatal Vitamins DHA Capsule 27-0.6-0.4-300 MG												
	Prenatal DHA Oral Capsule 27-0.6-0.4-300 MG (Prenate DHA Capsule)	Cap	78516024000125	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories:												
	**Formulary only if pregnancy indication exists.**												
	Primidone Tablet												
	Primidone 250 MG Tab UD (Mysoline)	Tab	72600060000310	No	0	No	No	Yes	No	No	N/A	Yes	Yes
	Primidone 250 MG Tab (Mysoline)	Tab	72600060000310	No	0	No	No	Yes	No	No	N/A	No	Yes
	Primidone 50 MG Tab (Mysoline)	Tab	72600060000305	No	0	No	No	Yes	No	No	N/A	No	Yes
	Primidone 50 MG Tab UD (Mysoline)	Tab	72600060000305	No	0	No	No	Yes	No	No	N/A	Yes	Yes
	Probenecid Tablet												
	Probenecid 500 MG Tab (Benemid)	Tab	68100010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Probenecid 500 MG Tab UD (Benemid)	Tab	68100010000310	No	0	No	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	No	N/A	No	Yes
	**Medical Referral Center (MRC) Use Only**												
	Procarbazine HCL												
	Procarbazine HCL 50 MG Cap (Matulane)	Cap	21700050100105	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***												
	Prochlorperazine Injection												
	Prochlorperazine Edisylate Inj 5 MG/ML, 2 ML (Compazine Inj)	Sol	59200055202005	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	**MLP Requires Cosign**												
	Prochlorperazine Oral Tablet												
	Prochlorperazine Maleate 10 MG Tab (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 10 MG Tab UD (Compazine)	Tab	59200055100310	No	0	Yes	No	No	No	No	N/A	Yes	Yes
	Prochlorperazine Maleate 5 MG Tab (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	No	N/A	No	Yes
	Prochlorperazine Maleate 5 MG Tab UD (Compazine)	Tab	59200055100305	No	0	Yes	No	No	No	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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	No	N/A	Yes	Yes	
	Progesterone Capsule Progesterone Micronized Cap 100 MG (Prometrium)	Cap	26000040100120	No	0	No	No	No	No	No	N/A	No	Yes	
	Progesterone Micronized Cap 200 MG (Prometrium)	Cap	26000040100130	No	0	No	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****													
	Progesterone Injection Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions: ****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****													
	Progesterone Vaginal Gel 8% Progesterone Vaginal Gel 8%, 2.6 GM UD (Crinone)	Gel	55370060004020	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Progesterone Vaginal Gel 8 % 21.75 gm (Crinone)	Gel	55370060004020	No	0	No	No	No	No	No	N/A	No	Yes	
	Promethazine Injection Promethazine HCl Inj 25 MG/ML,1ML (Phenergan)	Sol	41400020102005	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Promethazine HCl Inj 50 MG/ML,1ML (Phenergan)	Sol	41400020102010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Promethazine HCl Inj 50 MG/ML , 1 ml Ampule (Phenergan)	Sol	41400020102010	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
	Promethazine Oral Syrup 6.25 MG/5ML Promethazine Oral Syrup 6.25MG/5ML (Phenergan)	Syrup	41400020101210	No	0	No	Yes	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**													
	Promethazine Suppository Promethazine Suppository 50 MG (Phenadoz)	Supp	41400020105215	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 12.5 MG (Phenadoz)	Supp	41400020105205	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													

<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>Req. Crush.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Promethazine Tablet													
	Promethazine HCl 25 MG Tab UD (Phenergan)	Tab	41400020100310	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 50 MG Tab (Phenergan)	Tab	41400020100315	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 (Phenergan)	Tab	41400020100305	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 325 MG (Rythmol)	Cap ER 12	35300050006930	No	0	No	No	No	No	No	N/A	No	Yes	
	Propafenone ER 12 Hour Cap 225 MG (Rythmol)	Cap ER 12	35300050006920	No	0	No	No	No	No	No	N/A	No	Yes	
	Propafenone ER 12 Hour Cap 425MG (Rythmol SR Oral Cap Extended Release 12 Hour 425)	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 UD (Rythmol)	Tab	35300050000320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Propafenone 150 MG Tab (Rythmol)	Tab	35300050000320	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 225 MG Tab (Rythmol)	Tab	35300050000325	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	
	Propafenone 300 MG Tab (Rythmol)	Tab	35300050000330	No	0	No	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****													
	Proparacaine Ophth Solution 0.5%													
	Proparacaine HCl Ophth Soln 0.5%, 15ML (Ophthetic 0.5%)	Sol	86750020102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Propofol Injection 10 MG/ML													
	Propofol IV Emulsion 10 MG/ML, 20ML Inj (Diprivan)	Emul	70400050001620	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Propofol Intravenous Emulsion 10 MG/ML (100ml) (Diprivan)	Emul	70400050001620	No	0	No	Yes	Yes	No	No	N/A	No	Yes	
	Propofol Intravenous Emulsion 10 MG/ML ( 50ml)	Emul	70400050001620	No	0	No	No	Yes	No	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	No	N/A	No	Yes	
	Propranolol Injection													
	Propranolol 1 MG/ML, 1 ML Inj (Inderal Injection)	Sol	33100040102005	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req. Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
Propranolol LA 24 Hour Capsule													
	Propranolol LA 24 Hour 120 MG Cap (Inderal LA)	Cap ER 24	33100040107035	No	0	No	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	No	N/A	No	Yes
	Propranolol LA 24 Hour 60 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	No	N/A	No	Yes
	Propranolol LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24	33100040107030	No	0	No	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	No	N/A	Yes	Yes
	Propranolol LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	No	N/A	Yes	Yes
Propranolol Oral Tablet													
	Propranolol 10 MG Tab UD (Inderal)	Tab	33100040100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propranolol 10 MG Tab (Inderal)	Tab	33100040100305	No	0	No	No	No	No	No	N/A	No	Yes
	Propranolol 20 MG Tab UD (Inderal)	Tab	33100040100310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propranolol 20 MG Tab (Inderal)	Tab	33100040100310	No	0	No	No	No	No	No	N/A	No	Yes
	Propranolol 40 MG Tab UD (Inderal)	Tab	33100040100315	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propranolol 40 MG Tab (Inderal)	Tab	33100040100315	No	0	No	No	No	No	No	N/A	No	Yes
	Propranolol 60 MG Tab (Inderal)	Tab	33100040100320	No	0	No	No	No	No	No	N/A	No	Yes
	Propranolol 80 MG Tab UD (Inderal)	Tab	33100040100325	No	0	No	No	No	No	No	N/A	Yes	Yes
	Propranolol 80 MG Tab (Inderal)	Tab	33100040100325	No	0	No	No	No	No	No	N/A	No	Yes
Propylthiouracil Oral Tablet													
	Propylthiouracil 50 MG Tab (PTU)	Tab	28300020000310	No	0	No	No	No	No	No	N/A	No	Yes
	Propylthiouracil 50 MG Tab UD (PTU)	Tab	28300020000310	No	0	No	No	No	No	No	N/A	Yes	Yes
Protamine Sulfate Inj 10 MG/ML													
	Protamine Sulfate 10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Protamine Sulfate 10 MG/ML, 25ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	No	N/A	No	Yes
Purified Protein Derivative Injection													
	Purified Protein Derivative 5 Units/0.1ML INJ (Tubersol)	Sol	94300070002010	Yes	0	No	No	Yes	No	No	N/A	No	Yes
	Advisories: ****Non-substitutable use Tubersol Brand Only****												
Pyrazinamide Tablet													
	Pyrazinamide 500 MG Tab UD (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	No	N/A	Yes	Yes
	Pyrazinamide 500 MG Tab (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	No	N/A	No	Yes
Pyridostigmine Bromide Oral Syrup 60 MG/5ML													
	Pyridostigmine Bromide Oral Syrup 60 MG/5ML	Syrup	76000050101205	No	0	No	No	No	No	No	N/A	No	Yes
Pyridostigmine Injection													
	Pyridostigmine 5MG/ML, 2ML Inj (Mestinin)	Sol	76000050102005	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Pyridostigmine LA Tablet												
	Pyridostigmine LA 180 MG Tab (Mestinon)	Tab ER	76000050100405	No	0	No	No	No	No	No	N/A	No	Yes
	Pyridostigmine Tablet												
	Pyridostigmine 60 MG Tab (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	No	N/A	No	Yes
	Pyridostigmine 60 MG Tab UD (Mestinon)	Tab	76000050100305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Pyridoxine Tablet												
	Pyridoxine HCl 100 MG Tab (Vitamin B6)	Tab	77105010000315	No	0	No	No	No	No	No	N/A	No	Yes
	Pyridoxine HCl 25 MG Tab (Vitamin B6)	Tab	77105010000305	No	0	No	No	No	No	No	N/A	No	Yes
	Pyridoxine HCl 50 MG Tab (B6)	Tab	77105010000310	No	0	No	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	No	N/A	Yes	Yes
	Advisories:												
	****May be written for 270 day order in conjunction with Isoniazid for TB preventive therapy****												
	Pyrimethamine Tablet												
	Pyrimethamine 25 MG Tab (Daraprim)	Tab	13000040000310	No	0	No	No	No	No	No	N/A	No	Yes
	Pyrimethamine 25 MG Tab UD	Tab	13000040000310	No	0	No	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	No	N/A	No	Yes
	Raltegravir (RAL) Tablet												
	Raltegravir Potassium (RAL)400 MG Tab (Isentress)	Tab	12103060100320	No	0	No	No	No	No	No	N/A	No	Yes
	Raltegravir Potassium (RAL)400 MG Tab UD (Isentress)	Tab	12103060100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories:												
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	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)**												
	Ranitidine Injection												
	Ranitidine HCl Injection Solution 150 MG/6ML (Zantac)	Sol	49200020102007	No	0	No	No	Yes	No	No	N/A	No	Yes
	Ranitidine HCl Injection Solution 50 MG/2ML (Zantac)	Sol	49200020102006	No	0	No	No	Yes	No	No	N/A	No	Yes
	Ranitidine Premix Injection												
	Ranitidine in 0.45% NaCl Premix 50 MG/50 ML IV (Zantac PREMIX)	Sol	49200020112020	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Ranitidine Syrup 150 MG/10 ML												
	Ranitidine HCL Syrup 15 MG/ML, 480 ML (Zantac)	Syrup	49200020101210	No	0	No	Yes	No	No	N/A	No	Yes	
	Ranitidine HCl Syrup 15 MG/ML (10 ML Cup) (Zantac)	Syrup	49200020101210	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.**												
	Ranitidine Tablet												
	Ranitidine HCl 150 MG TAB (Zantac)	Tab	49200020100305	No	0	No	No	No	No	N/A	No	Yes	
	Ranitidine HCl 150 MG TAB UD (Zantac)	Tab	49200020100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Ranitidine HCl 300 MG TAB (Zantac)	Tab	49200020100310	No	0	No	No	No	No	N/A	No	Yes	
	Ranitidine HCl 300 MG TAB UD (Zantac)	Tab	49200020100310	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.**												
	Regadenoson Injection												
	Regadenoson 0.4 MG/5 ML, 5 ML vial (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes	
	Regadenoson 0.4 MG/5 ML, 5 ML inj (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes	
	**Medical Referral Center (MRC) Use Only**												
	Reserpine Tablet												
	Reserpine 100 MCG TAB (Serpasil)	Tab	36203040000305	No	0	No	No	No	No	N/A	No	Yes	
	Reserpine 250 MCG TAB (Serpasil)	Tab	36203040000310	No	0	No	No	No	No	N/A	No	Yes	
	Formulary Restrictions: ****PHYSICIAN INITIATION ONLY** **FOR HYPERTENSION ONLY****												
	Rho(D) Immune Globulin (Human) Injection												
	Rho(D) Immune Globulin 5000 UNIT/4.4ML (Human) (WinRho SDF)	Sol	19100050002055	No	0	No	No	Yes	No	N/A	No	Yes	
	Rho(D) Immune Globulin 1500 UNIT/1.3ML (Human) (WinRho SDF)	Sol	19100050002060	No	0	No	No	Yes	No	N/A	No	Yes	
	Ribavirin Capsule												
	Ribavirin 200 MG CAP (Ribasphere)	Cap	12353070000120	No	0	No	No	No	No	N/A	No	Yes	
	Ribavirin 200 MG CAP UD	Cap	12353070000120	No	0	No	No	No	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** restriction "Maximum seven days self carry to be dispensed at one time"***												
	Ribavirin Tablet												
	Ribavirin 200 MG Tab (Copegus)	Tab	12353070000320	No	0	No	No	No	No	N/A	No	Yes	
	Ribavirin 200 MG Tab UD (Copegus)	Tab	12353070000320	No	0	No	No	No	No	N/A	Yes	Yes	
	Ribavirin 600 MG Tab (RibaPak)	Tab	12353070000360	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Only</u>	<u>Pill Ln</u>	<u>Crush.</u>	<u>Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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** restriction "Maximum seven days self carry to be dispensed at one time"***																
	RifaBUTIN Capsule																
	RifaBUTIN 150 MG Cap (Mycobutin)	Cap	09000075000120	No	0	No	No	No	Yes	No	N/A	No	Yes				
	RifaBUTIN 150 MG Cap UD	Cap	09000075000120	No	0	No	No	No	Yes	No	N/A	Yes	Yes				
	Rifampin Capsule																
	Rifampin 300 MG CAP (Rifadin)	Cap	09000080000110	No	0	No	No	No	Yes	No	N/A	No	Yes				
	Rifampin 150 MG CAP (Rifadin)	Cap	09000080000105	No	0	No	No	No	Yes	No	N/A	No	Yes				
	Rifampin 300 MG CAP UD (Rifadin)	Cap	09000080000110	No	0	No	No	No	Yes	No	N/A	Yes	Yes				
	Rifampin 150 MG CAP UD (Rifadin)	Cap	09000080000105	No	0	No	No	No	Yes	No	N/A	Yes	Yes				
	Advisories: ***Do Not Use as Single Agent for MRSA* **PILL LINE ONLY when used in the treatment of MRSA****																
	Rifampin Injection																
	Rifampin 600 MG Inj, 10 ML (Rifadin)	Sol Recon	09000080002120	No	0	No	No	No	Yes	No	N/A	No	Yes				
	Advisories: ***Do Not Use as Single Agent for MRSA****																
	risperiDONE Long-Acting Inj																
	risperiDONE Long-Acting Inj 37.5 MG (Risperdal CONSTA)	Susp Recon	59070070101930	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE Long-Acting Inj 50 MG (Risperdal CONSTA)	Susp Recon	59070070101940	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE Long-Acting Inj 25 MG (Risperdal CONSTA)	Susp Recon	59070070101920	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE Long-Acting Inj 12.5 MG (Risperdal CONSTA)	Susp Recon	59070070101910	No	0	Yes	No	Yes	No	N/A	No	Yes					
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**																
	risperiDONE Oral Solution 1 MG/ML																
	risperiDONE (30ML) 1MG/ML SOLN (Risperdal)	Sol	59070070002010	No	0	Yes	No	Yes	No	N/A	No	Yes					
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**																
	risperiDONE Oral Tablet																
	risperiDONE 1 MG Tab UD (Risperdal)	Tab	59070070000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes					
	risperiDONE 1 MG Tab (Risperdal)	Tab	59070070000310	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 2 MG Tab UD (Risperdal)	Tab	59070070000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes					
	risperiDONE 2 MG Tab (Risperdal)	Tab	59070070000320	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 3 MG Tab UD (Risperdal)	Tab	59070070000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes					
	risperiDONE 3 MG Tab (Risperdal)	Tab	59070070000330	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 4 MG Tab UD (Risperdal)	Tab	59070070000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes					
	risperiDONE 4 MG Tab (Risperdal)	Tab	59070070000340	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 0.25 MG Tab (Risperdal)	Tab	59070070000303	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 0.5 MG Tab UD (Risperdal)	Tab	59070070000306	No	0	Yes	No	Yes	No	N/A	Yes	Yes					
	risperiDONE 0.5 MG Tab (Risperdal)	Tab	59070070000306	No	0	Yes	No	Yes	No	N/A	No	Yes					
	risperiDONE 0.25 MG Tab UD (Risperdal)	Tab	59070070000303	No	0	Yes	No	Yes	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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	No	No	No	No	No	N/A	No	Yes
	Ritonavir (RTV) 100 MG Tab UD (Norvir)	Tab	12104560000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ***PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
Ritonavir (RTV) Capsule	Ritonavir (RTV) 100 MG Cap (Norvir)	Cap	12104560000120	No	0	No	No	No	No	No	N/A	No	Yes
	Ritonavir (RTV) 100 MG Cap UD (Norvir)	Cap	12104560000120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Advisories: ***PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
Ritonavir (RTV) Solution 80 MG/ML	Ritonavir (RTV) 80 MG/ML solution (Norvir)	Sol	12104560002020	No	0	No	Yes	No	No	No	N/A	No	Yes
	Advisories: ***PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
riTUXimab Injection	riTUXimab 10 MG/ML INJ (Rituxan)	Concentrate	21353060001310	No	0	No	No	Yes	No	No	N/A	No	Yes
	**Medical Referral Center (MRC) Use Only**												
Ropivacaine HCL Injection 2 MG/ML	Ropivacaine HCL INJ 2 MG/ML (Naropin)	Sol	69100070102008	No	0	No	No	Yes	No	No	N/A	No	Yes
	**Medical Referral Center (MRC) Use Only**												
Ropivacaine HCl Injection 5 MG/ML	Ropivacaine HCl INJ 5 MG/ML (Naropin)	Sol	69100070102020	No	0	No	No	Yes	No	No	N/A	No	Yes
	**Medical Referral Center (MRC) Use Only**												
Salicylic Acid 40 % Patch (Mediplast)	Salicylic Acid Patch 40% 2.x3inch (Mediplast External)	Miscellaneous	90750030006370	No	0	No	No	No	No	No	N/A	No	Yes
	Salicylic Acid External Pad 40 % 2 x 3inch (Mediplast External Pad 40%)	Pad	90750030004340	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.**												
Salicylic Acid Gel 6%	Salicylic Acid External Gel 6% (Keralyt)	Gel	90750030004005	No	0	No	Yes	No	No	No	N/A	No	Yes
Salicylic Acid Patch 15%	Salicylic Acid Patch 15%, 12MM (Trans-Ver-Sal)	Patch	90750030005915	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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.**													
	Salicylic Acid Solution 17%													
	Salicylic Acid Solution 17%, 14.8ML (Maximum Strength Wart Remover)	Sol	90750030002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Salicylic Acid Ext Liq 17 % 9.3 ml (compound W) (Compound W)	Liq	90750030000932	No	0	No	Yes	No	No	N/A	No	Yes		
	Saliva Substitute													
	Saliva Substitute 30 ml (Caphosol) (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes		
	Aquoral Mouth/Throat Aerosol Solution	Aero Sol	88501000003400	No	0	No	Yes	No	No	N/A	No	Yes		
	Saliva Substitute (Mouth Kote Mouth/Throat Soln)													
	Saliva Substitute (Mouth Kote Mouth/Throat Soln) (Mouth Kote Mouth/Throat Solution)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes		
	Saliva Substitute(Moi-Stir Mouth/Throat Soln 4oz	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes		
	Salsalate Tablet													
	Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	No	Yes		
	Salsalate 500 MG Tab UD (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	Yes	Yes		
	Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	No	Yes		
	Salsalate 750 MG Tab UD (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	Yes	Yes		
	Saquinavir Mesylate (SQV) 500 MG Tablet													
	Saquinavir Mesylate(SQV) 500 MG Tab (Invirase)	Tab	12104580200320	No	0	No	No	No	No	N/A	No	Yes		
	Saquinavir Mesylate (SQV)500 MG Tab UD (Invirase)	Tab	12104580200320	No	0	No	No	No	No	N/A	Yes	Yes		
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	Sargramostim Injection													
	Sargramostim Inj Solution 500 MCG/ML (Leukine)	Sol	82402050002025	No	0	No	No	Yes	No	N/A	No	Yes		
	**Medical Referral Center (MRC) Use Only**													
	Scopolamine HBr Injection 0.4 MG/ML													
	Scopolamine HBr Inj 0.4 MG/ML, 1ML	Sol	49101040102015	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories: **For Subcutaneous use**													
	Scopolamine Patch 1.5 MG													
	Scopolamine Patch 1.5 MG/72HR, (Transderm-Scop)	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	No	Yes	No	N/A	No	Yes		
	Selegiline Capsule/Tablet													
	Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	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		

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non</u>	<u>DEA Schd.</u>	<u>Cosign</u>	<u>M/LP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>	
	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)****														
	Selenium Sulfide Lotion 2.5%														
	Selenium Sulfide Lotion 2.5%, 120ML (Selsun)	Lotion	90300050004120	No	0	No	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.**														
	Selenium Sulfide Shampoo/Lotion 1%														
	Selenium Sulfide Shampoo/Lotion 1%, 120ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes			
	Selenium Sulfide Shampoo/Lotion 1%, 207ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes			
	Selenium Sulfide Shampoo/Lotion 1 % (OTC) 7 oz (Selsun)	Lotion	90300050004110	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.**														
	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	Yes	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****														
	**M/LP Requires Cosign**														
	Sertraline Tablet														
	Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	No	Yes			
	Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	Yes	Yes			
	Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	No	Yes			
	Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	No	0	Yes	No	No	No	N/A	No	Yes			
	Sertraline HCl 25 MG Tab UD (Zoloft)	Tab	58160070100305	No	0	Yes	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	Req. Crush.	Active Loc.	Unit Dose	Fmly
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**** **MLP Requires Cosign**													
Sevelamer Carbonate Tablet													
	Sevelamer Carbonate 800 MG Tab (Renvela)	Tab	52800070050340	No	0	No	No	No	No	No	N/A	No	Yes
	Sevelamer Carbonate 800 MG Tab UD	Tab	52800070050340	No	0	No	No	No	No	No	N/A	Yes	Yes
Sevoflurane Inhalation Solution													
	Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	No	0	No	No	No	No	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	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%													
	Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	90450030003710	No	0	No	Yes	No	No	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	90450030003710	No	0	No	Yes	No	No	No	N/A	No	Yes
Simethicone Chewable Tablet													
	Simethicone 80 MG Chew Tab UD (Mytab)	Tab Chew	52200020000510	No	0	No	No	No	No	No	N/A	Yes	Yes
	Simethicone 80 MG Chew Tab (Mytab)	Tab Chew	52200020000510	No	0	No	No	No	No	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 100 count	Tab Chew	52200020000510	No	0	No	No	No	No	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 24 count	Tab Chew	52200020000510	No	0	No	No	No	No	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 36 count (Mylicon)	Tab Chew	52200020000510	No	0	No	No	No	No	No	N/A	No	Yes
	Simethicone 125 MG Chewable Tab	Tab Chew	52200020000530	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.**													
Simvastatin Tablet													
	Simvastatin 10 MG Tab UD (Zocor)	Tab	39400075000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Simvastatin 10 MG Tab (Zocor)	Tab	39400075000320	No	0	No	No	No	No	No	N/A	No	Yes
	Simvastatin 20 MG Tab UD (Zocor)	Tab	39400075000330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Simvastatin 20 MG Tab (Zocor)	Tab	39400075000330	No	0	No	No	No	No	No	N/A	No	Yes
	Simvastatin 40 MG Tab (Zocor)	Tab	39400075000340	No	0	No	No	No	No	No	N/A	No	Yes
	Simvastatin 40 MG Tab UD (Zocor)	Tab	39400075000340	No	0	No	No	No	No	No	N/A	Yes	Yes
	Simvastatin 5 MG Tab UD (Zocor)	Tab	39400075000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Simvastatin 5 MG Tab (Zocor)	Tab	39400075000310	No	0	No	No	No	No	No	N/A	No	Yes
	Simvastatin 80 MG Tab (Zocor)	Tab	39400075000360	No	0	No	No	No	No	No	N/A	No	Yes
	Simvastatin 80 MG Tab UD (Zocor)	Tab	39400075000360	No	0	No	No	No	No	No	N/A	Yes	Yes

<u>Doctor Name</u>	<u>Item Name</u>	<u>Dosage Form</u>	<u>GPI Code</u>	<u>Non Sub.</u>	<u>Non</u>	<u>DEA Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active</u>	<u>Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Advisories: ***Pravastatin preferred statin for patients taking protease inhibitors***															
	Sincalide Injection Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	No	0	No	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 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 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				
	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 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	No	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 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 Injection 0.45% Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium CHLORIDE 0.45% Inj 500 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	Yes				
	Sodium Chloride Injection 0.9% 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 (ADD-Vant) (Sodium Chloride)	Sol	79750010002020	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 1000 ML (Sodium Chloride 0.9% Injection)	Sol	79750010002021	No	0	No	No	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 250 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 (Sodium Chloride 0.9% Injection)	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				

<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	Req. Crush.	Loc.	Active Dose	Unit	Fmlly
	Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	
	Sodium CHLORIDE 0.9% Flush Syringe, 3 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes	
	Sodium Chloride 0.9 % Inj 100 ml (Mini-Bag)	Sol	79750010002021	No	0	No	No	Yes	No	N/A	No	Yes	Yes	
	Sodium Chloride 0.9% Inj 50 ml (Mini Bag)	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	
	Sodium Chloride Injection Soln 0.9% 2 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	Yes	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	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	Yes	
	Advisories: ****Must be diluted prior to administration*** **Caution - this is a concentrated electrolyte****													
	Sodium Chloride Injection 4 MEQ/ML													
	Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%)	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	Yes	Yes	
	Advisories: ****Caution - this is a concentrated electrolyte****													
	Sodium Chloride Injection Bacteriostatic													
	Sodium CHLORIDE 0.9% Inj Bacterio 30 ML MDV (Sodium Chloride Injection Bacteriostatic)	Sol	98401040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	
	Sodium Chloride-Benzyl Alcohol Inj 0.9 % ( 10 ml)	Sol	98401040102010	No	0	No	No	Yes	No	N/A	No	Yes	Yes	
	Sodium Chloride Irrigation 0.9%													
	Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	
	Sodium CHLORIDE 0.9% Irrigation Bottle (Sodium Chloride Irrigation)	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes	
	Sodium CHLORIDE 0.9% Irrigation 500 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	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	Yes	
	Sodium Chloride Ophth Solution 5%													
	Sodium CHLORIDE Ophth Soln 5% (15 ML) (Muro 128 Ophthalmic Solution 5%)	Sol	86804030102005	No	0	No	Yes	No	No	N/A	No	Yes	Yes	
	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	Yes	
	Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****													
	Sodium CITRATE/Citric Acid Sol													
	Sodium CITRATE/Citric Acid Sol (Cytra-2)	Sol	56202020002010	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****												
	Sodium Phosphate & Biphosphate Enema Sodium Phosphate & Biphosphate Enema (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 Phosphate IV Solution Sodium Phosphate IV Sol 3 MMOLE/ML (4MEQ/ML) (Sodium Phosphate)	Sol	79600020002005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Sodium Phosphate IV Sol 3 MMOLE/ML (Sodium Phosphate)	Sol	79600020002005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Sodium Polystyrene Sulfonate Susp 15 GM/60 ML 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 15 GM/60ML (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	Yes	
	Sodium Polystyrene Sulfate Susp 15 GM/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**												
	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	
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** **Medical Referral Center (MRC) Use Only**												
	Sorbitol Oral Solution 70% Sorbitol Oral Solution 70%, 480 ML (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	No	Yes	
	Sorbitol Oral Solution 70%, 30 ML UD (Sorbitol)	Sol	46600070002040	No	0	No	Yes	No	No	N/A	Yes	Yes	
	Sorbitol Solution 70 % Sorbitol Solution 70 % , 480 ML (Sorbitol)	Sol	98402040002000	No	0	No	Yes	No	No	N/A	No	Yes	
	Sotalol AF Tablet Sotalol HCl AF 120 MG Tab (Betapace AF)	Tab	33100045120315	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	

<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. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmly</u>
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****													
	Sotalol Tablet													
	Sotalol 240 MG Tab (Betapace)	Tab	33100045100330	No	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 120 MG Tab (Betapace)	Tab	33100045100315	No	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 120 MG Tab UD (Betapace)	Tab	33100045100315	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Sotalol 160 MG Tab (Betapace)	Tab	33100045100320	No	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 80 MG Tab (Betapace)	Tab	33100045100310	No	0	No	No	No	No	No	N/A	No	Yes	
	Sotalol 80 MG Tab UD (Betapace)	Tab	33100045100310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****													
	Spironolactone Oral Tablet													
	Spironolactone 25 MG Tab (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Spironolactone 25 MG Tab UD (Aldactone)	Tab	37500020000305	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Spironolactone 100 MG Tab (Aldactone)	Tab	37500020000315	No	0	No	No	No	No	No	N/A	No	Yes	
	Spironolactone 50 MG Tab (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	No	N/A	No	Yes	
	Spironolactone 50 MG Tab UD (Aldactone)	Tab	37500020000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Spironolactone 12.5 MG ( 1/2 tab) re-pack	Tab	37500020000305	No	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine (d4T) Capsule													
	Stavudine (d4T) 15 MG Cap (Zerit)	Cap	12108070000115	No	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine (d4T) 20 MG Cap (Zerit)	Cap	12108070000120	No	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine (d4T) 30 MG Cap (Zerit)	Cap	12108070000130	No	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine (d4T) 40 MG Cap (Zerit)	Cap	12108070000140	No	0	No	No	No	No	No	N/A	No	Yes	
	Stavudine (d4T) 40 MG Cap UD (Zerit)	Cap	12108070000140	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	Stavudine (d4T) Oral Solution													
	Stavudine (d4T) Oral Sol 1MG/ML, 200 ML (Zerit)	Sol Recon	12108070002120	No	0	No	No	No	No	No	N/A	No	Yes	
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****													
	Sterile Water for Injection													
	Sterile Water for Injection, 20 ML	Sol	98401010002000	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Sterile Water for Injection	Sol	98401010002050	No	0	No	No	No	No	No	N/A	No	Yes	
	Sterile Water for Injection 10ML	Sol	98401010002000	No	0	No	No	No	No	No	N/A	No	Yes	
	Sterile Water for Irrigation USP													
	Sterile Water for Irrigation USP (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>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	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)	Sol Recon	21102030002105	No	0	No	No	Yes	No	N/A	No	Yes		
	Advisories:													
	**Protect From Light**													
	**Medical Referral Center (MRC) Use Only**													
	Succinylcholine Chloride Injection													
	Succinylcholine Chloride 20 MG/ML, 10 ML Inj (Anectine)	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	Yes		
	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% 15 ML (Sulamyd)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	Yes		
	Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)	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 UD (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes		
	Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	No	Yes		
	Advisories:													
	****PILL LINE ONLY when used in the treatment of MRSA****													
	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		
	Advisories:													
	****PILL LINE ONLY when used in the treatment of MRSA****													
	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		

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Advisories: ****PILL LINE ONLY when used in the treatment of MRSA****												
	sulfaSALazine Enteric Coated Tablet												
	sulfaSALazine, EC Tab 500 MG (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	No	N/A	No	Yes
	sulfaSALazine, EC Tab 500 MG UD (Azulfidine EC)	Tab DR	52500060000610	No	0	No	No	No	No	No	N/A	Yes	Yes
	sulfaSALazine Oral Tablet												
	sulfaSALazine 500 MG Tab (Azulfidine)	Tab	52500060000310	No	0	No	No	No	No	No	N/A	No	Yes
	Sulindac Tablet												
	Sulindac 150 MG Tab (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	No	N/A	No	Yes
	Sulindac 150 MG Tab UD (Clinoril)	Tab	66100080000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Sulindac 200 MG Tab (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	No	N/A	No	Yes
	Sulindac 200 MG Tab UD (Clinoril)	Tab	66100080000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	SUMAtriptan Injection												
	SUMAtriptan 6 MG/0.5 ML Inj (Imitrex)	Sol	67406070102010	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	SUMAtriptan 6 MG/0.5ML Subcu Prefilled Syringe (Imitrex prefilled)	Sol Prefilled	6740607010E52	No	0	Yes	No	Yes	No	No	N/A	No	Yes
	SUMAtriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)	Sol Auto-	6740607010D52	No	0	Yes	Yes	Yes	No	No	N/A	No	Yes
	0		0										
	Advisories: ****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED**** **MLP Requires Cosign**												
	Sunitinib Malate Capsule												
	Sunitinib Malate 50 MG Cap (Sutent)	Cap	21533070300140	No	0	No	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 12.5 MG Cap (Sutent)	Cap	21533070300120	No	0	No	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 25 MG Cap (Sutent)	Cap	21533070300130	No	0	No	No	No	No	No	N/A	No	Yes
	Sunitinib Malate 12.5 MG Cap UD (Sutent)	Cap	21533070300120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Sunitinib Malate 25 MG Cap UD (Sutent)	Cap	21533070300130	No	0	No	No	No	No	No	N/A	Yes	Yes
	Sunitinib Malate 50 MG Cap UD (Sutent)	Cap	21533070300140	No	0	No	No	No	No	No	N/A	Yes	Yes
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***												
	Tacrolimus Capsule												
	Tacrolimus 5 MG Cap UD (Prograf)	Cap	99404080000120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Tacrolimus 5 MG Cap (Prograf)	Cap	99404080000120	No	0	No	No	No	No	No	N/A	No	Yes
	Tacrolimus 0.5 MG Cap (Prograf)	Cap	99404080000105	No	0	No	No	No	No	No	N/A	No	Yes
	Tacrolimus 1 MG Cap (Prograf)	Cap	99404080000110	No	0	No	No	No	No	No	N/A	No	Yes
	Tacrolimus 1 MG Cap UD (Prograf)	Cap	99404080000110	No	0	No	No	No	No	No	N/A	Yes	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	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 20 MG Tab (Nolvadex)	Tab	21402680100320	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	
	Tamsulosin 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	
	Tears, Artificial Ophth Soln 1.4%(polyvinyl)													
	Tear Solution 1.4%, 15 ML (Artificial Tears)	Sol	86200050002030	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tears, Artificial (Akwa Tears) 15 ML (Akwa Tears Ophthalmic Drops)	Sol	86200050002030	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tears, Artificial (Polyvinyl Alcohol 1.4 %) 15ML (Teargen)	Sol	86200050002030	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.**													
	Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD)													
	Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD (Refresh Classic)	Sol	86209902502020	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
	Tears, Ophth Sol, 30 ml (Refresh Classic) UD (Refresh Classic Solution)	Sol	86209902502020	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.**													
	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	No	N/A	No	Yes	
	Tears, Lubricant -Petrolatum, White Ophth Oint													
	Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)	Oint	86202000004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)	Oint	86202000004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tears, Artificial (Renewed) 3.5 GM Ophth Oint	Oint	86202000004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tears, Ophth Ointment 3.5 GM (Lacri-Lube S.O.P.) (Lacri-Lube Ophth Ointment)	Oint	86202000004200	No	0	No	Yes	No	No	No	N/A	No	Yes	
	Tears, Ophth Oint 3.5 GM 2-15-83 % (AKWA reform)	Oint	86202000004200	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.**													
	Temozolomide Capsule													
	Temozolomide 20 MG Cap (Temodar)	Cap	21104070000120	No	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 100 MG Cap (Temodar)	Cap	21104070000140	No	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 250 MG Cap (Temodar)	Cap	21104070000150	No	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 5 MG Cap (Temodar)	Cap	21104070000110	No	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 100 MG Cap UD (Temodar)	Cap	21104070000140	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 20 MG Cap UD (Temodar)	Cap	21104070000120	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 5 MG Cap UD (Temodar)	Cap	21104070000110	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Temozolomide 140 MG Capsule (Temodar)	Cap	21104070000143	No	0	No	No	No	No	No	N/A	No	Yes	
	Temozolomide 180 MG Cap (Temodar)	Cap	21104070000147	No	0	No	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule*** **Medical Referral Center (MRC) Use Only**												
	Tenofovir ( TDF) Tablet												
	Tenofovir (TDF) 300 MG Tab (Viread)	Tab	12108570100320	No	0	No	No	No	No	No	N/A	No	Yes
	Tenofovir (TDF) 300 MG Tab UD (Viread)	Tab	12108570100320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Tenofovir (TDF) 150 MG Tab (Viread)	Tab	12108570100305	No	0	No	No	No	No	No	N/A	No	Yes
	Advisories: ****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Terazosin Capsule												
	Terazosin HCl 1 MG Cap (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	No	N/A	No	Yes
	Terazosin HCl 2 MG Cap (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	No	N/A	No	Yes
	Terazosin HCl 10 MG Cap (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	No	N/A	No	Yes
	Terazosin HCl 5 MG Cap (Hytrin)	Cap	36202040100115	No	0	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	N/A	Yes	Yes
	Terazosin HCl 1 MG Cap UD (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	No	N/A	Yes	Yes
	Terazosin HCl 10 MG Cap UD (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	No	N/A	Yes	Yes
	Terazosin HCl 2 MG Cap UD (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	No	N/A	Yes	Yes
	Terbutaline Inj												
	Terbutaline 1 MG/ML, 1 ML Inj (Brethine Inj)	Sol	44201060202005	No	0	No	No	Yes	No	No	N/A	No	Yes
	Terbutaline Tablet												
	Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	No	0	No	No	No	No	No	N/A	No	Yes
	Terbutaline 5 MG Tab (Brethine)	Tab	44201060200310	No	0	No	No	No	No	No	N/A	No	Yes
	Terbutaline 5 MG Tab UD (Brethine)	Tab	44201060200310	No	0	No	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	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	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	No	N/A	No	Yes
	Tetanus Immune Globulin 250 Unit/ml												
	Tetanus Immune Globulin IM Injec 250 UNIT/ML (Tetanus Immune Globulin)	Injectable	19100060002205	No	0	No	No	Yes	No	No	N/A	No	Yes
	Tetanus Toxoid Adsorbed												
	Tetanus Toxoid Adsorbed 5 ML MDV Inj (Tetanus Toxoid Adsorbed)	Sol	18000020202005	No	0	No	Yes	Yes	No	No	N/A	No	Yes
	Tetanus Toxoid Adsorbed IM PF 0.5ml SD Vial (Tetanus Toxoid Adsorbed)	Sol	18000020202005	No	0	No	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>	
	Tetanus-Diphtheria Toxoids														
	Tetanus-Diphtheria Toxoids 0.5 ML Tbx (Tetanus & Diphtheria Toxoids Prefilled S)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Tetanus-Diphtheria Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Tetanus-Diphtheria Toxoids Td Susp 2-2 LF/0.5 ML (Decavac (Td))	Susp	18990002201805	No	0	No	No	Yes	No	N/A	No	Yes			
	Tetanus/Diph/Pertus (Adacel) Tdap														
	Tetanus/Diph/Pertus Toxoid IM Susp 5-2-15.5 (Adacel Intramuscular Suspension)	Susp	18990003221815	No	0	No	No	Yes	No	N/A	No	Yes			
	Tetanus/Diph/Pertus IM 5-2.5-18.5(Boostrix) (Boostrix Intramuscular Suspension)	Susp	18990003221820	No	0	No	Yes	Yes	No	N/A	No	Yes			
	Tetanus/Diph/Pertus (Daptacel)														
	Tetanus/Diph/Pertus Toxoid IM Susp 10-15-5 (Daptacel Intramuscular Suspension)	Susp	18990003201825	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%, 15 ML (Pontocaine HCL)	Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes			
	Tetracycline HCL Capsule														
	Tetracycline 250 MG Cap UD (Tetracycline HCL)	Cap	04000060100105	No	0	No	No	No	No	N/A	Yes	Yes			
	Tetracycline 250 MG Cap (Achromycin V)	Cap	04000060100105	No	0	No	No	No	No	N/A	No	Yes			
	Tetracycline 500 MG Cap (Sumycin)	Cap	04000060100110	No	0	No	No	No	No	N/A	No	Yes			
	Tetracycline 500 MG Cap UD (Tetracycline HCL)	Cap	04000060100110	No	0	No	No	No	No	N/A	Yes	Yes			
	Advisories:														
	**This item is temporarily unavailable commercially on the National level until late 2013 !!!**														
	Thalidomide Capsule														
	Thalidomide Cap 100 MG (Thalomid)	Cap	99392070000130	No	0	No	No	Yes	No	N/A	No	Yes			
	Thalidomide Cap 200 MG (Thalomid)	Cap	99392070000140	No	0	No	No	Yes	No	N/A	No	Yes			
	Thalidomide Cap 50 MG (Thalomid)	Cap	99392070000120	No	0	No	No	Yes	No	N/A	No	Yes			
	Thalidomide Cap 150 MG (Thalomid)	Cap	99392070000135	No	0	No	No	Yes	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														
	Theophylline 24 Hour ER 200 MG Cap	Cap ER 24	44300040007030	No	0	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	N/A	No	Yes			
	Theophylline 24 Hour ER 300 MG Cap (Theo-24 capsule)	Cap ER 24	44300040007040	No	0	No	No	No	No	N/A	No	Yes			
	Theo-24 Oral Caps ER 24 Hour 100 MG	Cap ER 24	44300040007020	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlry</u>
	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 600 MG Tab	Tab ER 24	44300040007560	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 ER 12 Hour Tablet													
	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 100 MG Tab (Theochron)	Tab ER 12	44300040007420	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	
	Advisories:													
	****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
	Thiamine HCL Tablet													
	Thiamine HCL 100 MG Tab (Vitamin B-1)	Tab	77101010100330	No	0	No	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	No	N/A	Yes	Yes	
	Thiamine HCL 50 MG Tab UD (Vitamin B-1 Oral Tablet)	Tab	77101010100320	No	0	No	No	No	No	No	N/A	Yes	Yes	
	Thiamine HCL 50 MG Tab (Vitamin B-1 Tablet)	Tab	77101010100320	No	0	No	No	No	No	No	N/A	No	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	No	N/A	No	Yes	
	Thioguanine Tablet													
	Thioguanine 40 MG Tab (Tabloid)	Tab	21300060000305	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***													
	Thiopental Sodium IV Soln													
	Thiopental Sodium Intravenous Soln 500 MG (Pentothal Intravenous)	Sol Recon	70100030102110	No	3	Yes	No	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:													
	****For Surgery/ Anesthesia use only****													
	**MLP Requires Cosign**													
	Thiotepa Injection													
	Thiotepa Inj 15 MG (Thiotepa)	Sol Recon	21100040002105	No	0	No	No	Yes	No	No	N/A	No	Yes	
	Thrombin 2000 Unit External Kit													
	Thrombin External Kit 20000 Unit	Kit	84200050006420	No	0	No	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	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												
	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 Mal.(XE) Gel Forming Soln 0.5%(2.5ml) (Timoptic-XE)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	Yes	
	Timolol Maleate GFS 0.5% (5ML) (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	Gel Forming	86250030107620	No	0	No	No	No	No	N/A	No	Yes	
	Timolol Maleate Ophth Solution 0.25%												
	Timolol Maleate Ophth Soln 0.25% (5 ML) (Timoptic Ophth Soln)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	Yes	
	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	
	Timolol Maleate Ophth Solution 0.5%												
	Timolol Maleate Ophth Soln 0.5% (15 ML) (Timoptic 0.5% soln)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Timolol Maleate Ophth Soln 0.5% (10 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Timolol Maleate Ophth Soln 0.5% (5 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	Yes	
	Tiotropium Bromide Inhalation Cap												
	Tiotropium Bromide HandiHaler 30 Cap 18 MCG Inh (Spiriva HandiHaler Inhalation Capsule)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	Yes	
	Tiotropium Bromide HandiHaler 90 Cap 18 MCG Inh (Spiriva)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	Yes	
	Tobramy/Dexameth Ophth Susp 0.3-0.1%												
	Tobramycin/Dexameth Oph Susp 5 ML 0.3%/0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Tobramycin/Dexameth Oph Susp 10 ML 0.3-0.1 % (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	Yes	
	Formulary Restrictions:												
	****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****												
	**MLP Requires Cosign**												
	Tobramycin Inhalation Sol 300 MG/5MI												
	Tobramycin Inhalation Sol 300 MG/5 ML Amp (Tobi)	Nebulization	07000070002520	No	0	No	Yes	No	No	N/A	No	Yes	
	Tobramycin Sulfate Inj												
	Tobramycin Sulfate Injection Solution 80 MG/2ML	Sol	07000070102034	No	0	No	No	Yes	No	N/A	No	Yes	
	Tobramycin Sulfate Inj Solution 1.2 GM	Sol Recon	07000070102105	No	0	No	No	Yes	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	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Tobramycin Sulfate Ophth Solution 0.3%													
	Tobramycin Sulfate Ophth 0.3%, 5 ML Soln (Tobrex)	Sol	86101070002005	No	0	No	Yes	No	No	N/A	No	Yes		
	Topotecan Inj													
	Topotecan 1 MG/ML (Hycamtin)	Sol Recon	21550080102120	No	0	No	No	Yes	No	N/A	No	Yes		
	**Medical Referral Center (MRC) Use Only**													
	TPN Electrolytes Inj													
	TPN Electrolytes Inj (TPN Electrolytes II)	Sol	79992000002000	No	0	No	No	Yes	No	N/A	No	Yes		
	Trace Elements Inj													
	Trace Elements 2-200-160-800 MCG/ML (Trace Elements)	Sol	79909904102020	No	0	No	No	Yes	No	N/A	No	Yes		
	Trace Elements 4-400-100-1000 MCG/ML (Multitrace)	Sol	79909904102025	No	0	No	No	Yes	No	N/A	No	Yes		
	Multitrace-4 Concen IV Soln 0.01-1-0.5-5 MG/ML (Multitrace-4)	Sol	79909904102035	No	0	No	No	Yes	No	N/A	No	Yes		
	Trace Elements Inj.													
	Trace Elements(M.T.E.)1ML, 10-1000-500-60 MCG/ML (MTE-5)	Sol	79909905202020	No	0	No	No	Yes	No	N/A	No	Yes		
	Trastuzumab Intravenous													
	Trastuzumab 440 MG Inj (Herceptin)	Sol Recon	21353070002120	No	0	No	No	Yes	No	N/A	No	Yes		
	**Medical Referral Center (MRC) Use Only**													
	Travoprost Z Ophth Soln 0.004%													
	Travoprost Z Ophth Soln (2.5ML) 0.004 % (Travatan Z)	Sol	86330070002025	No	0	No	Yes	No	No	N/A	No	Yes		
	Travoprost Z Ophth Soln (5 ML) 0.004 % (Travatan Z)	Sol	86330070002025	No	0	No	Yes	No	No	N/A	No	Yes		
	Travoprost Ophth Soln 0.004% 2.5 ml (Travatan)	Sol	86330070002020	No	0	No	Yes	No	No	N/A	No	Yes		
	Advisories:													
	*****Latanoprost is the preferred formulary ophthalmic prostaglandin analog*****													
	Formulary Restrictions:													
	****OPHTHALMOLOGIST/ OPTOMETRIST INITIATED THERAPY ONLY****													
	traZODone Tablet													
	traZODone 100 MG Tab UD (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	traZODone 100 MG Tab (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	traZODone 150 MG Tab (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	No	Yes		
	traZODone 50 MG Tab (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	No	Yes		
	traZODone 50 MG Tab UD (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	traZODone 150 MG Tab UD (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	traZODone 75 MG Tab ( 1/2 tab) (Desyrel)	Tab	58120080100315	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**													

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Crush. Req.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmly</u>
Triamcinolone	0.1% Cream												
	Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.1% 454 GM Cream (Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	
	Triamcinolone 0.1% 15 GM Cream	Cm	90550085103710	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% 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 (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	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 100 MG Cap (Dyrenium)	Cap	37500030000110	No	0	No	No	No	No	N/A	No	Yes	
	Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	No	0	No	No	No	No	N/A	No	Yes	
Triamterene/ HCTZ	Capsule												
	Triamterene/ HCTZ 50 MG/25 MG Cap (Maxzide)	Cap	37990002300110	No	0	No	No	No	No	N/A	No	Yes	
	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 UD (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	Yes	Yes	
	Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	No	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% (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 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	
	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 UD (Stelazine)	Tab	59200085100315	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	

<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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc.</u>	<u>Active Dose</u>	<u>Unit</u>	<u>Fmlly</u>
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**													
	Trifluridine Opth Solution 1% Trifluridine Opth Soln 1 % , 7.5 ML (Viroptic 1 % Ophthalmic Solution) **MLP Requires Cosign**	Sol	86103020002005	No	0	Yes	Yes	No	No	N/A	No	Yes		
	Trihexyphenidyl Elixir Trihexyphenidyl 2 MG/5 ML Elixir, 473 ML (Artane) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Elixir	73100070101005	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Trihexyphenidyl HCl Tablet Trihexyphenidyl 2 MG Tab (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Trihexyphenidyl 5 MG Tab (Artane)	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	No	Yes		
	Trihexyphenidyl 2 MG Tab UD (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Trihexyphenidyl 5 MG Tab UD (Artane) Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		
	Trimethobenzamide Capsule Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	No	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		
	Trypsin / Balsam / Castor Oil (Granulex) Trypsin/Balsam/Castor oil(Granulex) (Granulex Spray, 4 OZ) Advisories: ****Clinic or Pill Line use only****	Aero Sol	90700050003400	No	0	No	Yes	Yes	No	N/A	No	Yes		
	Twinrix Intramuscular Hepatitis A & Hepatitis B (Twinrix ) Susp 720-20 (Twinrix)	Susp	17109902051820	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlly</u>
	Tyloxapol Opth Solution 0.25%												
	Tyloxapol Opth Solution 0.25%, 15 ML (Enuclene Opth Solution)	Sol	86807035002010	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories: ****NOTE: FOR ARTIFICIAL EYES****												
	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 UD (Depakene)	Cap	72500030000105	No	0	No	No	No	No	N/A	Yes	Yes	
	Valproic Acid 250 MG Cap (Depakene)	Cap	72500030000105	No	0	No	No	No	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 Liquid 250 MG/5ML												
	Valproic Acid Liquid 250MG/5ML, UD (Depakene)	Liq	96844236000900	No	0	No	Yes	No	No	N/A	Yes	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 Syrup 250MG/5ML												
	Valproic Acid Syrup 50 MG/ML, 480 ML (Depakene Syrup)	Syrup	72500020101205	No	0	No	Yes	No	No	N/A	No	Yes	
	Valproic Acid Syrup 250 MG/5ML UD 10 ML	Syrup	72500020101205	No	0	No	Yes	No	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.***												
	Vancomycin HCl Injection												
	Vancomycin HCl 1 GM/20 ML Inj (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCl Inj ADVantage 1 GM (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCl 500 MG Inj (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCl Inj ADVantage 500 MG (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCl 5 GM Inj (Vancocin)	Sol Recon	16000060102109	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Vancomycin HCl 750 MG Inj (Vancocin)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCl Inj ADVantage 750 MG (vanc)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin HCL Injection Premix												
	Vancomycin Premix 500 MG/100 ML Inj (Vancocin)	Sol	16000060112020	No	0	No	No	Yes	No	N/A	No	Yes	
	Vancomycin Premix 1 G/200 ML Inj (Vancocin)	Sol	16000060112040	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>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
	Vasopressin Injection												
	Vasopressin 20 Units/ML Inj (Pitressin)	Sol	30201030002010	No	0	No	No	Yes	No	N/A	No	Yes	
	**Medical Referral Center (MRC) Use Only**												
	Venlafaxine Oral 24 Hour Capsule (XR)												
	Venlafaxine XR 24 Hour Cap 37.5 MG (Effexor XR)	Cap ER 24	58180090107020	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Venlafaxine XR 24 Hour Cap 37.5 MG UD (Effexor XR)	Cap ER 24	58180090107020	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Venlafaxine XR 24 Hour Cap 75 MG (Effexor XR)	Cap ER 24	58180090107030	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Venlafaxine XR 24 Hour Cap 75 MG UD (Effexor XR)	Cap ER 24	58180090107030	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Venlafaxine XR 24 Hour Cap 150 MG (Effexor XR)	Cap ER 24	58180090107050	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Venlafaxine XR 24 Hour Cap 150 MG UD (Effexor XR)	Cap ER 24	58180090107050	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	**MLP Requires Cosign**												
	Verapamil ER 24 Hour Oral Capsule												
	Verapamil HCl ER 180 MG 24 Hour Cap	Cap ER 24	34000030107025	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 100 MG 24 Hour Cap (Verlan PM)	Cap ER 24	34000030107015	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 360 MG 24 Hour Cap	Cap ER 24	34000030107045	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 24 Hour 240 MG Cap	Cap ER 24	34000030107035	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 120 MG 24 Hour Cap	Cap ER 24	34000030107020	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil ER Oral Tab												
	Verapamil HCl ER 240 MG Tab (Calan SR)	Tab ER	34000030100420	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 120 MG Tab (Calan)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl ER 180 MG Tab	Tab ER	34000030100415	No	0	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	N/A	No	Yes	
	Verapamil HCl ER 120 MG Tab UD (Calan SR)	Tab ER	34000030100410	No	0	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl ER 180 MG Tab (Calan) (Calan / Isoptin SR)	Tab ER	34000030100415	No	0	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	N/A	Yes	Yes	
	Verapamil HCl ER 240 MG Tab (Calan) (Calan SR)	Tab ER	34000030100420	No	0	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	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	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	N/A	No	Yes	
	Verapamil HCl 2.5 MG/ML, 2 ML Inj (Calan / Isoptin)	Sol	34000030102005	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Verapamil Oral Tab												
	Verapamil HCl 80 MG Tab UD (Calan)	Tab	34000030100305	No	0	No	No	No	No	N/A	Yes	Yes	
	Verapamil HCl 120 MG Tab (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 40 MG Tab (Calan / Isoptin)	Tab	34000030100303	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 80 MG Tab (Calan / Isoptin)	Tab	34000030100305	No	0	No	No	No	No	N/A	No	Yes	
	Verapamil HCl 120 MG Tab UD (Calan / Isoptin)	Tab	34000030100310	No	0	No	No	No	No	N/A	Yes	Yes	

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	Vials 9 dram (475/box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 9 dram ( 475/box)			No	0	No	No	No	No	No	N/A	No	Yes
	vials 16 dram ( 270/box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 16 dram ( 270/box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 30 dram ( 140/box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 30 dram ( 140/box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 40 dram ( 110 /box)			No	0	No	No	No	No	No	N/A	No	Yes
	Vials 40 dram ( 110 /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 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 child proof caps 9dram (250/bag)			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
	Vial EZ-open Caps 9 dram (300/bag) (caps)			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
	vinBLASStine Sulfate Inj			No	0	No	No	Yes	No	No	N/A	No	Yes
	vinBLASStine Sulfate 10 MG Inj (Velban)	Sol Recon	21500030102105	No	0	No	No	Yes	No	No	N/A	No	Yes
	vinCRISStine Sulfate Inj			No	0	No	No	Yes	No	No	N/A	No	Yes
	vinCRISStine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	No	N/A	No	Yes
	vinCRISStine 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 (Navelbine)	Sol	21500050802020	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 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	No	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
	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.**												
	Vitamin B Complex Tablet			No	0	No	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	No	N/A	No	Yes
	Vitamin B with C 300 MG Tab (Total B with C)	Tab	78133000000300	No	0	No	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	No	N/A	Yes	Yes
	Vitamin B complex (Dialyvite) Tab (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	No	N/A	No	Yes
	Vitamin B complex (Dialyvite) Tab UD (Dialyvite)	Tab	78133000000330	No	0	No	No	No	No	No	N/A	Yes	Yes

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Advisories:														
***Formulary for Dialysis patients, active substance abuse detoxification and malnutrition/malabsorption disorders only*														
**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.**														
**Medical Referral Center (MRC) Use Only**														
Voriconazole inj														
	Voriconazole 200 MG Inj (Vfend IV)	Sol Recon	11407080002120	No	0	No	No	Yes	No	N/A	No	Yes		Yes
**Medical Referral Center (MRC) Initiation Only**														
Voriconazole Oral Tab														
	Voriconazole 200 MG Tab (Vfend)	Tab	11407080000340	No	0	No	No	No	No	N/A	No	Yes		Yes
	Voriconazole 50 MG Tab (Vfend)	Tab	11407080000320	No	0	No	No	No	No	N/A	No	Yes		Yes
Warfarin Tablet														
	Warfarin 4 MG Tab UD (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 4 MG Tab (Coumadin)	Tab	83200030200313	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 2 MG Tab UD (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 2 MG Tab (Coumadin)	Tab	83200030200305	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 3 MG Tab UD (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 3 MG Tab (Coumadin)	Tab	83200030200311	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 6 MG Tab (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 6 MG Tab UD (Coumadin)	Tab	83200030200317	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 1 MG Tab UD (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 1 MG Tab (Coumadin)	Tab	83200030200303	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 10 MG Tab (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 10 MG Tab UD (Coumadin)	Tab	83200030200325	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 2.5 MG Tab (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 2.5 MG Tab UD (Coumadin)	Tab	83200030200310	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 5 MG Tab UD (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin 5 MG Tab (Coumadin)	Tab	83200030200315	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 7.5 MG Tab (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	No	Yes		Yes
	Warfarin 7.5 MG Tab UD (Coumadin)	Tab	83200030200320	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Warfarin Sodium 0.5 MG ( 1/2 tablet) repack (Coumadin)	Tab	83200030200303	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."***														
Water For Irrigation, Sterile														
	Water For Irrigation, Sterile 1000 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	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 Sched.</u>	<u>Cosign</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Loc. Active</u>	<u>Unit Dose</u>	<u>Fmlry</u>
	Water, Sterile Injection												
	Water, Sterile Injection 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	Yes	Yes	No	N/A	No	Yes	
	Water, Sterile Injection 20 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	No	Yes	No	N/A	No	Yes	
	Witch Hazel & Glycerin (Tucks)												
	Witch Hazel & Glycerin(Medi Pads) 50%/10% (Tucks)	Pad	90971040004300	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.**												
	Witch Hazel & Glycerin 50%/10% Pads												
	Witch Hazel & Glycerin 50%/10% (40 Pads) (Tucks)	Pad	90970035004300	No	0	No	Yes	No	No	N/A	No	Yes	
	Witch Hazel & Glycerin 50%/10% (100 Pads) (Tucks)	Pad	90970035004300	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.**												
	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	No	No	No	No	N/A	No	Yes	
	Zidovudine (ZDV) 100 MG Cap UD (Retrovir)	Cap	12108085000110	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories:												
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Zidovudine (ZDV) Oral Syrup 10 MG/ML												
	Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir)	Syrup	12108085001210	No	0	No	Yes	No	No	N/A	No	Yes	
	Advisories:												
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Zidovudine (ZDV) Tablet												
	Zidovudine (ZDV) 300 MG Tab (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	No	Yes	
	Zidovudine (ZDV) 300 MG Tab UD (Retrovir)	Tab	12108085000330	No	0	No	No	No	No	N/A	Yes	Yes	
	Advisories:												
	****PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION****												
	Zinc Oxide Ointment 20%												
	Zinc Oxide Ointment 20%, 454 GM (Dr Talbots)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes	
	Zinc Oxide Ointment 20%, 30 GM (Zinc Oxide Ointment)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes	
	Zinc Oxide Ointment 20%, 60 GM	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	Yes	
	Zinc Oxide Ointment 40%												
	Zinc Oxide Ointment 40% 4 oz (Zinc Oxide)	Oint	90971020004240	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</u>	<u>MLP</u>	<u>Bulk</u>	<u>Pill Ln Only</u>	<u>Req. Crush.</u>	<u>Active Loc.</u>	<u>Unit Dose</u>	<u>Fmly</u>
Zinc Sulfate	Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	No	0	No	No	No	No	No	N/A	No	Yes
Ziprasidone Oral Capsule	Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	No	Yes	
	Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
	Ziprasidone 80 MG Cap UD (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	Yes	Yes	
Advisories:													
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
**MLP Requires Cosign**													